

NURSING BOARD[655]

[Prior to 8/26/87, see Nursing, Board of[590], renamed Nursing Board[655]
under the "umbrella" of Public Health Department by 1986 Iowa Acts, ch 1245]

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CHAPTER 1
ADMINISTRATIVE AND REGULATORY
AUTHORITY

[Prior to 8/26/87, Nursing Board[590] Ch 1]

655—1.1(17A,147,152) Definitions for purposes of nursing board.

“Agency” or “board” means the Iowa board of nursing.

“Board office” means the office of the Iowa Board of Nursing, RiverPoint Business Park, 400 S.W. 8th Street, Suite B, Des Moines, Iowa 50309-4685.

“Department” means the department of public health.

“License” means a certificate issued to a person to practice as a registered nurse, licensed practical nurse, or advanced registered nurse practitioner under the laws of this state.

“Licensee” means a person who has been issued a certificate to practice as a registered nurse, licensed practical nurse, or advanced registered nurse practitioner under the laws of this state.

“Other states” means any of the United States, District of Columbia, or territories that have jurisdiction over the practice of nursing within their boundaries.

655—1.2(17A,147,152) Severability. Should any rule, paragraph, phrase, sentence, or clause of any chapter of the rules of the board of nursing be declared invalid or unconstitutional for any reason, the remainder of the rules shall not be affected thereby.

655—1.3(17A,147,152) Description and organization of the board.

1.3(1) Description of the board. The board derives its legal authority for regulating and enforcing regulations for nursing education, nursing practice and continuing education for nurses under the provisions of Iowa Code chapters 147, 147A, 152, 152E and 272C. The mission of the board is to protect the public health, safety and welfare by ensuring that nursing is practiced by at least minimally competent licensed individuals who practice within their authorized scope of practice.

1.3(2) Organization of the board and meetings. The composition of the board is defined in Iowa Code sections 147.14 and 147.19. The board shall:

a. At the last regularly scheduled meeting prior to May 1:

- (1) Elect a chairperson and secretary from its membership to begin serving as officers on May 1.
- (2) Establish standing committees and elect a chairperson for each committee.
- (3) Schedule regular meeting dates through the summer of the following year.
- (4) Hold regularly scheduled meetings in Des Moines, Iowa.

b. Hold special meetings called by the chairperson or upon request of four members of the board to the chairperson or executive director. Special meetings may be held by electronic means in accordance with Iowa Code section 21.8.

c. Make available to the public, the date, time, and location of board meetings.

d. Make available to the public, the date on which board materials are due in the board office for the agenda of regularly scheduled meetings. Materials received three weeks prior to a scheduled board meeting shall be placed on the agenda. Materials from emergency or unusual circumstances may be added to the agenda with the chairperson’s approval.

e. Allow members of the public to be present during board meetings unless the board votes to hold a closed session.

(1) Anyone who has submitted materials for the agenda or whose presence has been requested by the board will be given the opportunity to address the board.

(2) At every regularly scheduled board meeting, time will be designated for “Public Comment.” During the time on the agenda labeled “Public Comment,” anyone may speak for up to two minutes per person. Requests to speak at a later time for two minutes per person when a particular topic comes before the board should be made at the time of “Public Comment” and will be granted at the discretion of the chairperson. No more than ten minutes will be allotted to public comment at any one time unless the chairperson indicates otherwise.

(3) One who has not asked to address the board during “Public Comment” may be recognized by the chairperson if one raises a hand. Acknowledgment and an opportunity to speak will be at the discretion of the chairperson.

f. Hold a closed session if the board voted to do so in a public roll call vote with an affirmative vote of at least two-thirds if the total board is present or a unanimous vote if less are present. The board will recognize the appropriate statute allowing for a closed session when voting to go into closed session. Minutes of all discussion, persons present, and action occurring at a closed session will be recorded along with a tape recording of the proceedings. The records shall be stored securely in the board office and shall not be made available for public inspection.

g. Govern its meetings in accordance with Iowa Code chapter 21 and its proceedings by “Robert’s Rules of Order, Revised.”

h. Appoint a full-time executive director who, under the direction of the board, is responsible for the administration of policies and programs of the board and for the operation of the board office. Appointment or termination of appointment of the executive director shall require a majority vote of the entire board.

i. Act on a petition for adoption of rules. Any person may request the promulgation, amendment, or repeal of a rule in accordance with Iowa Code section 17A.7 and 655—Chapter 8.

(1) to (4) Rescinded IAB 4/4/01, effective 5/9/01.

j. Adopt, amend, or repeal rules in accordance with Iowa Code sections 17A.3, 17A.4, 17A.5, 17A.6, and 17A.7.

1.3(3) *Information.* Members of the public may obtain information or submit requests to the board office that relate to regulating and enforcing regulations on nursing education, nursing practice, and continuing education for nurses. Requests for information resulting in legally binding answers require a petition for rule making or a petition for declaratory ruling. See 655—Chapter 8, “Petition for Rule Making”; 655—Chapter 9, “Declaratory Rulings”; and 655—Chapter 10, “Agency Procedure for Rule Making.”

1.3(4) *Petition for declaratory orders.* Any person may petition the board for a declaratory order as to the applicability of statute, rule, policy statement, decision or order which is under the board’s jurisdiction. The petition shall be submitted in writing to the board office and shall be in accordance with 655—Chapter 9.

a. to e. Rescinded IAB 4/4/01, effective 5/9/01.

1.3(5) *Public hearings.* Public hearings shall be held in accordance with Iowa Code section 17A.4, subsection 1, paragraphs “a” and “b,” with respect to rule making and 655—Chapter 10.

a. to e. Rescinded IAB 4/4/01, effective 5/9/01.

1.3(6) *Public records and rosters.* Public records and rosters of licensees shall be made available in accordance with Iowa Code chapter 22 and sections 147.8 and 147.43 and 655—Chapter 11.

655—1.4(147,152,272C) Newsletter.

1.4(1) The board may publish or contract with a vendor to publish a newsletter as a nonpublic forum to disseminate official information related to the regulated profession. This official information may include statutory requirements, statutory changes, rules, rule changes, proposed or pending rule changes, licensing requirements, license renewal procedures, board action, board interpretative rulings or guidelines, office procedures, disciplinary action, ethical or professional standards, education requirements, education opportunities (prelicense education, continuing education and professional development), board business, board meetings and board news.

1.4(2) When the board is required or allowed to mail notices to licensees about matters such as license renewal, the board may include such notices in the newsletter.

1.4(3) The newsletter may include vendor advertising to enable the board to communicate with licensees and other interested persons without expending moneys appropriated from the state’s general fund, and to provide a targeted opportunity for licensees to receive profession-specific information to facilitate entry into the profession and enhance professional performance.

1.4(4) All newsletter advertising must be consistent with the board's mission. The board derives its legal authority for regulating and enforcing regulations for nursing education, nursing practice and continuing education for nurses under the provisions of Iowa Code chapters 147, 147A, 152, 152E and 272C. The mission of the board is to protect the public health, safety and welfare by ensuring that nursing is practiced by at least minimally competent licensed individuals who practice within their authorized scope of practice.

1.4(5) All newsletter advertising must be professional and respectful of the nature of the regulated profession, established as a nonpublic forum, and consistent with rules established by the board. Advertising shall be restricted to commercial offerings of goods and services directly related to the lawful practice of the profession or the regulation of the profession. Political, advocacy or issue-oriented advertising shall not be permitted.

1.4(6) Newsletter advertising shall be considered consistent with the board's mission if the advertising pertains to commercial offerings of goods or services in one or more of the following areas:

- a. Entry into the profession, such as prelicense education or internship opportunities.
- b. A licensee's compliance with statute or board rules, such as continuing education courses or publications containing professional standards.
- c. The lawful and competent performance of the profession, e.g., malpractice insurance, or goods or services uniquely used in the profession.
- d. Employment opportunities in the profession.
- e. A professional's marketing of professional services to other professionals.
- f. Education programs designed to enhance credentials of professionals, or professional-specific degrees.
- g. Private and public notices of scholarship and grant opportunities.

1.4(7) Newsletter advertising shall be clearly separated from the substantive sections of each newsletter. Vendors authorized to solicit newsletter advertising must do so consistent with the board's advertising guidelines in a manner which is viewpoint-neutral and nondiscriminatory in all respects. Goods or services advertised in a newsletter must be lawful for all possible readers of any age to view, use or buy. The front page of each newsletter containing advertising must include a prominent disclaimer notifying the reader that the board plays no role in the solicitation of advertising and does not explicitly or implicitly endorse any advertiser or any good or service advertised in the newsletter.

These rules are intended to implement Iowa Code chapters 17A, 147, and 152.

[Filed 5/12/70]

[Filed 5/3/76, Notices 1/12/76, 3/22/76—published 5/17/76, effective 6/21/76]

[Filed 5/24/76, Notice 4/29/76—published 6/14/76, effective 7/19/76]

(1.1(5) delayed 70 days)]

[Filed 7/21/76, Notice 6/14/76—published 8/9/76, effective 9/13/76]

[Filed 8/30/76, Notice 7/26/76—published 9/22/76, effective 10/27/76]

[Filed emergency 9/17/76—published 10/6/76, effective 9/22/76]

[Filed 10/3/77, Notice 7/13/77—published 10/19/77, effective 11/23/77]

[Filed 7/31/78, Notice 4/19/78—published 8/23/78, effective 9/27/78]

[Filed 2/3/84, Notice 11/9/83—published 2/29/84, effective 4/4/84]

[Filed 4/30/87, Notice 2/25/87—published 5/20/87, effective 6/24/87]

[Filed emergency 6/17/87—published 7/1/87, effective 6/17/87]

[Filed emergency 7/29/87—published 8/26/87, effective 7/29/87]

[Filed 2/17/88, Notice 8/26/87—published 3/9/88, effective 4/13/88]

[Filed 8/4/88, Notice 6/15/88—published 8/24/88, effective 9/28/88]

[Filed 3/15/01, Notice 1/10/01—published 4/4/01, effective 5/9/01]

[Filed 9/12/03, Notice 6/25/03—published 10/1/03, effective 11/5/03]

CHAPTER 2
NURSING EDUCATION PROGRAMS
[Prior to 8/26/87, Nursing Board[590] Ch 2]

655—2.1(152) Definitions.

“Approval” means recognition status given to nursing education programs based on the programs’ compliance with the criteria specified in this chapter. Approval may be granted or continued within any time frame determined by the board for up to six years.

“Clinical facilities” means locations where students directly care for patients/clients under the supervision of a qualified faculty member so that program outcomes are met.

“Clinical instruction” means hands-on learning situations in which students directly care for patients/clients within a relevant setting, under the supervision of a qualified faculty member, so that program outcomes are met.

“Content” means the subject matter in a given area of study.

“Controlling institution” means the institution that has authority over and administrative accountability for the program(s).

“Curriculum” means content, lab/simulation, observation and clinical experiences developed, implemented and evaluated by faculty to facilitate achievement of program outcomes and to meet the learning needs of students.

“Faculty” means the teaching staff in a nursing education program. “Faculty” also means individuals who teach nursing in a nursing education program or who are hired to teach in a program on the basis of education, licensure or practice as a registered nurse. This definition includes anyone who provides didactic or clinical instruction in nursing when assigned by the program to provide this instruction for courses included in the curriculum. The definition applies regardless of the amount of time spent teaching, the level of payment, the type of contract, the temporary nature of the position, or the location of the learner.

“First professional degree” means the title conferred by a college or university that signifies completion of the academic requirements for beginning practice in a given profession and a level of professional skill beyond that normally required for a baccalaureate degree.

“Head of program” means the dean, chairperson, director, or coordinator of the nursing education program(s) who is responsible for the administration of the program(s).

“Interim approval” means approval granted to a new nursing program, at which time students may be admitted into the program.

“Lab/simulation” means activities that mimic the reality of a clinical environment and that are designed to demonstrate procedures, decision making and critical thinking through techniques such as role-playing and through the use of devices such as interactive videos or mannequins. “Lab/simulation” shall not take the place of clinical experiences with actual patients.

“Learning experiences” means experiences that shall include content and clinical instruction and that may include components of lab/simulation and observation.

“Located in Iowa” means a college or university accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools, that has made a substantial investment in a permanent Iowa campus and staff, and that offers a full range of courses leading to the degrees offered by the institution as well as a full range of student services.

“Master’s degree” means the title conferred by a college or university upon completion of a program of graduate study that requires a level of academic accomplishment and subject mastery substantially beyond that required for a baccalaureate degree.

“NCLEX®” means the National Council Licensure Examination, the examination currently used for initial licensure as a registered nurse or licensed practical nurse.

“Observation” means learning experiences in a relevant setting, where the student does not directly care for patients/clients, that meet program outcomes but do not require on-site faculty supervision.

“Out-of-state program” means an approved nursing program within U.S. jurisdiction that provides clinical experiences in Iowa.

“Preceptor” means a licensed individual who meets Iowa board of nursing qualifications as specified in this chapter, is on staff at the facility where the experience occurs, is selected by the educational facility in collaboration with the clinical facility, and is responsible for the on-site direction of the student over a period of time.

“Preceptorship” means an optional experience between a preceptor and a nursing student over a period of time that is congruent with program outcomes.

“Program” means a course of study by any method of instruction or delivery that leads to a nursing diploma, degree or certificate. Multiple-site programs offered by one controlling institution shall be considered one program if the philosophy and curriculum of all the sites are the same. Programs eligible for board approval shall include all of the following:

1. At least a one-academic-year course of study or its equivalent in theory and practice as described by the board that leads to a diploma in practical nursing and to eligibility to apply for practical nurse licensure by examination as described in 655—Chapter 3.

2. At least a two-academic-year course of study or its equivalent in theory and practice as described by the board that leads to a degree in nursing and to eligibility to apply for registered nurse licensure by examination as described in 655—Chapter 3.

3. A course of study designed for registered nurses that leads to a baccalaureate degree with a major in nursing.

4. A postbaccalaureate course of study that leads to a master’s degree with a major in nursing.

5. A course of study designed for registered nurses that leads to a master’s degree with a major in nursing.

6. A course of study designed for registered nurses who hold a master’s degree in nursing that leads to a certificate in advanced practice nursing. When the certificate is in a clinical specialty area, the course of study shall lead to eligibility to apply for certification in the clinical specialty by a national professional nursing organization approved by the board and to eligibility for registration as an advanced registered nurse practitioner as described in 655—Chapter 7.

7. A post-master’s course of study that leads to a doctoral degree with a major in nursing.

8. A course of study that leads to a doctorate in nursing practice.

“Qualified nursing faculty” means individuals who meet Iowa board of nursing faculty qualifications as specified in this chapter as well as the qualifications of the parent institution.

655—2.2(152) Application for interim approval of a nursing program.

2.2(1) Before establishing a nursing program, a controlling institution shall submit a program application to the board that includes the following information and documentation:

- a. Name and address of the controlling institution and accreditation status of the controlling institution.

- b. A written statement explaining how the college or university meets the definition of “located in Iowa.”

- c. A written statement of intent to establish a nursing program, including the academic and licensure levels of the program and the primary method of instruction.

- d. The establishment of an advisory committee composed of representatives of the community and nurses. Minutes of advisory committee meetings shall be kept on file.

- e. Completion of a needs assessment which includes:

- (1) Documentation of the present and future need for the program in the state, including availability of potential students and need for entry-level nurses.

- (2) Potential effect on existing nursing programs.

- (3) Availability of qualified head of the program and faculty.

- (4) Source and description of clinical resources for the program.

- (5) Evidence of potential students and anticipated enrollment.

- (6) Documentation of adequate academic facilities and staff to support the nursing program.

- (7) Evidence of financial resources adequate for the planning, implementation and continuation of the nursing program.

(8) Tentative time schedule for planning and implementing the nursing program and the intended date for entry of the first class into the program.

2.2(2) The board shall approve or deny the program application to establish a nursing program. If the board approves the program application, the controlling institution shall then submit to the board a program proposal within one year of the application that includes, but is not limited to, the following:

- a.* Evidence of employment of the head of the program, including the individual's qualifications, at least six months prior to the beginning of the first nursing course.
- b.* Program philosophy, objectives and outcomes that reflect the proposed level of education.
- c.* Organizational chart of the educational institution documenting the relationship of the nursing program within the institution.
- d.* Curriculum plan that meets the criteria in rule 2.8(152).
- e.* Letter of intent from clinical facilities securing clinical opportunities and documentation of the facility type, size, number of beds, and type of patients.
- f.* Evidence of provision of qualified faculty. Faculty shall be employed by the controlling institution prior to the beginning of teaching assignments. Faculty members who teach nursing shall meet the qualifications outlined in subrule 2.9(2).
- g.* Updated time schedule.
- h.* Proposed five-year budget for the nursing education program.

2.2(3) The board may conduct a site visit to the controlling institution and clinical facilities to validate information submitted in the program proposal prior to determining interim approval status.

2.2(4) Interim approval may be granted to the program based on the program proposal and a site visit.

- a.* The controlling institution shall publish the interim approval status of the program.
- b.* The head of the program shall submit nine copies of a program progress report three weeks prior to each regularly scheduled board meeting until full approval as described in rule 2.3(152) is granted by the board. The progress report shall include the following:
 - (1) Updated information in all areas identified in the initial proposal.
 - (2) Current number of admissions and enrollments.
 - (3) Current number of qualified faculty.
 - (4) Course descriptions.
 - (5) Detailed course syllabi submitted six months prior to the offering of courses.
 - (6) Changes requiring board notification and approval as outlined in subrule 2.15(3).
- c.* Interim approval shall continue until the board conducts a review of program materials, completes a site visit, and grants approval to the program following graduation of the first class and submission of results of the national examination for licensure or advanced practice certification, if applicable.
- d.* The board may at any time seek additional program information from the controlling institution and head of the program.

2.2(5) The board may deny interim approval based on the program proposal and a site visit.

- a.* In order to be reconsidered, the controlling institution shall resubmit a program proposal within six months from the time of program application.
- b.* One year from the initial application, the controlling institution shall resubmit a program application to the board in order to be reconsidered.

655—2.3(152) Approval and reapproval procedures. The full approval procedure for programs with interim approval and the reapproval procedure of programs for colleges or universities located in Iowa are as follows.

2.3(1) The board shall provide the program with the schedule and the criteria for approval or reapproval.

2.3(2) The program shall provide to the board the nursing education program report and requested materials addressing all aspects of the program outlined in rules 2.6(152) to 2.15(152) and documenting

how the criteria for approval are met. Documentation may include current information submitted by the program to other approving and accrediting entities.

2.3(3) A representative of the board shall make a site visit to the program:

- a. To grant full approval to programs with interim approval.
- b. With the purpose of determining if the program continues to meet the criteria for approval.
- c. If there is at any time evidence that the program does not meet the criteria for approval.

2.3(4) The board shall provide to the head of the program a report addressing any recommendations as a result of the site visit and nursing education program report. The head of the program shall be provided an opportunity to respond in writing to the recommendations.

2.3(5) The nursing education program report and the program response shall be submitted to the board for board review.

2.3(6) The board shall determine the approval status of the program.

- a. Full approval may be granted or continued, within any time frame determined by the board, up to six years.
- b. Provisional approval may be granted as determined by the board.

655—2.4(152) Provisional approval.

2.4(1) Provisional approval may be granted to a program if the board determines that the program does not meet the criteria for approval:

- a. At any time during the progression of the program.
- b. During the full approval procedure of the program.

2.4(2) At the time of provisional approval, the board:

- a. Shall meet with representatives of the program and controlling institution to determine the length of provisional approval, set conditions for approval, and identify outcomes. The program shall notify students of provisional approval.
- b. May require progress reports and a site visit.
- c. Shall meet with representatives of the program and controlling institution prior to the expiration of the program's provisional approval to determine if outcomes are met.
- d. Shall deny or withdraw approval if the board determines that the program failed to meet the conditions for full approval.

655—2.5(152) Closure of an approved program. Prior to program closure, the controlling institution shall submit a written plan for board approval. The plan shall include reasons for closure and the date of closure, which is defined as the date when the last student graduates. The plan shall also address a provision for the graduation of enrolled students, retention of adequate numbers of qualified faculty, retention of approved curriculum, maintenance of educational resources and student services, and a provision for student and graduate transcripts. When a program intends to close prior to the graduation of enrolled students who are actively taking nursing courses, the plan shall be submitted to the board at least 12 months prior to closure. The board may shorten the 12-month time period if the board determines that the controlling institution has made adequate provisions for enrolled students.

2.5(1) *Voluntary closure.* The program shall continue to meet the criteria for board approval until all enrolled students have graduated or the board has approved a plan for closure prior to graduation of the students. The board may require progress reports during the closure process.

2.5(2) *Closure as a result of denial or withdrawal of board approval.* The controlling institution shall implement the time frame established by the board for transfer of enrolled students to an approved program and report to the board the date of transfer for each student by name. Program closure shall occur when the last student has transferred. The board may require progress reports during the closure process.

2.5(3) *Record storage.* Prior to closure, the controlling institution shall notify the board regarding the location and maintenance of student and graduate transcripts and records.

655—2.6(152) Organization and administration of the program.**2.6(1)** The program shall meet the following criteria:

a. Authorization. Authorization for conducting a program is granted in accordance with Iowa Code chapter 261B. Such authorization is provided by the Iowa secretary of state.

b. Authority and administrative responsibility. The authority and administrative responsibility of the program shall be vested in the head of the program, who is responsible to the controlling institution.

c. Organizational chart. The organizational chart(s) shall clearly indicate the lines of authority and communication within the program and with the central administration, other units within the controlling institution, cooperating agencies, and advisory committees.

d. Finances.

(1) The controlling institution shall allocate adequate funds to carry out the purposes of the program.

(2) The head of the program shall prepare the budget with the assistance of the faculty.

e. Ethical practices. Ethical practices and standards, including those for recruitment and advertising, shall be consistent with those of the controlling institution and shall be made available to students and prospective students.

f. Contractual agreements. Written contractual agreements shall exist between the program and the clinical facilities. The agreements shall include:

(1) Identification of responsibilities of both parties related to patient or client services.

(2) Faculty control, selection and guidance of student learning experiences.

(3) Provision for termination of the agreement.

(4) Provision for annual review.

(5) Documentation that the facility is in good standing with its regulatory agency.

g. Accrediting and approving agencies.

(1) The controlling institution or program shall be accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools.

(2) When the program is located at a community college, the controlling institution shall be approved by the Iowa department of education.

(3) When the program is offered under the auspices of the United States armed forces, it shall be accredited by the U.S. Department of the Army.

h. Philosophy/mission and program outcomes. The faculty shall develop a philosophy or mission statement and program outcomes that shall be:

(1) Consistent with the philosophy or mission of the controlling institution.

(2) Reflective of faculty beliefs about nursing, education and professional standards.

(3) A guide in the development, implementation and evaluation of the program.

(4) Available to students and prospective students.

i. Program evaluation. A written plan shall outline the evaluation process for all aspects of the program and shall identify the methodology, tools, responsible parties and time frame. Evidence of implementation shall reflect achievement of program outcomes.

2.6(2) The head of a program shall meet the following requirements:

a. Current licensure as a registered nurse in Iowa. An individual is currently licensed when licensed in another state and recognized for licensure in this state pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.

b. Two years of experience in clinical nursing.

c. Two years of experience in nursing education.

d. Academic qualifications:

(1) The head of a program who was employed on or before July 1, 1992, shall be considered adequately prepared as long as that person remains in that position.

(2) The head of a program hired after July 1, 1992, shall have a master's or doctoral degree with a major in nursing at either level at the time of hire. A first professional degree as defined in rule 2.1(152) does not meet this requirement. The date of hire is the first day of employment as head of the program with compensation at a particular nursing education program.

(3) If a program offers a baccalaureate or higher degree in nursing, the head of the program shall have a doctoral degree at the time of hire.

e. Submission of qualifications to the board office within one month of appointment.

2.6(3) A nursing education program shall have one head of the program.

655—2.7(152) Resources of the controlling institution. The controlling institution is responsible for provision of resources adequate to meet program needs.

2.7(1) *Human resources.* Human resources shall include the following:

a. Head of program.

b. Faculty.

c. Secretarial and other support and staff services to ensure appropriate use of faculty time and expertise.

2.7(2) *Physical resources.* Physical resources may include the following:

a. Classrooms, conference rooms, laboratories, offices, and equipment.

b. Student facilities.

2.7(3) *Learning resources.* Learning resources shall include the following:

a. Library.

b. Print media.

c. Computer-mediated resources.

2.7(4) *Financial resources.* Financial resources shall be adequate to support and carry out the mission of the controlling institution.

655—2.8(152) Curriculum.

2.8(1) The curriculum of a program shall:

a. Reflect the philosophy/mission and program outcomes supported by the nursing faculty.

b. Identify program outcomes and define how learning experiences support outcomes.

c. Reflect current standards of nursing practice and education.

d. Be consistent with laws governing the practice of nursing.

e. Ensure sufficient preparation for the safe and effective practice of nursing.

f. Include learning experiences and strategies that meet program outcomes.

g. When offered within a college or university:

(1) Be comparable in quality and requirements to other degree programs within the college or university.

(2) Be planned in accordance with the college or university calendar.

(3) Assign credit hours for learning experiences that are consistent with the college or university pattern.

2.8(2) Prelicensure programs.

a. The curriculum of a program leading to eligibility for initial licensure as a licensed practical nurse or registered nurse shall include:

(1) Content that is consistent with the practice of nursing as defined in Iowa Code section 152.1.

(2) Content in medical, surgical, gerontological, mental health, and nursing of childbearing families and children that reflects current nursing practice and that encompasses health needs throughout the life span.

(3) Opportunities to participate in the nursing process and to develop competencies in direct patient care, problem-solving methodologies, clinical judgment, communication, and the use of current equipment and technology.

(4) Content in nursing history and trends, including professional, legal, and ethical aspects.

(5) Supporting content from the natural and social sciences.

b. In addition to the requirements identified in paragraph “a” of this subrule, the curriculum of a program leading to a diploma in practical nursing and to eligibility to apply for practical nurse licensure by examination shall:

(1) Be consistent with the legal implications within the scope of practice of a licensed practical nurse as outlined in rules 655—6.3(152) and 655—6.6(152).

(2) Focus on supportive or restorative care provided under the supervision of a registered nurse or physician pursuant to Iowa Code section 152.1(4).

(3) Provide learning experiences in medical, surgical and gerontological nursing.

(4) Provide content in nursing of childbearing families and children and mental health that is supported by one or more of the following: clinical instruction, lab/simulation, or observation experiences adequate to meet program outcomes.

c. In addition to the requirements identified in paragraph “a” of this subrule, the curriculum of a program leading to a degree in nursing and to eligibility to apply for registered nurse licensure by examination shall:

(1) Be consistent with the legal implications within the scope of practice of a registered nurse as outlined in rules 655—6.2(152) and 655—6.7(152).

(2) Focus on attaining, maintaining and regaining health and safety for individuals and groups by utilizing the principles of leadership, management, nursing informatics, and client education.

(3) Provide learning experiences in medical, surgical, mental health and gerontological nursing.

(4) Provide content in nursing of childbearing families and children that is supported by one or more of the following: clinical instruction, lab/simulation, or observation experiences adequate to meet program outcomes.

(5) Provide content in nursing research when the program leads to a baccalaureate, master’s or doctoral degree.

(6) Provide learning experiences in community health nursing when the program leads to a baccalaureate, master’s or doctoral degree.

2.8(3) Postlicensure programs for registered nurses who do not hold a baccalaureate degree in nursing.

a. The curriculum of a program that leads to a baccalaureate degree in nursing shall include learning experiences in nursing that will enable the student to achieve competencies comparable to outcomes of the prelicensure baccalaureate education, including content in nursing research and learning experiences in community health nursing.

b. The curriculum of a program that leads to a master’s degree in nursing shall include content and learning experiences in nursing that will enable the student to achieve competencies comparable to outcomes of the prelicensure baccalaureate education and master’s education, including content in nursing research and learning experiences in community health nursing.

2.8(4) Master’s, post-master’s, and doctoral programs for registered nurses who hold a baccalaureate degree in nursing.

a. The curriculum of a program leading to a master’s or doctoral degree in nursing shall include in-depth study of:

(1) Nursing science, which includes content, practicum experiences and research.

(2) Advanced role areas in nursing.

b. The curriculum of a program leading to a master’s degree or post-master’s certificate in a nursing clinical specialty area, eligibility to apply for certification in the specialty area by a national professional nursing organization approved by the board, and registration as an advanced registered nurse practitioner shall:

(1) Be consistent with the legal implications within the scope of practice of the advanced registered nurse practitioner as described in 655—Chapter 7.

(2) Include advanced learning experiences in a specialty area of nursing.

2.8(5) Nursing courses with a clinical component. The nursing program shall notify students and prospective students in writing that nursing courses with a clinical component may not be taken by a person:

a. Who has been denied licensure by the board.

b. Whose license is currently suspended, surrendered or revoked in any United States jurisdiction.

c. Whose license/registration is currently suspended, surrendered or revoked in another country due to disciplinary action.

655—2.9(152) Faculty.

2.9(1) Program requirements. The program shall provide:

- a. A sufficient number of faculty who satisfy the requirements in subrule 2.9(2).
- b. Written personnel policies and position descriptions.
- c. A faculty development program that furthers the competence of individual faculty members and the faculty as a whole.
- d. A written teaching-load policy.
- e. A nursing faculty organization that operates according to written bylaws and that meets on a regular basis. Minutes shall be available for reference.
- f. In a prelicensure program, a ratio of one faculty member to a maximum of eight students in practice situations involving clinical instruction.

2.9(2) Faculty member requirements. A faculty member who teaches nursing shall meet the following requirements:

a. Current licensure as a registered nurse in Iowa prior to teaching. An individual is currently licensed when licensed in another state and recognized for licensure in Iowa pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.

b. Two years of experience in clinical nursing.

c. Academic qualifications:

(1) A faculty member who was employed on or before July 1, 1992, shall be considered adequately prepared as long as that faculty member remains in that position. A faculty member who was hired to teach in a prelicensure registered nurse program after July 1, 1992, shall have at least a baccalaureate degree with a major in nursing or an applicable field at the time of hire. This person shall make annual progress toward the attainment of a master's or doctoral degree with a major in nursing or an applicable field. An individual who has earned a first professional degree as defined in rule 2.1(152) but who does not hold a master's degree as defined in rule 2.1(152) must meet the requirement for annual progress. One degree shall be in nursing.

1. Applicable fields include but are not limited to education, counseling, psychology, sociology, health education, health administration, and public health. A person who wishes to fulfill this requirement with education in an applicable field not listed may petition the board for a determination of applicability.

2. The date of hire is the first day of employment with compensation at a particular nursing education program.

3. "Annual progress" means a minimum of one course per year taken as part of an organized plan of study. A written plan of study shall be kept in the employee's file.

(2) A faculty member who was hired to teach after July 1, 1992, in a practical nursing program or at the first level of an associate degree nursing program with a ladder concept shall have a baccalaureate or higher degree in nursing or an applicable field at the time of hire.

(3) A registered nurse hired to teach in a master's program shall hold a master's or doctoral degree with a major in nursing at the time of hire. A first professional degree as defined in rule 2.1(152) does not meet this requirement. A registered nurse teaching in a clinical specialty area shall hold a master's degree with a major in nursing, advanced level certification by a national professional nursing organization approved by the board in the clinical specialty area in which the individual teaches, and current registration as an advanced registered nurse practitioner according to the laws of the state(s) in which the individual teaches. Faculty preparation at the doctoral or terminal degree level shall be consistent with the mission of the program.

(4) A faculty member hired only to teach in the clinical setting shall be exempt from subparagraphs (1) and (2) if the faculty member is closely supervised to ensure proper integration of didactic content into the clinical setting. If hired after July 1, 1992, a faculty member hired to teach only in the clinical

setting shall have a baccalaureate degree in nursing or an applicable field or shall make annual progress toward the attainment of such a degree.

(5) Pursuant to 655—Chapter 15, the head of a program may petition the board for a waiver of the requirements in subrules 2.6(2) and 2.9(2). Following a review of the circumstances and efforts by the program to meet the requirements, the board may issue a waiver for a specified period of time and indicate conditions that must be met.

2.9(3) *Functions of faculty.* Faculty members shall:

- a. Develop, implement, and evaluate the purpose, philosophy/mission, and outcomes of the program.
- b. Design, implement, evaluate, and revise the curriculum.
- c. Provide students with written policies as specified in subrule 2.10(1).
- d. Participate in academic advisement and guidance of students.
- e. Provide for admission, progression, and graduation of students.
- f. Provide for student evaluation, self-evaluation, and peer evaluation of teaching effectiveness.
- g. Participate in activities to ensure competency in area(s) of responsibility.

655—2.10(152) Program responsibilities.

2.10(1) *Policies affecting students.* Programs shall provide for the development, implementation and communication of the following student policies:

- a. Admission/enrollment. Licensure if applicable according to 655—subrule 3.2(1).
- b. Transfer or readmission.
- c. Withdrawal.
- d. Progression.
- e. Grading system.
- f. Suspension or dismissal.
- g. Graduation.
- h. Health.
- i. Counseling.
- j. Grievance procedure.

2.10(2) *Information about the program and controlling institution.* The following information shall be published at least every two years:

- a. Philosophy/mission and outcomes of the program.
- b. General description of the program.
- c. Curriculum plan.
- d. Course descriptions.
- e. Resources.
- f. Faculty.
- g. Tuition, fees and refund policies.
- h. Ethical practices, including recruitment and advertising.
- i. Official dates.

2.10(3) *Program records.* The following records shall be dated and maintained according to the policies of the controlling institution:

- a. Course syllabi.
- b. Minutes.
- c. Faculty personnel records.
- d. Catalogs and program bulletins.

2.10(4) *Student and graduate records.*

a. Policies shall specify methods for permanent maintenance and protection of records against loss, destruction and unauthorized use.

- b. The final record shall include the official transcript and summative performance statement.

(1) The final official transcript shall include:

1. Legal name of student.

2. Dates of admission, completion of the program and graduation.
3. Courses that were accepted for transfer.
4. Evidence of authenticity.
- (2) The final official transcript shall be maintained permanently.
- (3) The summative performance statement shall relate the performance of the student at the time of graduation to the program outcomes and shall be maintained for three years.

655—2.11(152) Student criminal history checks.

2.11(1) The program shall initiate criminal history and child and dependent adult abuse record checks of students and prospective students to ensure a student's ability to complete the clinical education component of the program in accordance with Iowa Code section 152.5.

2.11(2) The program shall:

- a. Notify all students and prospective students of the nursing program's written policy and procedure concerning criminal history and child and dependent adult abuse record checks.
- b. Conduct record checks on all students:
 - (1) Applying for the nursing program.
 - (2) Returning to the clinical education component of the nursing program. Time frames between record checks may be determined by the program.
 - (3) Anytime during the student's enrollment in the nursing program pursuant to the program's policy and procedure.
- c. Request that the department of public safety perform a criminal history check and that the department of human services perform child and dependent adult abuse record checks.
- d. Follow the guidelines and standards set forth by the department of human services in conducting record checks and in determining a student's ability to complete the clinical education component of a nursing program based on the record checks.

655—2.12(152) Clinical facilities.

2.12(1) The clinical facilities shall provide learning experiences that meet curriculum objectives and outcomes.

2.12(2) The program shall provide information to the board about clinical facilities used for learning experiences.

- a. The clinical facilities shall be accredited/approved by the appropriate agencies and shall have evidence of good standing by their regulatory body.
- b. There shall be evidence that student experiences are coordinated when more than one program uses the same facility.

655—2.13(152) Preceptorship.

2.13(1) A preceptor shall be selected by the nursing program in collaboration with a clinical facility to provide supportive learning experiences consistent with program outcomes.

2.13(2) The qualifications of a preceptor shall be appropriate to support the philosophy/mission and outcomes of the program.

- a. The preceptor shall be employed by or maintain a current written agreement with the clinical facility in which a preceptorship experience occurs.
- b. The preceptor shall be currently licensed as a registered nurse or licensed practical nurse according to the laws of the state in which the preceptor practices.
- c. The preceptor shall function according to written policies for selection, evaluation and reappointment developed by the program. Written qualifications shall address educational preparation, experience, and clinical competence.
- d. The program shall be responsible for informing the preceptor of the responsibilities of the preceptor, faculty and students. The program shall retain ultimate responsibility for student learning and evaluation.

2.13(3) The program shall inform the board of preceptorship learning experiences.

- a. Written preceptorship agreements shall be reviewed annually by the program.
- b. The board may conduct a site visit to settings in which preceptorship experiences occur.
- c. The rationale for the ratio of students to preceptors shall be documented by the program.

2.13(4) An individual who is not a registered nurse or a licensed practical nurse may serve as a preceptor when appropriate to the philosophy/mission and outcomes of the program.

655—2.14(152) Results of graduates who take the licensure examination for the first time. The program shall notify the board when the program or district national licensure examination passing percentage is lower than 95 percent of the national passing percentage for two consecutive calendar years. The NCLEX® passing percentage shall be based on all first-time applicants for registered nurse or licensed practical nurse licensure in any jurisdiction who take the examination within six months of graduation. Upon notification by the program, the board shall implement the following process.

2.14(1) The program shall submit to the board within six months an institutional plan for assessment and improvement of NCLEX® results, including outcomes and time lines. The plan shall address administration, faculty, students, curriculum, resources, policies, and the nursing advisory committee.

2.14(2) The program shall submit annual progress reports to the board as long as the NCLEX® passing percentage remains below 95 percent of the national passing percentage.

2.14(3) The program shall provide a brief description including outcomes of all institutional plans submitted to the board in the nursing education program report during the reapproval process, if applicable.

655—2.15(152) Reports to the board.

2.15(1) *Annual reports.* The board shall provide information to the program about the requirements of the annual report. The head of the program shall submit an annual report that includes:

- a. Progress toward achievement of goals identified by the program for the previous academic year.
- b. Qualifications and major responsibilities of the head of the program and each faculty member.
- c. Policies for admission, progression and graduation of students.
- d. Policies for student health and welfare.
- e. Current enrollment by class/cohort.
- f. Number of admissions and graduations per year for the past five years.
- g. Passing percentages of graduates on the national licensure examinations for the past five years.
- h. Employment data for graduates.
- i. Curriculum plan.
- j. Descriptions of resources, clinical facilities, preceptorship experiences and contractual arrangements.
- k. Copy of audited fiscal reports, including a statement of income and expenditures.
- l. Goals for the current academic year.
- m. Catalog of the controlling institution or program.

2.15(2) *Special reports.* The program shall notify the board of the following:

a. Change of controlling institution. Information shall include official name of the program(s) and controlling institution, organizational chart of the controlling institution, and names of administrative officials.

- b. Changes in administrative personnel in the program or controlling institution.
- c. Opening of a new site or campus.

2.15(3) *Changes requiring board notification and approval.* The program shall submit nine copies of a proposed change for board approval at least three weeks prior to the next scheduled board meeting when the outcome will:

- a. Lengthen or shorten the course of study.
- b. Add or delete academic credit in a course required for graduation.
- c. Add or delete a course required for graduation.
- d. Alter graduation requirements.

- e.* Reduce the human, physical or learning resources provided by the controlling institution to meet program needs as described in rule 2.7(152).
- f.* Substantively alter the philosophy/mission of the program.
- g.* Revise the predominant method of instruction or delivery, including transition from on-site to self-study or distance learning.
- h.* Entail delivery of a cooperative program of study with an institution that does not provide a degree in nursing.
- i.* Increase the number of student admissions by 20 percent or more.

These rules are intended to implement Iowa Code section 152.5 and chapter 152E.

[Filed 5/12/70; amended 8/11/70]

[Filed 5/3/76, Notices 1/12/76, 3/22/76—published 5/17/76, effective 6/21/76]

[Filed 10/3/77, Notice 8/24/77—published 10/19/77, effective 11/23/77]

[Filed 2/3/84, Notice 11/9/83—published 2/29/84, effective 4/4/84]

[Filed without Notice 7/19/85—published 8/14/85, effective 9/18/85]

[Filed 2/17/87, Notice 8/13/86—published 3/11/87, effective 4/15/87¹]

[Filed emergency 4/15/87—published 5/6/87, effective 4/15/87]

[Filed emergency 7/29/87—published 8/26/87, effective 7/29/87]

[Filed 12/3/87, Notice 8/26/87—published 12/30/87, effective 2/3/88¹]

[Filed 4/15/88, Notice 2/24/88—published 5/4/88, effective 6/8/88]

[Filed 8/4/88, Notice 6/15/88—published 8/24/88, effective 9/28/88]

[Filed emergency 9/24/90 after Notice 8/8/90—published 10/17/90, effective 9/24/90]

[Filed 5/7/92, Notice 4/1/92—published 5/27/92, effective 7/1/92]

[Filed 6/15/95, Notice 4/12/95—published 7/5/95, effective 8/9/95]

[Filed 9/26/97, Notice 7/2/97—published 10/22/97, effective 11/26/97]

[Filed 6/24/98, Notice 4/8/98—published 7/15/98, effective 8/19/98]

[Filed 3/16/00, Notice 1/12/00—published 4/5/00, effective 5/10/00]

[Filed emergency 6/9/00—published 6/28/00, effective 6/30/00]

[Filed 9/15/00, Notice 6/28/00—published 10/4/00, effective 11/8/00]

[Filed 9/15/00, Notice 7/12/00—published 10/4/00, effective 11/8/00]

[Filed 9/28/01, Notice 6/27/01—published 10/17/01, effective 11/21/01]

[Filed 9/12/02, Notice 6/26/02—published 10/2/02, effective 11/6/02]

[Filed 12/5/03, Notice 10/1/03—published 12/24/03, effective 1/28/04]

[Filed 9/20/07, Notice 7/18/07—published 10/10/07, effective 11/14/07]

¹ Effective date of Ch 2 delayed 70 days by the Administrative Rules Review Committee at its 4/14/87 meeting. Effective date delayed until the adjournment of the 1988 Session of the General Assembly pursuant to Iowa Code section 17A.8(9) by the Administrative Rules Review Committee at its 5/20/87 and 1/6/88 meetings.

CHAPTER 3

LICENSURE TO PRACTICE—REGISTERED NURSE/LICENSED PRACTICAL NURSE

[Prior to 5/23/84, IAC, appeared as separate Chapters 3 and 4]

[Prior to 8/26/87, Nursing Board[590] Ch 3]

655—3.1(17A,147,152,272C) Definitions.

“Accredited or approved nursing program” means a nursing education program whose status has been recognized by the board or by a similar board in another jurisdiction that prepares individuals for licensure as a licensed practical nurse, registered nurse, or registration as an advanced registered nurse practitioner; or grants a baccalaureate, master’s or doctorate degree with a major in nursing.

“Address” means a street address in any state when a street address is available or a rural route address when a street address is not available.

“Applicant” means a person who is qualified to take the examination or apply for licensure.

“Endorsement” means the process by which a registered nurse/licensed practical nurse licensed in another jurisdiction becomes licensed in Iowa.

“Examination” means any of the tests used to determine minimum competency prior to the issuance of a registered nurse/licensed practical nurse license.

“Fees” means those fees collected which are based upon the cost of sustaining the board’s mission to protect the public health, safety and welfare. The nonrefundable fees set by the board are as follows:

1. Application for original license based on the registered nurse examination, \$93 (plus the fee for evaluation of the fingerprint packet and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI)).
2. Application for original license based on the practical nurse examination, \$93 (plus the fee for evaluation of the fingerprint packet and the criminal history background checks by the DCI and the FBI).
3. Application for registered nurse/licensed practical nurse license by endorsement, \$119 (plus the fee for evaluation of the fingerprint packet and the criminal history background checks by the DCI and the FBI).
4. Application for registration as an advanced registered nurse practitioner, \$81 for any length of registration up to three years.
5. For a certified statement that a registered nurse/licensed practical nurse is licensed in this state or registered as an advanced registered nurse practitioner, \$25.
6. For written verification of licensure status, not requiring certified statements, \$3 per license.
7. For reactivation of a license to practice as a registered nurse/licensed practical nurse, \$175 for a license lasting more than 24 months up to 36 months (plus the fee for evaluation of the fingerprint packet and the criminal history background checks by the DCI and the FBI).
8. For the renewal of a license to practice as a registered nurse/licensed practical nurse, \$99 for a three-year period.
9. For a duplicate or reissued wallet card or original certificate to practice as a registered nurse/licensed practical nurse, or registration card or original certification to practice as an advanced registered nurse practitioner, \$20.
10. For late renewal of a registered nurse/licensed practical nurse license, \$50, plus the renewal fee as specified in paragraph “8” of this rule.
11. For a check returned for any reason, \$15. If licensure/registration has been issued by the board office based on a check for the payment of fees and the check is later returned by the bank, the board shall request payment by certified check or money order.
12. For a certified copy of an original document, \$20.
13. For special licensure, \$62.
14. For the convenience of online license renewal, a charge will be assessed.
15. Fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks, \$50. The fee shall be considered a repayment receipt as defined in Iowa Code section 8.2.

“Inactive license” means a registered nurse or licensed practical nurse license that has been placed on inactive status because it was not renewed by the fifteenth day of the month following the expiration

date, or the board has received notification that a licensee has declared another compact state as primary state of residency. Pursuant to 655—subrule 16.2(4), the former home state license shall no longer be valid upon the issuance of a new home state license.

“Late license” means a registered nurse or licensed practical nurse license that has not been renewed by the expiration date on the wallet card. The time between the expiration date and the fifteenth day of the month following the expiration date is considered a grace period.

“Licensee” means a person who has been issued a certificate to practice as a registered nurse or licensed practical nurse under the laws of this state.

“NCLEX®” means National Council Licensure Examination for registered nurse/licensed practical nurse licensure.

“Overpayment” means payment in excess of the required fee. Overpayment less than \$10 received by the board shall not be refunded.

“Reactivation” means the process whereby an inactive licensee obtains a current license.

“Reinstatement” means the process by which any person whose license to practice nursing has been suspended, revoked or voluntarily surrendered by order of the board may apply for license consideration.

“Repayment receipts” means those moneys collected by a department or establishment that supplement an appropriation made by the legislature. Repayment receipts, as defined in Iowa Code section 8.2, apply to the definition of “fees,” paragraphs “5,” “6,” “9,” “12,” “14,” and “15” in this rule.

“Temporary license” means a license issued on a short-term basis for a specified time pursuant to subrule 3.5(3).

“Unlicensed student” means a person enrolled in a nursing education program who has never been licensed as a registered nurse or licensed practical/vocational nurse in any U.S. jurisdiction.

“Verification” means the process whereby the board provides a certified statement that the license of a registered nurse/licensed practical nurse is active, inactive, or encumbered, or an advanced registered nurse practitioner is registered in this state.

This rule is intended to implement Iowa Code section 147.80.

655—3.2(17A,147,152,272C) Mandatory licensure.

3.2(1) A person who practices nursing in the state of Iowa as defined in Iowa Code section 152.1, outside of one’s family, shall have a current Iowa license, whether or not the employer is in Iowa and whether or not the person receives compensation. The nurse shall maintain a copy of the license and shall have it available for inspection when engaged in the practice of nursing in Iowa.

3.2(2) Current Iowa licensure is not mandatory when:

a. A nurse who resides in another party state is recognized for licensure in this state pursuant to the nurse licensure compact contained in Iowa Code chapter 152E. The nurse shall maintain a copy of the license and shall have it available for inspection when engaged in the practice of nursing in Iowa.

b. A nurse who holds an active license in another state provides services to patients in Iowa only during interstate transit.

c. A nurse who holds an active license in another state provides emergency services in an area in which the governor of Iowa has declared a state of emergency.

3.2(3) A nurse who is enrolled in an approved nursing program shall hold an active license in the U.S. jurisdiction(s) in which the nurse provides patient care. An individual from another country who is enrolled in a course of study for registered nurses or licensed practical nurses shall hold an active license in the U.S. jurisdiction(s) in which the individual provides patient care.

This rule is intended to implement Iowa Code section 147.2.

655—3.3(17A,147,152,272C) Qualifications for licensure.

3.3(1) Applicants shall meet the requirements set forth in Iowa Code sections 147.3 and 152.7. Requirements include:

a. Graduation from an approved nursing program preparing registered nurses as defined in Iowa Code section 152.5(1) for registered nurse applicants or graduation from an approved nursing program preparing practical nurses as defined in Iowa Code section 152.5(1) for licensed practical nurse

applicants. Theory and clinical experience shall include medical nursing, surgical nursing, obstetric nursing and nursing of children. Registered nurse applicants shall additionally have completed theory and clinical experience in psychiatric nursing.

b. Passing NCLEX® or the State Board Test Pool Examination, the national examination used prior to 1982.

c. Approval by the board of those with a past felony conviction or a record of prior disciplinary action, regardless of jurisdiction.

3.3(2) The requirement listed in paragraph 3.3(1) “b” is subject to the following exceptions:

a. A practical nurse applicant must have written the same examination as that administered in Iowa and achieved a score established as passing for that test by the board unless the applicant graduated and was licensed prior to July 1951.

b. An applicant whose national examination scores do not meet the Iowa requirements in effect at the time of the examination and who wishes to become licensed in Iowa may appeal to the board. The board may require the applicant to pass the current examination.

This rule is intended to implement Iowa Code sections 147.2 and 152.7(3).

655—3.4(17A,147,152,272C) Licensure by examination.

3.4(1) Applicants shall meet qualifications for licensure set forth in subrule 3.3(1).

3.4(2) The board contracts with the National Council of State Boards of Nursing, Inc. to use the NCLEX® for registered nurses and licensed practical nurses.

a. The passing standard for the NCLEX® is determined by the board.

b. NCLEX® results are reported as pass or fail.

c. The NCLEX® is administered according to guidelines set forth by the National Council of State Boards of Nursing, Inc.

d. Examination statistics are available to the public.

3.4(3) Application—graduates of board-approved programs.

a. The board shall:

(1) Provide information about licensure application to applicants, nursing education programs in Iowa, and others upon request.

(2) Determine eligibility of each applicant upon receipt of an application, fees, official nursing transcript and notification of NCLEX® registration.

b. The applicant shall:

(1) Submit a completed application for license by examination.

(2) Submit two completed sets of the fingerprint packet to facilitate a national criminal history background check. The fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

(3) Submit fee for application for license by examination plus the fee for evaluation of the fingerprint packet and the criminal history background checks as identified in the definition of “fees” in rule 3.1(17A,147,152,272C). All fees are nonrefundable.

(4) Register for the NCLEX® and submit registration fee to the national test service.

(5) Direct the nursing program to submit to the board an official nursing transcript denoting the date of entry, date of graduation, and diploma or degree conferred.

(6) Inform the board that the primary state of residence is Iowa or a noncompact state and provide a current street address.

(7) Self-schedule the examination at an approved testing center. Applicants who do not test within 91 days of authorization are required to submit a new application and fee to the board.

(8) Complete NCLEX® registration within 12 months of board receipt of the application for license, fingerprint packet and fees. The board reserves the right to destroy documents after 12 months.

3.4(4) Application—individuals educated and licensed in another country.

a. The board shall:

(1) Provide information about licensure application to applicants and others upon request.

(2) Determine eligibility of each applicant upon receipt of:

1. Application for licensure by examination.
 2. Two completed sets of the fingerprint packet to facilitate a national criminal history background check.
 3. Application fee for license by examination plus the fee for evaluation of the fingerprint packet and the criminal history background checks as identified in the definition of “fees” in rule 3.1(17A,147,152,272C). All fees are nonrefundable.
 4. Notification of NCLEX® registration.
 5. Official nursing transcript denoting date of entry and date of graduation validated by the Commission on Graduates of Foreign Nursing Schools (CGFNS) or submitted by the program if the original transcript is in English.
 6. Validation of licensure/registration in the original country by CGFNS.
 7. Official certification submitted by CGFNS for registered nurse applicants.
 8. Nursing and science course report submitted by CGFNS for licensed practical nurse applicants.
 9. Verification of ability to read, write, speak and understand the English language as determined by the results of the Test of English as a Foreign Language (TOEFL) for licensed practical nurse applicants. The board shall determine the TOEFL passing standard. Applicants shall be exempt from the TOEFL examination when the native language is English; nursing education was completed in a college, university or professional school located in Australia, Canada (except Quebec), Ireland, New Zealand or the United Kingdom; language of instruction in the nursing program was English; and language of the textbooks in the nursing program was English.
- b.* The applicant shall:
- (1) Submit completed application for license by examination, including two sets of the completed fingerprint packet.
 - (2) Submit fee for application for license by examination plus the fee for evaluation of the fingerprint packet and the criminal history background checks as identified in the definition of “fees” in rule 3.1(17A,147,152,272C). All fees are nonrefundable.
 - (3) Register for the NCLEX® and submit registration fee to the national test service.
 - (4) Direct CGFNS to validate the official nursing transcript or direct the nursing education program to submit to the board an official nursing transcript in English denoting the date of entry, date of graduation, and diploma or degree conferred.
 - (5) Direct CGFNS to validate licensure/registration in the original country.
 - (6) Complete CGFNS certification requirements for registered nurse applicants.
 - (7) Complete nursing and science course report requirements of the CGFNS Credentials Evaluation Service for practical nurse applicants.
 - (8) Complete TOEFL requirements for practical nurse applicants.
 - (9) Inform the board of primary state of residence and current mailing address.
 - (10) Self-schedule the examination at an approved testing center. Applicants who do not test within 91 days of authorization are required to submit a new application and fee to the board.
 - (11) Complete NCLEX® registration within 12 months of board receipt of the application for license, fingerprint packet and fees. The board reserves the right to destroy documents after 12 months.
- 3.4(5) Application—individuals with disabilities.** Individuals with disabilities as defined in the Americans with Disabilities Act shall be provided modifications in the NCLEX® or NCLEX® administration.
- a.* The board shall:
- (1) Notify applicants of the availability of test modifications for individuals with documented disabilities.
 - (2) Upon request, notify applicants of the process for obtaining board approval of test modification as defined in paragraph 3.4(5) “*b.*”
 - (3) Determine eligibility for test modification upon receipt of:
 1. Written request for test modifications in the NCLEX® or NCLEX® administration.

2. Written documentation of the applicant's disability and need for test modifications, including results of diagnostic testing when appropriate, submitted by a qualified professional with expertise in the area of the diagnosed disability, or interpretation of results.

3. Written documentation of test modifications provided to the applicant while enrolled in the nursing education program, if applicable.

b. The applicant shall:

(1) Submit to the board a written request for specific modifications in the NCLEX® or NCLEX® administration.

(2) Direct a qualified professional with expertise in the area of the diagnosed disability or interpretation of test results to submit to the board written documentation of the applicant's disability and need for specific test modifications, including the history of the disability and results of diagnostic testing.

(3) Direct the nursing program to submit to the board documentation of test modifications provided to the applicant while enrolled in the nursing education program, if applicable.

(4) Complete examination application requirements defined in subrule 3.4(3) or 3.4(4).

3.4(6) Reexamination.

a. An applicant who has graduated from an approved practical nurse program and has failed the NCLEX-PN® is eligible to take the NCLEX-PN® an indefinite number of times.

b. An applicant who has graduated from an approved registered nurse program and has failed the NCLEX-RN® is eligible to take the NCLEX-RN® an indefinite number of times.

c. An applicant who fails the NCLEX® and reapplies for license by examination shall be required to complete application for license by examination, submit the fee for application by examination, complete NCLEX® registration and submit a registration fee to the national test service. Two sets of the completed fingerprint packet, plus the fee identified in the definition of "fees" in rule 3.1(17A,147,152,272C), are required if 12 months have passed since the previous criminal history background check.

3.4(7) Certificate of license by examination. Upon completion of the relevant qualifications for license by examination defined in these rules, the board shall issue a certificate of license by examination and a current license to practice as a registered nurse/licensed practical nurse. The board staff may issue a certificate of license pending receipt of a report on the applicant from the DCI/FBI.

This rule is intended to implement Iowa Code sections 147.36, 147.80 and 152.7(3).

655—3.5(17A,147,152,272C) Licensure by endorsement.

3.5(1) *Qualifications for licensure by endorsement.* The endorsee shall meet the qualifications for licensure defined in subrule 3.3(1).

3.5(2) *Applicants currently licensed in another state.* Application for licensure to practice as a registered nurse or licensed practical nurse by endorsement shall be made according to the following process:

a. The board shall:

(1) Provide application forms and instructions to applicants upon request.

(2) Determine eligibility of each applicant upon receipt of an application, fees, official nursing transcript, and verification of license submitted by state of original license or the National Council of State Boards of Nursing, Inc.

b. The applicant shall:

(1) Submit a completed application form for license by endorsement.

(2) Submit two sets of the fingerprint packet to facilitate a national criminal history background check. The fee for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks will be assessed to the applicant.

(3) Submit the fee for license by endorsement plus the fee for evaluation of the fingerprint packet and the criminal history background checks as identified in the definition of "fees" in rule 3.1(17A,147,152, 272C). All fees are nonrefundable.

(4) Direct the nursing program to submit to the board an official nursing transcript denoting the date of entry, date of graduation and diploma or degree conferred.

(5) Submit the application form for verification of original licensure. If the original state of licensure participates in the National Council of State Boards of Nursing, Inc. Electronic Nurse Licensure System (NURSUS), send form and application fee directly to the National Council of State Boards of Nursing, Inc.

(6) Submit evidence attesting that Iowa is the primary state of residence if the applicant is changing primary state of residence from another party state as outlined in rule 655—16.2(152) or that the primary state of residence is a noncompact state.

(7) Complete the application process within 12 months from the date of receipt of the application. The board reserves the right to destroy the documents after 12 months.

c. An endorsement applicant who has been disciplined by a licensing authority in another state must indicate the jurisdiction of the action(s) when submitting application materials. A copy of all relevant disciplinary documents will be obtained for board review prior to a determination regarding licensure. The board may impose special conditions for licensure if deemed appropriate.

d. A license shall not be issued to an applicant who fails to complete the licensure process within 12 months from the date of receipt of the application.

3.5(3) Temporary license. A temporary license shall be issued to an applicant who is licensed in another state if the applicant meets the qualifications for a license as outlined in subrule 3.3(1). The application form and endorsement fee plus the fee for evaluation of the fingerprint packet and the criminal history background checks as identified in the definition of “fees” in rule 3.1(17A,147,152,272C), verification of license form and two sets of the fingerprint packet to facilitate a national criminal history background check shall be on file in the office of the board prior to the issuance of the temporary license.

a. A temporary licensee may use the appropriate title of registered nurse or licensed practical nurse and the appropriate abbreviation R.N. or L.P.N.

b. The temporary wallet card must be signed by the licensee to be valid. The temporary license shall be issued for a period of 30 days. A second temporary license may be issued for a period not to exceed 30 days or at the discretion of the executive director.

c. A temporary license shall be issued to an applicant who has incurred disciplinary action in another state when the license is not currently encumbered.

d. A temporary license shall not be issued to an applicant with a past felony conviction.

3.5(4) Certificate of license by endorsement. Upon completion of the endorsement procedures defined in these rules, the board shall issue a certificate of license by endorsement and a current license to practice as a registered nurse/licensed practical nurse. The board staff may issue a certificate of license pending receipt of a report on the applicant from the DCI/FBI.

This rule is intended to implement Iowa Code sections 147.2 and 152.9.

655—3.6(17A,147,152,272C) Special licensure for those licensed in another country. A special license may be granted by the board on an individual basis to allow a nurse licensed in another country who is not eligible for endorsement to practice nursing in Iowa for a fixed period of time under certain conditions. Special licensure shall allow the nurse to provide care in a specialty area, provide consultation or teaching where care is directed, serve as a research or teaching assistant, or obtain clinically based continuing education.

1. Upon request, the board shall provide application materials to the applicant or sponsor.

2. The applicant shall provide identifying information, history of felony conviction, history of licensure in another jurisdiction, and reason for special licensure.

3. The applicant shall complete the application, submit a fee as identified in rule 3.1(17A,147,152,272C) and provide evidence of certification by the Commission on Graduates of Foreign Nursing Schools (CGFNS), or a Test of English as a Foreign Language (TOEFL) score of at least 500 for the paper-based TOEFL or 173 for the computer-based TOEFL.

4. Board staff shall determine the validity of the request based on the need, duration and location of special licensure identified on the application, and staff shall notify the applicant of ineligibility for

special licensure if the application is incomplete, or demonstrates a felony conviction, or evidence of licensure in another jurisdiction.

5. The board shall grant special licensure to eligible applicants. The license shall be identified as a special license and identify duration and conditions as designated in this rule. The period of special licensure shall be determined by the board and may be extended at the request of the applicant.

6. If the board denies special licensure, the individual may be eligible for licensure by examination in accord with subrule 3.4(4).

7. The licensee shall be subject to all rules and regulations promulgated by the board except those pertaining to verification, renewal, late renewal, inactivation, reactivation and continuing education requirements.

This rule is intended to implement Iowa Code section 147.2.

655—3.7(17A,147,152,272C) License cycle.

3.7(1) *Name and address changes.* Written notification to the board of name and address changes is mandatory as defined in Iowa Code section 147.9. Licensure documents are mailed to the licensee at the address on file in the board office. There is no fee for a change of name or address in board records.

3.7(2) *New licenses.* The board shall issue licenses by endorsement and examination for a 24- to 36-month period. When the license is renewed, it will be placed on a three-year renewal cycle. Expiration shall be on the fifteenth day of the birth month.

3.7(3) *Renewal.* At least 60 days prior to expiration of the license, the licensee shall be notified by mail that a renewal application is available at the board's Internet address. Renewal applications are also available by mail upon request.

a. The required materials and the renewal fee as specified in rule 3.1(17A,147,152,272C) are to be submitted to the board office 30 days before license expiration.

b. When the licensee has satisfactorily completed the requirements for renewal 30 days before expiration of the previous license, a renewal wallet card shall be mailed to the licensee before expiration of the previous license.

c. A licensee who regularly examines, attends, counsels or treats children in Iowa shall indicate on the renewal application completion of two hours of training in child abuse identification and reporting in the previous five years or condition(s) for rule suspension as identified in paragraph "g."

d. A licensee who regularly examines, attends, counsels or treats adults in Iowa shall indicate on the renewal application completion of two hours of training in dependent adult abuse identification and reporting in the previous five years or condition(s) for rule suspension as identified in paragraph "g."

e. A licensee who regularly examines, attends, counsels or treats both adults and children in Iowa shall indicate on the renewal application completion of training on abuse identification and reporting in dependent adults and children or condition(s) for rule suspension as identified in paragraph "g."

Training may be completed through separate courses as identified in paragraphs "c" and "d" or in one combined two-hour course that includes curricula for identifying and reporting child abuse and dependent adult abuse. The course shall be a curriculum approved by the Iowa department of public health abuse education review panel.

f. The licensee shall maintain written documentation for five years after mandatory training as identified in paragraphs "c" to "e," including program date(s), content, duration, and proof of participation.

g. The requirement for mandatory training for identifying and reporting child and dependent adult abuse shall be suspended if the board determines that suspension is in the public interest or that a person at the time of license renewal:

(1) Is engaged in active duty in the military service of this state or the United States.

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements, including waiver of continuing education requirements or extension of time in which to fulfill requirements due to a physical or mental disability or illness as identified in 655—Chapter 5.

h. The board may select licensees for audit of compliance with the requirements in paragraphs “c” to “g.”

3.7(4) *Late renewal.* The license shall become late when the license has not been renewed by the expiration date on the wallet card. The licensee shall be assessed a late fee as specified in rule 3.1(17A,147,152,272C).

To renew a late license, the licensee shall complete the renewal requirements and submit the late fee before the fifteenth day of the month following the expiration date on the wallet card.

3.7(5) *Inactive status.* The license shall become inactive when the license has not been renewed by the fifteenth day of the month following the expiration date on the wallet card or the board office has been notified by another compact state that a licensee has declared a new primary state. Pursuant to 655—subrule 16.2(4), the former home state license shall no longer be valid upon the issuance of a new home state license.

a. If the inactive license is not reactivated, it shall remain inactive.

b. If the licensee resides in Iowa or a noncompact state, the licensee shall not practice nursing in Iowa until the license is reactivated to active status. If the licensee is identified as practicing nursing with an inactive license, disciplinary proceedings shall be initiated.

c. The licensee is not required to obtain continuing education credit or pay fees while the license is inactive.

d. To reactivate the license, the licensee shall contact the board office.

(1) The licensee shall be provided an application, a continuing education report form, fingerprint packet and statement of the fees. The reactivation fee and criminal history background check fee are specified in the definition of “fees” in rule 3.1(17A,147,152,272C).

(2) The licensee shall have obtained 12 contact hours of continuing education, as specified in 655—Chapter 5, within the 12 months prior to reactivation.

(3) Upon receipt of the completed reactivation application, required continuing education materials, two sets of the fingerprint packet to facilitate a national criminal history background check, fees for both the reactivation and the criminal history background check and verification that the primary state of residence is Iowa or a noncompact state, the licensee shall be issued a license for a 24- to 36-month period. At the time of the next renewal, the license will be placed on a three-year renewal cycle. Expiration shall be on the fifteenth day of the licensee’s birth month. The board staff may issue a certificate of license pending receipt of a report on the applicant from the DCI/FBI.

3.7(6) *Duplicate wallet card or certificate.* A duplicate wallet card or certificate shall be required if the current card or certificate is lost, stolen, destroyed or not received by the licensee within 60 days from the date the license is issued. The licensee shall be issued a duplicate wallet card or certificate upon receipt of an application for a duplicate wallet card or certificate and receipt of the fee as specified in rule 3.1(17A,147, 152,272C). If the licensee notifies the board that the wallet card or certificate has not been received within 60 days after being issued, no fee shall be required. A fee is applicable when the licensee fails to notify the board of a name or address change.

3.7(7) *Reissue of a certificate or wallet card.* The board shall reissue a certificate or current wallet card upon receipt of a written request from the licensee, return of the original document and payment of the fee as specified in rule 3.1(17A,147,152,272C). No fee shall be required if an error was made by the board on the original document.

This rule is intended to implement Iowa Code sections 147.2 and 147.9 to 147.11.

655—3.8(17A,147,152,272C) *Verification.* Upon written request from the licensee or another jurisdiction and payment of the verification fee as specified in rule 3.1(17A,147,152, 272C), the board shall provide a certified statement to another jurisdiction or entity that the license of a registered nurse/licensed practical nurse is active, inactive or encumbered in Iowa.

This rule is intended to implement Iowa Code sections 147.2 and 147.8.

655—3.9(17A,272C) License denial.

3.9(1) An applicant who has been denied licensure by the board may appeal the decision and request a hearing on related issues. A notice of appeal and request for hearing must be served upon the board within 30 days following the date the notification of licensure denial was mailed to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

3.9(2) All hearings held pursuant to this rule shall be held in accordance with the process outlined in 655—Chapter 4.

This rule is intended to implement Iowa Code chapters 17A and 272C.

[ARC 7664B, IAB 3/25/09, effective 4/29/09]

[Filed 5/12/70]

[Filed 5/12/70; amended 8/11/70]¹

[Filed 2/20/76, Notice 12/29/75—published 3/8/76, effective 4/12/76]¹

[Filed 5/3/76, Notices 1/12/76, 3/22/76—published 5/17/76, effective 6/21/76]¹

[Filed 5/24/76, Notice 4/19/76—published 6/14/76, effective 7/19/76]¹

[Filed 12/3/76, Notice 8/9/76—published 12/29/76, effective 2/2/77]¹

[Filed 3/9/77, Notice 12/29/76—published 4/6/77, effective 5/11/77]¹

[Filed 3/18/77, Notice 8/9/76—published 4/6/77, effective 5/11/77]¹

[Filed 6/24/77, Notices 12/15/76, 4/20/77—published 7/13/77, effective 8/17/77]¹

[Filed 10/3/77, Notice 8/24/77—published 10/19/77, effective 11/23/77]¹

[Filed emergency 1/23/78—published 2/8/78, effective 1/23/78]¹

[Filed 4/21/78, Notice 2/22/78—published 5/17/78, effective 6/21/78]¹

[Filed 4/21/78, Notice 3/8/78—published 5/1/78, effective 6/21/78]¹

[Filed 7/17/80, Notice 5/14/80—published 8/6/80, effective 9/10/80]¹

[Filed emergency after Notice 6/21/82, Notice 5/12/82—published 7/7/82, effective 6/21/82]¹

[Filed emergency after Notice 2/10/83, Notice 1/5/83—published 3/2/83, effective 2/10/83]¹

[Filed 5/2/84, Notice 2/29/84—published 5/23/84, effective 6/27/84]¹

[Filed 10/17/84, Notice 8/29/84—published 11/7/84, effective 12/12/84]¹

[Filed without Notice 7/19/85—published 8/14/85, effective 9/18/85]¹

[Filed 7/19/85, Notice 5/22/85—published 8/14/85, effective 9/18/85]¹

[Filed 9/20/85, Notice 8/14/85—published 10/9/85, effective 11/13/85]¹

[Filed emergency after Notice 4/15/86, Notice 2/26/86—published 5/7/86, effective 4/18/86]¹

[Filed 9/22/86, Notice 8/13/86—published 10/8/86, effective 11/12/86]¹

[Filed 4/30/87, Notice 2/25/87—published 5/20/87, effective 6/24/87]¹

[Filed emergency 7/29/87—published 8/26/87, effective 7/29/87]¹

[Filed 10/2/87, Notice 7/15/87—published 10/21/87, effective 11/25/87]¹

[Filed 2/17/88, Notice 12/16/87—published 3/9/88, effective 4/13/88]¹

[Filed 3/10/88, Notice 9/9/87—published 4/6/88, effective 7/1/88]¹

[Filed emergency 4/15/88 after Notice 2/24/88—published 5/4/88, effective 4/15/88]¹

[Filed 8/4/88, Notice 4/20/88—published 8/24/88, effective 9/28/88]¹

[Filed 8/4/88, Notice 6/15/88—published 8/24/88, effective 9/28/88]¹

[Filed 9/12/88, Notice 6/29/88—published 10/5/88, effective 11/9/88]²

[Filed 10/6/88, Notice 8/24/88—published 11/2/88, effective 12/7/88]¹

[Filed 5/26/89, Notice 2/22/89—published 6/14/89, effective 7/19/89]¹

[Filed 3/15/90, Notice 1/10/90—published 4/4/90, effective 5/9/90]¹

[Filed 12/20/91, Notice 10/16/91—published 1/8/92, effective 2/12/92]¹

[Filed emergency 2/10/93 after Notice 1/6/93—published 3/3/93, effective 2/10/93]¹

[Filed 12/8/93, Notice 10/13/93—published 1/5/94, effective 2/9/94]¹

[Filed 6/16/94, Notice 4/13/94—published 7/6/94, effective 8/10/94]¹

[Filed 9/30/94, Notice 7/6/94—published 10/26/94, effective 11/30/94]¹

[Filed 6/15/95, Notice 4/12/95—published 7/5/95, effective 8/9/95]¹

[Filed 10/5/95, Notice 7/5/95—published 10/25/95, effective 11/29/95]¹

[Filed 12/14/95, Notice 10/25/95—published 1/3/96, effective 2/7/96]¹

[Filed 4/29/99, Notice 3/24/99—published 5/19/99, effective 6/23/99]
 [Filed 8/17/99, Notice 6/30/99—published 9/8/99, effective 10/13/99]
 [Filed 9/28/99, Notice 8/25/99—published 10/20/99, effective 11/24/99]
 [Filed 12/10/99, Notice 10/20/99—published 12/29/99, effective 2/2/00]
 [Filed emergency 6/9/00—published 6/28/00, effective 6/30/00]
 [Filed 9/15/00, Notice 6/28/00—published 10/4/00, effective 11/8/00]
 [Filed emergency 11/9/00—published 11/29/00, effective 11/9/00]
 [Filed 3/15/01, Notice 1/10/01—published 4/4/01, effective 5/9/01]
 [Filed 9/28/01, Notice 6/27/01—published 10/17/01, effective 11/21/01]
 [Filed 12/7/01, Notice 10/17/01—published 12/26/01, effective 1/30/02]
 [Filed 2/8/02, Notice 12/26/01—published 3/6/02, effective 4/10/02]
 [Filed emergency 6/7/02—published 6/26/02, effective 7/1/02]
 [Filed 6/7/02, Notice 3/20/02—published 6/26/02, effective 7/31/02]
 [Filed 7/18/02, Notice 5/15/02—published 8/7/02, effective 9/11/02]
 [Filed 9/12/02, Notice 6/26/02—published 10/2/02, effective 11/6/02]
 [Filed 12/6/02, Notice 10/2/02—published 12/25/02, effective 1/29/03]^{∅∅}
 [Filed 6/6/03, Notice 4/2/03—published 6/25/03, effective 7/30/03]
 [Filed 6/6/03, Notice 4/30/03—published 6/25/03, effective 7/30/03]
 [Filed 12/5/03, Notice 10/1/03—published 12/24/03, effective 1/28/04]
 [Filed 10/1/04, Notice 7/7/04—published 10/27/04, effective 1/3/05]
 [Filed 6/16/05, Notice 4/13/05—published 7/6/05, effective 8/10/05]^{∅∅}
 [Filed 3/22/06, Notice 1/4/06—published 4/12/06, effective 5/17/06]
 [Filed 6/19/07, Notice 3/28/07—published 7/18/07, effective 8/22/07]
 [Filed ARC 7664B (Notice ARC 7485B, IAB 1/14/09), IAB 3/25/09, effective 4/29/09]

[∅] Two or more ARCs

¹ History relating also to “Licensure to Practice—Licensed Practical Nurse,” Ch 4 prior to IAC 5/23/84.

² Effective date of 11/9/88 delayed 70 days by the Administrative Rules Review Committee at its October meeting. Delay lifted by ARRC 11/16/88.

CHAPTER 4 DISCIPLINE

[Prior to 5/23/84, IAC, "Disciplinary Proceedings" appeared as Ch 8]

[Prior to 5/23/84, "Licensure to Practice—Licensed Practical Nurse" appeared as Ch 4. See Ch 3.]

[Prior to 8/26/87, Nursing Board[590] Ch 4]

655—4.1(17A,147,152,272C) Board authority. The board of nursing may discipline a registered nurse, a licensed practical nurse or an advanced registered nurse practitioner for any grounds stated in Iowa Code chapters 147, 152 and 272C, or rules promulgated thereunder.

655—4.2(17A,147,152,272C) Complaints and investigations. Complaints are allegations of wrongful acts or omissions relating to the ethical or professional conduct of a licensee.

4.2(1) In accordance with Iowa Code section 272C.3(1) "c," the board shall investigate or review, upon written complaint or upon its own motion pursuant to other information received by the board, alleged acts or omissions which the board reasonably believes constitute cause for licensee discipline.

4.2(2) The executive director, or an authorized designee, may review and investigate any complaint information received, in order to determine the probability that a violation of Iowa law or administrative rule has occurred.

655—4.3(17A,147,152,272C) Issuance of investigatory subpoenas. The board shall have the authority to issue an investigatory subpoena in accordance with the provisions of Iowa Code section 17A.13.

4.3(1) The executive director or designee may, upon the written request of a board investigator or on the executive director's own initiative, subpoena books, papers, records and other real evidence which are necessary for the board to decide whether to institute a contested case proceeding. In the case of a subpoena for mental health records, each of the following conditions shall be satisfied prior to the issuance of the subpoena:

- a. The nature of the complaint reasonably justifies the issuance of a subpoena;
- b. Adequate safeguards have been established to prevent unauthorized disclosure;
- c. An express statutory mandate, articulated public policy, or other recognizable public interest favors access; and
- d. An attempt was made to notify the patient and to secure an authorization from the patient for release of the records at issue.

4.3(2) A written request for a subpoena or the executive director's written memorandum in support of the issuance of a subpoena shall contain the following:

- a. The name and address of the person to whom the subpoena will be directed;
- b. A specific description of the books, papers, records or other real evidence requested;
- c. An explanation of why the documents sought to be subpoenaed are necessary for the board to determine whether it should institute a contested case proceeding; and
- d. In the case of a subpoena request for mental health records, confirmation that the conditions described in subrule 4.3(1) have been satisfied.

4.3(3) Each subpoena shall contain the following:

- a. The name and address of the person to whom the subpoena is directed;
- b. A description of the books, papers, records or other real evidence requested;
- c. The date, time and location for production or inspection and copying;
- d. The time within which a motion to quash or modify the subpoena must be filed;
- e. The signature, address and telephone number of the executive director or designee;
- f. The date of issuance;
- g. A return of service.

4.3(4) Any person who is aggrieved or adversely affected by compliance with the subpoena and who desires to challenge the subpoena must, within 14 days after service of the subpoena, or before the time specified for compliance if such time is less than 14 days, file with the board a motion to quash or modify the subpoena. The motion shall describe the legal reasons why the subpoena should be quashed or modified and may be accompanied by legal briefs or factual affidavits.

4.3(5) Upon receipt of a timely motion to quash or modify a subpoena, the board may request an administrative law judge to issue a decision or the board may issue a decision. Oral argument may be scheduled at the discretion of the board or the administrative law judge. The administrative law judge or the board may quash or modify the subpoena, deny the motion, or issue an appropriate protective order.

4.3(6) A person aggrieved by a ruling of an administrative law judge who desires to challenge that ruling must appeal the ruling to the board by serving on the executive director, either in person or by certified mail, a notice of appeal within ten days after service of the decision of the administrative law judge.

4.3(7) If the person contesting the subpoena is not the person under investigation, the board's decision is final for purposes of judicial review. If the person contesting the subpoena is the person under investigation, the board's decision is not final for purposes of judicial review until either (1) the person is notified that the investigation has been concluded with no formal action, or (2) there is a final decision in the contested case.

655—4.4(17A,147,152,272C) Board action. The board shall review investigative conclusions and do one of the following:

1. Close the investigative case without action.
2. Request further inquiry.
3. Appoint a peer review committee to assist with the investigation.
4. Determine the existence of sufficient probable cause and order a disciplinary hearing to be held in compliance with Iowa Code section 272C.6.

655—4.5(17A,147,152,272C) Peer review committee. The board may establish a peer review committee to assist with the investigative process when deemed necessary.

4.5(1) The committee shall determine if the conduct of the licensee conforms to minimum standards of acceptable and prevailing practice of nursing and submit a report of its findings to the board.

4.5(2) The board shall review the committee's findings and proceed with action available under rule 4.4(17A,147,152,272C).

4.5(3) The peer review committee shall observe the confidentiality requirements imposed by Iowa Code section 272C.6.

655—4.6(17A,147,152,272C) Grounds for discipline. A licensee may be disciplined for failure to comply with the rules promulgated by the board and for any wrongful act or omission related to nursing practice, licensure or professional conduct.

4.6(1) In accordance with Iowa Code section 147.55(1), behavior which constitutes fraud in procuring a license may include, but need not be limited to, the following:

- a.* Falsification of the application, credentials, or records submitted to the board for licensure as a registered nurse, licensed practical nurse, or registration as an advanced registered nurse practitioner.
- b.* Fraud, misrepresentation, or deceit in taking the licensing examination or in obtaining a license as a registered nurse, licensed practical nurse, or registration as an advanced registered nurse practitioner.
- c.* Impersonating any applicant in any examination for licensure as a registered nurse or licensed practical nurse.

4.6(2) In accordance with Iowa Code section 147.55(2), professional incompetency may include, but need not be limited to, the following:

- a.* Lack of knowledge, skill, or ability to discharge professional obligations within the scope of nursing practice.
- b.* Deviation by the licensee from the standards of learning, education, or skill ordinarily possessed and applied by other nurses in the state of Iowa acting in the same or similar circumstances.
- c.* Willful or repeated departure from or failure to conform to the minimum standards of acceptable and prevailing practice of nursing in the state of Iowa.
- d.* Willful or repeated failure to practice nursing with reasonable skill and safety.

e. Willful or repeated failure to practice within the scope of current licensure or level of preparation.

f. Failure to meet the standards as defined in 655—Chapter 6, Iowa Administrative Code.

g. Failure to comply with the requirements of Iowa Code chapter 139A.

4.6(3) In accordance with Iowa Code section 147.55(3), behavior (i.e., acts, knowledge, and practices) which constitutes knowingly making misleading, deceptive, untrue, or fraudulent representations in the practice of a profession may include, but need not be limited to, the following:

a. Oral or written misrepresentation relating to degrees, credentials, licensure status, records and applications.

b. Falsifying records related to nursing practice or knowingly permitting the use of falsified information in those records.

c. Failing to provide written notification of a change of address to the board within 30 days of the event.

d. Failing to notify the board within 30 days from the date of the final decision in a disciplinary action taken by the licensing authority of another state, territory or country.

e. Failing to notify the board of a criminal conviction within 30 days of the action, regardless of the jurisdiction wherein it occurred.

f. Failing to submit an additional completed fingerprint packet as required and applicable fee, when a previous fingerprint submission has been determined to be unacceptable, within 30 days of a request made by board staff.

g. Failing to submit verification of compliance with continuing education requirements or exceptions for the period of time being audited.

4.6(4) In accordance with Iowa Code section 147.55(3), behavior (i.e., acts, knowledge, and practices) which constitutes unethical conduct may include, but need not be limited to, the following:

a. Performing nursing services beyond the authorized scope of practice for which the individual is licensed or prepared.

b. Allowing another person to use one's nursing license for any purpose.

c. Failing to comply with any rule promulgated by the board related to minimum standards of nursing.

d. Improper delegation of nursing services, functions, or responsibilities.

e. Committing an act or omission which may adversely affect the physical or psychosocial welfare of the patient or client.

f. Committing an act which causes physical, emotional, or financial injury to the patient or client.

g. Engaging in sexual conduct, including inappropriate physical contact or any behavior that is seductive, demeaning, or exploitative, with regard to a patient or client.

h. Failing to report to, or leaving, a nursing assignment without properly notifying appropriate supervisory personnel and ensuring the safety and welfare of the patient or client.

i. Violating the confidentiality or privacy rights of the patient or client.

j. Discriminating against a patient or client because of age, sex, race, creed, illness, or economic or social status.

k. Failing to assess, accurately document, or report the status of a patient or client.

l. Misappropriating medications, property, supplies, or equipment of the patient, client, or agency.

m. Fraudulently or inappropriately using or permitting the use of prescription blanks or obtaining prescription medications under false pretenses.

n. Practicing nursing while under the influence of alcohol, illicit drugs, or while impaired by the use of legitimately prescribed pharmacological agents or medications.

o. Being involved in the unauthorized manufacture, possession, distribution, or use of a controlled substance.

p. Pleading guilty to or being convicted of a misdemeanor or felony related to the practice of nursing, without regard to the jurisdiction wherein the action occurred.

q. Engaging in behavior that is contradictory to professional decorum.

r. Failing to report suspected wrongful acts or omissions committed by a licensee of the board.

- s. Failing to comply with an order of the board.

655—4.7(17A,147,152,272C) Sanctions. A sanction is a disciplinary action by the board which resolves a contested case. The board may impose one or more of the following:

1. Revocation.
2. Suspension.
3. Probation.
4. Civil penalty. A fine may be imposed in accordance with Iowa Code section 272C.3(2) “e.”

Assessment of a fine shall be specified in the order and may not exceed a maximum amount of \$1,000. Fines may be incurred for:

- Practicing without an active license: \$50 for each calendar month or part thereof, beginning on the date that a license enters inactive status.
 - Obtaining a license by falsification of continuing education records: \$50 for each contact hour falsified.
 - Violating rule 4.6(17A,147,152,272C): an amount deemed appropriate.
5. Continuing education, reexamination, or both.
 6. Citation and warning.

655—4.8(17A,147,152,272C) Panel of specialists. The board may appoint a panel of nurses who are specialists to ascertain the facts of a case pursuant to Iowa Code section 272C.6(2). The board chairperson or designee shall appoint the presiding officer.

4.8(1) The executive director shall set the date, time, and location of the hearing and make proper notification to all parties.

4.8(2) The panel of specialists shall:

- a. Enter into the record the names of the presiding officer, members of the panel, the parties and their representatives.
- b. Enter into the record the notice and evidence of service, order for hearing, statement of charges, answer, if available, and any other pleadings, motions or orders.
- c. Receive opening statements from the parties.
- d. Receive evidence, in accordance with Iowa Code section 17A.14, on behalf of the state of Iowa and on behalf of the licensee.
- e. Question the witnesses.
- f. Receive closing statements from the parties.
- g. Determine the findings of fact by a majority vote and make a written report of its findings to the board within a reasonable period.

655—4.9(17A,147,152,272C) Informal settlement. Pursuant to the provisions of Iowa Code sections 17A.10, 17A.12 and 272C.3, the board may consider resolution of disciplinary matters through informal settlement prior to filing charges or the commencement of contested case proceedings. The executive director or a designee may negotiate with the licensee regarding a proposed disposition of the controversy. Upon consent of both parties, the board will review the proposal for action.

655—4.10(17A,147,152,272C) Voluntary surrender. A voluntary surrender of licensure may be submitted to the board as resolution of a contested case or in lieu of continued compliance with a disciplinary decision of the board.

655—4.11(17A,147,152,272C) Application for reinstatement. Any person whose license to practice nursing has been suspended or revoked by order of the board or has been voluntarily surrendered may apply for reinstatement. A request for reinstatement must be accomplished in accordance with the terms and conditions specified in the board’s order and filed in conformance with these rules. The reinstatement request must be submitted with two sets of the fingerprint packet to facilitate a national criminal history background check, plus the fee identified in the definition of “fees” in 655—3.1(17A,147,152,272C). All fees are nonrefundable.

4.11(1) If the license was voluntarily surrendered, or if the order for suspension or revocation did not establish terms and conditions for reinstatement, an initial application may not be filed until one year has elapsed from the date of the order. Persons who have failed to satisfy the terms and conditions imposed by the board shall not be entitled to reinstatement.

4.11(2) The respondent shall initiate proceedings for licensure reinstatement by making application to the board. The application shall be docketed in the original case in which the license was revoked, suspended or voluntarily surrendered and shall be subject to the same rules of procedure as other contested cases before the board. The person filing the application for reinstatement shall immediately serve a copy upon the attorney for the state of Iowa and shall in the same manner serve any additional documents filed in connection with the application.

4.11(3) The application shall allege facts and circumstances which, if established, will be sufficient to enable the board to determine that the basis for the revocation, suspension, or voluntary surrender no longer exists and that it shall be in the public interest for the license to be reinstated. The application shall include written evidence supporting the applicant's assertion that the basis for the revocation, suspension, or voluntary surrender no longer exists and that it shall be in the public interest for the license to be reinstated. Such evidence may include, but is not limited to: medical and mental health records establishing successful completion of any necessary medical or mental health treatment and aftercare recommendations; documentation verifying successful completion of any court-imposed terms of probation; statements from support group sponsors verifying active participation in a support group; verified statements from current and past employers attesting to employability; and evidence establishing that prior professional competency or unethical conduct issues have been resolved. The burden of proof to establish such facts shall be on the applicant.

4.11(4) The executive director or an appointed designee shall review the application for reinstatement and determine if it conforms to the requirements imposed by these rules. Applications failing to comply with these requirements will be denied. Such denial shall be in writing, stating the grounds, and may be appealed to the board in compliance with the provisions of Iowa Code chapter 17A.

4.11(5) Applications not denied for failure to conform to the requirements imposed by these rules shall be set for hearing before the board. The hearing shall be a contested case hearing within the meaning of Iowa Code section 17A.12, and the order to grant or deny reinstatement shall incorporate findings of fact and conclusions of law. If reinstatement is granted, terms and conditions may be imposed.

655—4.12(17A,147,152,272C) Licensee review committee. In accordance with the provisions of Iowa Code section 272C.3(1) "k," the board shall appoint a licensee review committee for the purpose of evaluating and monitoring licensees who self-report physical or mental impairments. The committee shall be comprised of the executive director or designee, a representative with chemical dependency or mental health treatment experience, and a recovering nurse with at least five consecutive years of sobriety.

4.12(1) Eligibility for referral to the committee shall be determined by the executive director in accordance with the following criteria:

- a. The licensee must self-report the impairment.
- b. The licensee must submit an evaluation summary, diagnosis, or other evidence which supports a determination that an impairment exists.
- c. There must be no indication of practice-related problems.
- d. There must be no documented violation of law or board rules related to impairment-associated behaviors.
- e. There must be no record of prior board sanction for impairment-related problems.

4.12(2) The committee shall meet as necessary in order to interview potential participants, develop consensual agreements for new referrals, review licensee compliance, and determine eligibility for continued monitoring.

4.12(3) Conditions placed upon the licensee and the duration of the monitoring period shall be established by the committee and communicated to the licensed individual in writing.

4.12(4) The licensee must consent to the conditions proposed by the review committee in order to participate in this program.

4.12(5) Failure to comply with the provisions of the agreement shall require the committee to make immediate referral of the matter to the board for possible disciplinary action.

4.12(6) Information in possession of the licensee review committee shall be subject to the confidentiality requirements of Iowa Code section 272C.6.

655—4.13(17A,147,152,272C) Contested case proceedings. Contested case proceedings before the board of nursing are held in accordance with the provisions of Iowa Code chapter 17A. The following rules apply to board activities initiated upon a determination of probable cause that result in the issuance of a notice of hearing. Any adverse agency action to limit or revoke the multistate licensure privilege granted under the provisions of the nurse licensure compact shall be conducted as a contested case proceeding.

655—4.14(17A,152E) Definitions. Except where otherwise specifically defined by law:

“Adverse action” means a home or remote state action.

“Contested case” means a proceeding defined by Iowa Code section 17A.2(5) and includes any matter defined as a no factual dispute contested case under 1998 Iowa Acts, chapter 1202, section 14.

“Home state” means the party state, which is the nurse’s primary state of residence.

“Home state action” means any administrative, civil, equitable, or criminal action permitted by the home state’s laws which are imposed on a nurse by the home state’s licensuring board or other authority, including actions against an individual’s license such as revocation, suspension, probation, or any other action which affects a nurse’s authorization to practice.

“Issuance” means the date of mailing of a decision or order or date of delivery if service is by other means, unless another date is specified in the order.

“Party” means each person or agency named or admitted as a party or properly seeking and entitled as of right to be admitted as a party.

“Presiding officer” means the chairperson of the board or designee.

“Proposed decision” means the presiding officer’s recommended findings of fact, conclusions of law, decision, and order in a contested case in which the board of nursing did not preside.

“Remote state” means a party state, other than the home state, where either of the following applies:

1. Where the patient is located at the time nursing care is provided.
2. In the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing care is located.

“Remote state action” means either of the following:

1. Any administrative, civil, equitable, or criminal action permitted by a remote state’s laws which is imposed on a nurse by the remote state’s licensing board or other authority, including actions against an individual’s multistate licensure privilege to practice in the remote state.
2. Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards of remote states.

655—4.15(17A) Time requirements.

4.15(1) Time shall be computed as provided in Iowa Code subsection 4.1(34).

4.15(2) For good cause, the presiding officer may extend or shorten the time to take any action, except as precluded by statute. Except for good cause stated in the record, before extending or shortening the time to take any action, the presiding officer shall afford all parties an opportunity to be heard or to file written arguments.

655—4.16(17A) Notice of hearing. The board shall issue an order, notice of hearing, and statement of charges following its determination of probable cause pursuant to Iowa Code section 17A.12(2). Delivery of the notice of hearing constitutes the commencement of the contested case proceeding.

4.16(1) The date, time, and location of the hearing shall be set by the chairperson or the executive director. The licensee shall be notified at least 30 days prior to the scheduled hearing.

4.16(2) Notification shall be in writing delivered either by personal service as in civil actions or by restricted certified mail with return receipt requested. When service cannot be accomplished in such a manner:

a. An affidavit shall be prepared outlining the measures taken to attempt service and shall become a part of the file when a notice cannot be delivered by personal service or certified mail, return receipt requested.

b. Notice of hearing shall be published once each week for three consecutive weeks in a newspaper of general circulation, published or circulated in the county of last-known residence of the licensee. The newspaper will be selected by the executive director or a designee. The first notice of hearing shall be published at least 30 days prior to the scheduled hearing.

655—4.17(17A) Presiding officer. Disciplinary hearings shall be conducted by the board pursuant to Iowa Code section 272C.6.

4.17(1) The chairperson of the board shall designate the presiding officer in accordance with the provisions of section 17A.11. For nondisciplinary proceedings, any party who wishes to request that the presiding officer assigned to render a proposed decision be an administrative law judge employed by the department of inspections and appeals must file a written request within 20 days after service of a notice of hearing.

4.17(2) The executive director may deny the request upon a finding that one or more of the following apply:

a. Neither the agency nor any officer of the agency under whose authority the contested case is to take place is a named party to the proceeding or a real party in interest to that proceeding.

b. There is a compelling need to expedite issuance of a final decision in order to protect the public health, safety, or welfare.

c. The case involves significant policy issues of first impression that are inextricably intertwined with the factual issues presented.

d. The demeanor of the witness is likely to be dispositive in resolving the disputed factual issues.

e. Funds are unavailable to pay the costs of an administrative law judge and an interagency appeal.

f. The request was not timely filed.

g. The request is not consistent with a specified statute.

h. The request would not conform to the disciplinary hearing provision of Iowa Code section 272C.6.

4.17(3) The agency (or its designee) shall issue a written ruling specifying the grounds for its decision within 20 days after a request for an administrative law judge is filed.

4.17(4) All rulings by an administrative law judge are subject to appeal to the agency. A party must seek any available intra-agency appeal in order to exhaust adequate administrative remedies.

4.17(5) Unless otherwise provided by law, agency heads and members of multimembered agency heads, when reviewing a proposed decision upon intra-agency appeal, shall have the powers of and shall comply with the provisions of this chapter which apply to presiding officers.

655—4.18(17A) Waiver of procedures. Unless otherwise precluded by law, the parties in a contested case proceeding may waive any provision of this chapter. However, the agency in its discretion may refuse to give effect to such a waiver when it deems the waiver to be inconsistent with the public interest.

655—4.19(17A) Telephone proceedings. The presiding officer may resolve preliminary procedural motions by telephone conference in which all parties have an opportunity to participate. Other telephone proceedings may be held with the consent of all parties. The presiding officer will determine the location of the parties and witnesses for telephone hearings. The convenience of the witnesses or parties, as well as the nature of the case, will be considered when location is chosen.

655—4.20(17A) Disqualification.

4.20(1) A presiding officer or other person shall withdraw from participation in the making of any proposed or final decision in a contested case if that person:

- a.* Has a personal bias or prejudice concerning a party or a representative of a party;
- b.* Has personally investigated, prosecuted or advocated in connection with that case, the specific controversy underlying that case, another pending factually related contested case, or a pending factually related controversy that may culminate in a contested case involving the same parties;
- c.* Is subject to the authority, direction or discretion of any person who has personally investigated, prosecuted or advocated in connection with that contested case, the specific controversy underlying that contested case, or a pending factually related contested case or controversy involving the same parties;
- d.* Has acted as counsel to any person who is a private party to that proceeding within the past two years;
- e.* Has a personal financial interest in the outcome of the case or any other significant personal interest that could be substantially affected by the outcome of the case;
- f.* Has a spouse or relative within the third degree of relationship that: (1) is a party to the case, or an officer, director or trustee of a party; (2) is a lawyer in the case; (3) is known to have an interest that could be substantially affected by the outcome of the case; or (4) is likely to be a material witness in the case; or
- g.* Has any other legally sufficient cause to withdraw from participation in the decision making in that case.

4.20(2) The term “personally investigated” means taking affirmative steps to interview witnesses directly or to obtain documents or other information directly. The term “personally investigated” does not include general direction and supervision of assigned investigators, unsolicited receipt of information which is relayed to assigned investigators, review of another person’s investigative work product in the course of determining whether there is probable cause to initiate a proceeding or exposure to factual information while performing other agency functions, including fact gathering for purposes other than investigation or the matter which culminates in a contested case. Factual information relevant to the merits of a contested case received by a person who later serves as presiding officer in that case shall be disclosed if required by Iowa Code section 17A.17 as amended by 1998 Iowa Acts, chapter 1202, section 19, and subrules 4.20(3) and 4.32(9).

4.20(3) In a situation where a presiding officer or other person knows of information which might reasonably be deemed to be a basis for disqualification and decides voluntary withdrawal is unnecessary, that person shall submit the relevant information for the record by affidavit and shall provide for the record a statement of the reasons for the determination that withdrawal is unnecessary.

4.20(4) If a party asserts disqualification on any appropriate ground, including those listed in subrule 4.20(1), the party shall file a motion supported by an affidavit pursuant to Iowa Code section 17A.17 as amended by 1998 Iowa Acts, chapter 1202, section 19. The motion must be filed as soon as practicable after the reason alleged in the motion becomes known to the party. If, during the course of the hearing, a party first becomes aware of evidence of bias or other grounds for disqualification, the party may move for disqualification but must establish the grounds by the introduction of evidence into the record.

If the presiding officer determines that disqualification is appropriate, the presiding officer or other person shall withdraw. If the presiding officer determines that withdrawal is not required, the presiding officer shall enter an order to that effect. A party asserting disqualification may seek an interlocutory appeal under rule 4.34(17A).

655—4.21(17A) Consolidation—severance.

4.21(1) *Consolidation.* The presiding officer may consolidate any or all matters at issue in two or more contested case proceedings where: (a) the matters at issue involve common parties or common questions of fact or law; (b) consolidation would expedite and simplify consideration of the issues involved; and (c) consolidation would not adversely affect the rights of any of the parties to those proceedings.

4.21(2) Severance. The presiding officer may, for good cause shown, order any contested case proceedings or portions thereof severed.

655—4.22(17A) Pleadings.

4.22(1) Pleadings may be required by rule, by notice of hearing, or by order of the presiding officer.

4.22(2) Petition.

a. Any petition required in a contested case proceeding shall be filed within 20 days of delivery of the notice of hearing or subsequent order of the presiding officer, unless otherwise ordered.

b. A petition shall state in separately numbered paragraphs the following:

- (1) The persons or entities on whose behalf the petition is filed;
- (2) The particular provisions of statutes and rules involved;
- (3) The relief demanded and the facts and laws relied upon for such relief; and
- (4) The name, address and telephone number of the petitioner and the petitioner's attorney.

4.22(3) Answer. An answer may be filed within 20 days of service of the petition. A party may move to dismiss or apply for a more definite and detailed statement when appropriate.

An answer shall show on whose behalf it is filed and specifically admit, deny, or otherwise answer all material allegations of the pleading to which it responds. It shall state any facts deemed to show an affirmative defense and contain as many additional defenses as the pleader may claim.

An answer shall state the name, address and telephone number of the person filing the answer, the person or entity on whose behalf it is filed, and the attorney representing that person.

Any allegation in the petition not denied in the answer is considered admitted. The presiding officer may refuse to consider any defense not raised in the answer which could have been raised on the basis of facts known when the answer was filed if any party would be prejudiced.

655—4.23(17A) Service and filing of pleadings and other papers.

4.23(1) When service required. Except where otherwise provided by law, every pleading, motion, document, or other paper filed in a contested case proceeding and every paper relating to discovery in such a proceeding shall be served upon each of the parties of record to the proceeding, including the person designated as advocate or prosecutor for the state or the agency. Except for the original notice of hearing and an application for rehearing as provided in Iowa Code section 17A.16(2), the party filing a document is responsible for service on all parties.

4.23(2) Service—how made. Service upon a party represented by an attorney shall be made upon the attorney unless otherwise ordered. Service is made by delivery or by mailing a copy to the person's last-known address. Service by mail is complete upon mailing, except where otherwise specifically provided by statute, rule, or order.

4.23(3) Filing—when required. After the notice of hearing, all pleadings, motions, documents or other papers in a contested case proceeding shall be filed with the board.

4.23(4) Filing—when made. Except where otherwise provided by law, a document is deemed filed at the time it is delivered to the board office, delivered to an established courier service for immediate delivery to that office, or mailed by first-class mail or state interoffice mail to that office, so long as there is proof of mailing.

4.23(5) Proof of mailing. Proof of mailing includes either: a legible United States Postal Service postmark on the envelope, a certificate of service, a notarized affidavit, or a certification in substantially the following form:

I certify under penalty of perjury and pursuant to the laws of Iowa that, on (date of mailing), I mailed copies of (describe document) addressed to the (agency office and address) and to the names and addresses of the parties listed below by depositing the same in the United States mail or state interoffice mail.

(Date)

(Signature)

655—4.24(17A) Discovery.

4.24(1) Discovery procedures applicable in civil actions are applicable in contested cases. Unless lengthened or shortened by these rules or by order of the presiding officer, time periods for compliance with discovery shall be as provided in the Iowa Rules of Civil Procedure.

4.24(2) Any motion relating to discovery shall allege that the moving party has previously made a good-faith attempt to resolve the discovery issues involved with the opposing party. Motions in regard to discovery shall be ruled upon by the presiding officer. Opposing parties shall be afforded the opportunity to respond within ten days of the filing of the motion unless the time is shortened as provided in subrule 4.24(1). The presiding officer may rule on the basis of the written motion and any response, or may order argument on the motion.

4.24(3) Evidence obtained in discovery may be used in the contested case proceeding if that evidence would otherwise be admissible in that proceeding.

655—4.25(17A,272C) Issuance of subpoenas in a contested case.

4.25(1) Subpoenas issued in a contested case may compel the attendance of witnesses at deposition or hearing and may compel the production of books, papers, records, and other real evidence. A command to produce evidence or to permit inspection may be joined with a command to appear at deposition or hearing or may be issued separately. Subpoenas may be issued by the executive director or designee upon written request. A request for a subpoena of mental health records must confirm that the conditions described in subrule 4.3(1) have been satisfied prior to the issuance of the subpoena.

4.25(2) A request for a subpoena shall include the following information, as applicable, unless the subpoena is requested to compel testimony or documents for rebuttal or impeachment purposes:

- a.* The name, address and telephone number of the person requesting the subpoena;
- b.* The name and address of the person to whom the subpoena shall be directed;
- c.* The date, time and location at which the person shall be commanded to attend and give testimony;
- d.* Whether the testimony is requested in connection with a deposition or hearing;
- e.* A description of the books, papers, records or other real evidence requested;
- f.* The date, time and location for production or inspection and copying; and
- g.* In the case of a subpoena request for mental health records, confirmation that the conditions described in subrule 4.3(1) have been satisfied.

4.25(3) Each subpoena shall contain, as applicable, the following:

- a.* The caption of the case;
- b.* The name, address and telephone number of the person who requested the subpoena;
- c.* The name and address of the person to whom the subpoena is directed;
- d.* The date, time and location at which the person is commanded to appear;
- e.* Whether the testimony is commanded in connection with a deposition or hearing;
- f.* A description of the books, papers, records or other real evidence the person is commanded to produce;
- g.* The date, time and location for production or inspection and copying;
- h.* The time within which the motion to quash or modify the subpoena must be filed;
- i.* The signature, address and telephone number of the executive director or designee;
- j.* The date of issuance;
- k.* A return of service.

4.25(4) Unless a subpoena is requested to compel testimony or documents for rebuttal or impeachment purposes, the executive director or designee shall mail copies of all subpoenas to the parties to the contested case. The person who requested the subpoena is responsible for serving the subpoena upon the subject of the subpoena.

4.25(5) Any person who is aggrieved or adversely affected by compliance with the subpoena or any party to the contested case who desires to challenge the subpoena must, within 14 days after service of the subpoena, or before the time specified for compliance if such time is less than 14 days, file with the

board a motion to quash or modify the subpoena. The motion shall describe the legal reasons why the subpoena should be quashed or modified and may be accompanied by legal briefs or factual affidavits.

4.25(6) Upon receipt of a timely motion to quash or modify a subpoena, the board may request an administrative law judge to issue a decision or the board may issue a decision. Oral argument may be scheduled at the discretion of the board or the administrative law judge. The administrative law judge or the board may quash or modify the subpoena, deny the motion, or issue an appropriate protective order.

4.25(7) A person aggrieved by a ruling of an administrative law judge who desires to challenge that ruling must appeal the ruling to the board by serving on the executive director, either in person or by certified mail, a notice of appeal within ten days after service of the decision of the administrative law judge.

4.25(8) If the person contesting the subpoena is not the person under investigation, the board's decision is final for purposes of judicial review. If the person contesting the subpoena is the person under investigation, the board's decision is not final for purposes of judicial review until there is a final decision in the contested case.

655—4.26(17A) Motions.

4.26(1) No technical form for motions is required. However, prehearing motions must be in writing, state the grounds for relief, and state the relief sought.

4.26(2) Any party may file a written response to a motion within ten days after the motion is served, unless the time period is extended or shortened by rules of the agency or the presiding officer. The presiding officer may consider a failure to respond within the required time period in ruling on a motion.

4.26(3) The presiding officer may schedule oral argument on any motion.

4.26(4) Motions pertaining to the hearing must be filed and served at least ten days prior to the date of hearing unless there is good cause for permitting later action or the time for such action is lengthened or shortened by rule of the agency or an order of the presiding officer.

655—4.27(17A) Prehearing conference.

4.27(1) Any party may request a prehearing conference. A written request for prehearing conference or an order for prehearing conference on the presiding officer's own motion shall be filed not less than seven days prior to the hearing date. A prehearing conference shall be scheduled not less than three business days prior to the hearing date.

Written notice of the prehearing conference shall be given by the board office to all parties. For good cause the presiding officer may permit variances from this rule.

4.27(2) Each party shall bring to the prehearing conference:

a. A final list of witnesses the party anticipates will testify at hearing. Witnesses not listed may be excluded from testifying unless there was good cause for the failure to include their names;

b. A final list of exhibits which the party anticipates will be introduced at hearing. Exhibits other than rebuttal exhibits that are not listed may be excluded from admission into evidence unless there was good cause for the failure to include them; and

c. Witness or exhibit lists may be amended subsequent to the prehearing conference within the time limits established by the presiding officer at the prehearing conference. Any such amendments must be served on all parties.

4.27(3) In addition to the requirements of subrule 4.27(2), the parties at a prehearing conference may:

a. Enter into stipulations of law or fact;

b. Enter into stipulations on the admissibility of exhibits;

c. Identify matters which the parties intend to request be officially noticed;

d. Enter into stipulations for waiver of any provision of law; and

e. Consider any additional matters which will expedite the hearing.

4.27(4) Prehearing conferences shall be conducted by telephone unless otherwise ordered. Parties shall exchange and receive witness and exhibit lists in advance of a telephone prehearing conference.

655—4.28(17A) Continuances. The executive director shall have the authority to grant a continuance after consultation, if needed, with the chairperson of the board.

A request for continuance of a contested case matter must be submitted in writing to the board not later than seven days prior to the scheduled date of the hearing. Exceptions shall be granted at the discretion of the executive director only in situations involving extenuating, extraordinary, or emergency circumstances.

655—4.29(17A) Hearing procedures.

4.29(1) The presiding officer presides at the hearing and may rule on motions, require briefs, issue a decision, and issue such orders and rulings as will ensure the orderly conduct of the proceedings.

4.29(2) All objections shall be timely made and stated on the record.

4.29(3) Parties have the right to participate or be represented in all hearings or prehearing conferences related to their case. Any party may be represented by an attorney or another person authorized by law.

4.29(4) Subject to terms and conditions prescribed by the presiding officer, parties have the right to introduce evidence on issues of material fact, cross-examine witnesses present at the hearing as necessary for a full and true disclosure of the facts, present evidence in rebuttal, and submit briefs and engage in oral argument.

4.29(5) The presiding officer shall maintain the decorum of the hearing and may refuse to admit or may expel anyone whose conduct is disorderly.

4.29(6) Witnesses may be sequestered during the hearing.

4.29(7) The presiding officer shall conduct the hearing in the following manner:

a. The presiding officer shall give an opening statement briefly describing the nature of the proceedings;

b. The parties shall be given an opportunity to present opening statements;

c. Parties shall present their cases in the sequence determined by the presiding officer;

d. Each witness shall be sworn or affirmed by the presiding officer or the court reporter, and be subject to examination and cross-examination. The presiding officer may limit questioning in a manner consistent with law;

e. When all parties and witnesses have been heard, parties may be given the opportunity to present final arguments.

655—4.30(17A) Evidence.

4.30(1) The presiding officer shall rule on admissibility of evidence and may, where appropriate, take official notice of facts in accordance with all applicable requirements of law.

4.30(2) Stipulation of facts is encouraged. The presiding officer may make a decision based on stipulated facts.

4.30(3) Evidence in the proceeding shall be confined to those issues to which the parties received notice prior to the hearing, unless the parties waive their right to such notice or the presiding officer determines that good cause justifies expansion of the issues. If the presiding officer decides to admit evidence on issues outside the scope of the notice over the objection of a party who did not have actual notice of those issues, that party, upon timely request, shall receive a continuance sufficient to amend pleadings and to prepare on the additional issue.

4.30(4) The party seeking admission of an exhibit must provide opposing parties with an opportunity to examine the exhibit prior to the ruling on its admissibility. Copies of documents should normally be provided to opposing parties.

4.30(5) Any party may object to specific evidence or may request limits on scope of any examination or cross-examination. Such an objection shall be accompanied by a brief statement of the grounds upon which it is based. The objection, the ruling on the objection, and the reasons for the ruling shall be noted in the record. The presiding officer may rule on the objection at the time it is made or may reserve a ruling until the written decision.

4.30(6) Whenever evidence is ruled inadmissible, the party offering that evidence may submit an offer of proof on the record. The party making the offer of proof for excluded oral testimony shall briefly summarize the testimony or, with permission of the presiding officer, present the testimony. If the excluded evidence consists of a document or exhibit, it shall be marked as part of an order of proof and inserted in the record.

655—4.31(17A) Default.

4.31(1) If a party fails to appear or participate in a contested case proceeding after proper service of notice, the presiding officer may, if no adjournment is granted, enter a default decision or proceed with the hearing and render a decision in the absence of the party.

4.31(2) Where appropriate and not contrary to law, any party may move for default against a party who has requested the contested case proceeding and has failed to file a required pleading or has failed to appear after proper service.

4.31(3) Default decisions or decisions rendered on the merits after a party has failed to appear or participate in a contested case proceeding become final agency action unless, within 15 days after the date of notification or mailing of the decision, a motion to vacate is filed and served on all parties or an appeal of a decision on the merits is timely initiated within the time provided by rule 4.36(17A). A motion to vacate must state all facts relied upon by the moving party which establish that good cause existed for that party's failure to appear or participate at the contested case proceeding. Each fact so stated must be substantiated by at least one sworn affidavit from a person with personal knowledge of each such fact attached to the motion.

4.31(4) The time for further appeal of a decision for which a timely motion to vacate has been filed is stayed pending a decision on the motion to vacate.

4.31(5) Properly substantiated and timely filed motions to vacate shall be granted only for good cause shown. The burden of proof as to good cause is on the moving party. Adverse parties shall have ten days to respond to a motion to vacate. Adverse parties shall be allowed to conduct discovery as to the issue of good cause and to present evidence on the issue prior to a decision on the motion, if a request to do so is included in that party's response.

4.31(6) "Good cause" for purposes of this rule shall have the same meaning as "good cause" for setting aside a default judgment under Iowa Rule of Civil Procedure 236.

4.31(7) A decision denying a motion to vacate is subject to further appeal within the time limit allowed for further appeal of a decision on the merits in the contested case proceeding. A decision granting a motion to vacate is subject to interlocutory appeal by the adverse party pursuant to rule 4.34(17A).

655—4.32(17A) Ex parte communication.

4.32(1) Prohibited communications. Unless required for the disposition of ex parte matters specifically authorized by statute, following issuance of the notice of hearing, there shall be no communication, directly or indirectly, between the presiding officer and any party or representative of any party or any other person with a direct or indirect interest in such case in connection with any issue of fact or law in the case, except upon notice and opportunity for all parties to participate. This does not prohibit persons jointly assigned such tasks from communicating with each other. Nothing in this provision is intended to preclude the presiding officer from communicating with members of the agency or seeking the advice or help of persons other than those with a personal interest in, or those engaged in personally investigating as defined in subrule 4.20(2), prosecuting, or advocating in, either the case under consideration or a pending factually related case involving the same parties, as long as those persons do not directly or indirectly communicate to the presiding officer any ex parte communications they have received of a type that the presiding officer would be prohibited from receiving or that furnish, augment, diminish, or modify the evidence in the record.

4.32(2) Prohibitions on ex parte communications commence with the issuance of the notice of hearing in a contested case and continue for as long as the case is pending.

4.32(3) Written, oral or other forms of communication are “ex parte” if made without notice and opportunity for all parties to participate.

4.32(4) To avoid prohibited ex parte communications, notice must be given in a manner reasonably calculated to give all parties a fair opportunity to participate. Notice of written communications shall be provided in compliance with rule 4.23(17A) and may be supplemented by telephone, facsimile, E-mail or other means of notification. Where permitted, oral communications may be initiated through telephone conference call, which includes all parties or their representatives.

4.32(5) Persons who jointly act as presiding officer in a pending contested case may communicate with each other without notice or opportunity for parties to participate.

4.32(6) The executive director or other persons may be present in deliberations or otherwise advise the presiding officer without notice or opportunity for parties to participate as long as they are not disqualified from participating in the making of a proposed or final decision under subrule 4.20(1) or other law and they comply with subrule 4.32(1).

4.32(7) Communications with the presiding officer involving scheduling or uncontested procedural matters do not require notice or opportunity for parties to participate. A party should notify other parties prior to initiating such contact with the presiding officer when feasible, and shall notify other parties when seeking to continue hearings or other deadlines pursuant to rule 4.29(17A).

4.32(8) Disclosure of prohibited communications. A presiding officer who received a prohibited ex parte communication during the pendency of a contested case must initially determine if the effect of the communication is so prejudicial that the presiding officer should be disqualified. If the presiding officer determines that disqualification is warranted, a copy of any prohibited written communication, all written responses to the communication, a written summary stating the substance of any prohibited oral or other communication not available in written form for disclosure, all responses made, and the identity of each person from whom the presiding officer received a prohibited ex parte communication shall be submitted for inclusion in the record under seal by protective order. If the presiding officer determines that disqualification is not warranted, such documents shall be submitted for inclusion in the record and served on all parties. Any party desiring to rebut the prohibited communication must be allowed the opportunity to do so upon written request filed within ten days after notice of the communication.

4.32(9) Promptly after being assigned to serve as presiding officer on a hearing panel, as a member of a full board hearing, on an intra-agency appeal, or other basis, a presiding officer shall disclose to all parties material factual information received through ex parte communication prior to such assignment, unless the factual information has already been or shortly will be disclosed pursuant to Iowa Code section 17A.13(2) or through discovery. Factual information contained in an investigative report or similar document need not be separately disclosed by the presiding officer as long as such documents have been or will shortly be provided to the parties.

4.32(10) The presiding officer may render a proposed or final decision imposing appropriate sanctions for violations of this rule including default, a decision against the offending party, censure, or suspension or revocation of the privilege to practice before the agency. Violation of ex parte communication prohibitions by agency personnel shall be reported to the board’s executive director for possible sanctions including: censure, suspension, dismissal, or other disciplinary action.

655—4.33(17A) Recording costs. Upon request, the board of nursing shall provide a copy of the whole or any portion of the record at cost. The cost of preparing a copy of the record or of transcribing the hearing record shall be paid by the requesting party.

Parties who request that a hearing be recorded by certified shorthand reporters rather than by electronic means shall bear the cost of such recording, unless otherwise provided by law.

655—4.34(17A) Final decision. When the board presides over reception of the evidence at the hearing, its decision is a final decision.

4.34(1) When a panel of specialists presides over the reception of evidence at the hearing, the findings of fact shall be considered by the board at the earliest practicable time. The decision of the board is a final decision.

4.34(2) A final decision in a contested case proceeding shall be in writing and include findings of fact and conclusions of law, separately stated.

a. Findings of fact shall be accompanied by a concise and explicit statement of underlying facts supporting the findings.

b. The decision shall include an explanation of why the relevant evidence in the record supports each material finding of fact.

c. Conclusions of law shall be supported by cited authority or by a reasoned opinion.

4.34(3) The decision or order shall be promptly delivered to the parties in the manner provided by Iowa Code section 17A.12 as amended by 1998 Iowa Acts, chapter 1202.

4.34(4) The final decision is a public record pursuant to Iowa Code section 272C.6(4).

655—4.35(17A) Appeals.

4.35(1) *Appeal by party.* Any adversely affected party may appeal a final decision of the board to the district court within 30 days after issuance, in accordance with Iowa Code section 17A.19 as amended by 1998 Iowa Acts, chapter 1202.

4.35(2) *Review.* The board may initiate review of the decision or order on its own motion at any time within 30 days following the issuance of such a decision.

4.35(3) *Notice of appeal.* An appeal of a decision or order is initiated by filing a timely notice of appeal with the board. The notice of appeal must be signed by the appealing party or a representative of that party and contain a certificate of service. The notice shall specify:

- a.* The parties initiating the appeal;
- b.* The proposed decision or order appealed from;
- c.* The specific findings or conclusions to which exception is taken and any other exceptions to the decision or order;
- d.* The relief sought;
- e.* The grounds for relief.

4.35(4) *Requests to present additional evidence.* A party may request the taking of additional evidence only by establishing that the evidence is material, that good cause existed for the failure to present the evidence at the hearing, and that the party has not waived the right to present the evidence. A written request to present additional evidence must be filed with the notice of appeal or, by a nonappealing party, within 15 days of service of the notice of appeal. The board may remand a case to the presiding officer for further hearing or may itself preside at the taking of additional evidence.

4.35(5) *Scheduling.* The board of nursing shall issue a schedule for consideration of the appeal.

4.35(6) *Briefs and arguments.* Unless otherwise ordered, within 20 days of the notice of appeal or order for review, each appealing party may file exceptions and briefs. Within 20 days thereafter, any party may file a responsive brief. Briefs shall cite any applicable legal authority and specify relevant portions of the record in that proceeding. Written requests to present an oral argument shall be filed with the briefs.

The board may resolve the appeal on the briefs or provide an opportunity for oral argument. The board may shorten or extend the briefing period as appropriate.

655—4.36(17A) Applications for rehearing.

4.36(1) *By whom filed.* Any party to a contested case proceeding may file an application for rehearing from a final order.

4.36(2) *Content of application.* An application for rehearing shall state on whose behalf it is filed, the specific grounds for rehearing, and the relief sought. In addition, the application shall state whether the applicant desires reconsideration of all or part of the agency decision on the existing record and whether, upon showing good cause, the applicant requests an opportunity to submit additional evidence.

4.36(3) *Time of filing.* The application shall be filed with the board office within 20 days after issuance of the final decision.

4.36(4) Notice to other parties. A copy of the application shall be timely mailed by the applicant to all parties of record not joining therein. If the application does not contain a certificate of service, the board shall serve copies on all parties.

4.36(5) Disposition. Any application for a rehearing shall be deemed denied unless the agency grants the application within 20 days after its filing.

655—4.37(17A) No factual dispute contested cases. If the parties agree that no dispute of material fact exists as to a matter that would be a contested case if such a dispute of fact existed, the parties may present all relevant admissible evidence either by stipulation or otherwise as agreed by the parties, without necessity for the production of evidence at an evidentiary hearing. If such agreement is reached, a jointly submitted schedule detailing the method and timetable for submission of the record, briefs and oral argument should be submitted to the presiding officer for approval as soon as practicable.

655—4.38(17A) Emergency adjudicative proceedings.

4.38(1) Necessary emergency action. To the extent necessary to prevent or avoid immediate danger to the public health, safety, or welfare, the agency may issue a written order in compliance with Iowa Code section 17A.18 to suspend a license in whole or in part, order the cessation of any continuing activity, order affirmative action, or take other action within the jurisdiction of the agency by emergency adjudicative order. Before issuing an emergency adjudicative order the agency shall consider factors including, but not limited to, the following:

- a. Whether there has been a sufficient factual investigation to ensure that the agency is proceeding on the basis of reliable information;
- b. Whether the specific circumstances which pose immediate danger to the public health, safety or welfare have been identified and determined to be continuing;
- c. Whether the person required to comply with the emergency adjudicative order may continue to engage in other activities without posing immediate danger to the public health, safety or welfare;
- d. Whether imposition of monitoring requirements or other interim safeguards would be sufficient to protect the public health, safety or welfare; and
- e. Whether the specific action contemplated by the agency is necessary to avoid the immediate danger.

4.38(2) Issuance.

a. The written emergency adjudicative order shall be immediately delivered to persons who are required to comply with the order by utilizing one or more of the following procedures:

- (1) Personal delivery;
- (2) Certified mail, return receipt requested, to the last address on file with the agency;
- (3) Certified mail to the last address on file with the agency;
- (4) First-class mail to the last address on file with the agency; or
- (5) Fax. Fax may be used as the sole method of delivery if the person required to comply with the order has filed a written request that agency orders be sent by fax and has provided a fax number for that purpose.

b. To the degree practicable, the agency shall select the procedure for providing written notice that best ensures prompt, reliable delivery.

4.38(3) Oral notice. Unless the written emergency adjudicative order is provided by personal delivery on the same day that the order issues, the agency shall make reasonable immediate efforts to contact by telephone the persons who are required to comply with the order.

4.38(4) Completion of proceedings. Issuance of a written emergency adjudicative order shall include notification of the date on which agency proceedings are scheduled for completion. After issuance of an emergency adjudicative order, continuance of further agency proceedings to a later date will be granted only in compelling circumstances upon application in writing.

These rules are intended to implement Iowa Code chapter 17A as amended by 1998 Iowa Acts, chapter 1202, and Iowa Code sections 147.55, 152.10, 272C.4, 272C.5, 272C.6, and 272C.9.

[Filed 5/12/70]

[Filed 12/3/76, Notice 10/6/76—published 12/29/76, effective 2/2/77]
[Filed 3/9/77, Notice 12/29/76—published 4/6/77, effective 5/11/77]
[Filed 3/16/77, Notice 2/9/77—published 4/6/77, effective 5/11/77]
[Filed 8/25/80, Notice 4/16/80—published 9/17/80, effective 10/22/80]
[Filed 2/3/84, Notice 11/9/83—published 2/29/84, effective 4/4/84]
[Filed 5/2/84, Notice 2/29/84—published 5/23/84, effective 6/27/84]
[Filed emergency 7/29/87—published 8/26/87, effective 7/29/87]
[Filed 6/9/88, Notice 4/20/88—published 6/29/88, effective 8/3/88]
[Filed 12/9/92, Notice 10/14/92—published 1/6/93, effective 2/10/93]
[Filed 3/9/94, Notice 1/5/94—published 3/30/94, effective 5/4/94]
[Filed 12/14/95, Notice 10/25/95—published 1/3/96, effective 2/7/96]
[Filed 10/2/96, Notice 7/31/96—published 10/23/96, effective 11/27/96]
[Filed 9/26/97, Notice 7/2/97—published 10/22/97, effective 11/26/97]
[Filed 4/29/99, Notice 3/24/99—published 5/19/99, effective 7/1/99]
[Filed 9/15/00, Notice 7/12/00—published 10/4/00, effective 11/8/00]
[Filed 12/7/01, Notice 10/17/01—published 12/26/01, effective 1/30/02]
[Filed 6/7/02, Notice 3/20/02—published 6/26/02, effective 7/31/02]
[Filed 10/1/04, Notice 7/7/04—published 10/27/04, effective 1/3/05]
[Filed 6/16/05, Notice 4/13/05—published 7/6/05, effective 8/10/05]
[Filed 9/8/06, Notice 8/2/06—published 9/27/06, effective 11/1/06]

CHAPTER 5
CONTINUING EDUCATION
[Prior to 8/26/87, Nursing Board[590] Ch 5]

655—5.1(152) Definitions.

“Approved provider” means those persons, organizations, or institutions that meet the criteria specified in subrule 5.3(2) and are authorized by the board to offer approved continuing education programs. Provider approval applies to all programs regardless of geographic location.

“Approved provider number” means the number assigned by the board which identifies an approved provider.

“Audit” means the selection of licensees for verification of satisfactory completion of continuing education requirements during a specified time period; or the selection of approved providers for verification of adherence to continuing education approved provider requirements during a specified time period.

“Continuing education” means planned, organized learning activities acquired following initial licensure and designed to maintain, improve, or expand nurses’ knowledge and skills or to develop new knowledge and skills relevant to nursing for the enhancement of practice, education, administration, or theory development to the end of improving the health of the public.

“Criteria” means those standards as defined in subrule 5.3(2) which the provider shall meet to be an approved provider.

“Extended course” means an organized program of study offered in a series of sessions.

“Formal offering” means an extension course, independent study, or other course which is offered for academic credit or audit by an accredited institution of higher education. A formal offering need not be offered by an approved provider.

“Informal offering” means workshop, seminar, institute, conference, lecture, extended course, provider designed self-study, or learner designed self-study which is offered for credit in contact hours or continuing education units.

“In-service” means activities intended to assist nurses to acquire, maintain, or expand nurses’ knowledge and skills in fulfilling the assigned responsibilities specific to the expectations of the employer.

“Learner designed self-study” means the learner takes the initiative and the responsibility for assessing, planning, implementing, and evaluating an educational activity under the guidance of an approved provider. The provider may award credit to a nurse for learner designed self-study such as lecture development, research, preparation of articles for publication, development of patient care or patient education programs, or projects directed at resolving administrative problems.

“Nonapproved provider” means those persons, organizations, or institutions who do not hold an Iowa approved provider number. The board may recognize credit from nonapproved providers under special situations as specified in subrule 5.2(2), paragraph “f,” subparagraphs (2) and (3).

“Practicum” means a course-related, planned and supervised clinical experience which includes clinical objectives and assignment to practice in a laboratory setting or with patients/clients/families for attainment of the objectives.

“Provider designed self-study” means that the provider designs a program for learning for the nurse who completes the program at the individual’s pace, e.g., home study, programmed instruction.

655—5.2(152) Continuing education — licensees.

5.2(1) Board authority. The board derives its authority under Iowa Code chapter 272C to create continuing education requirements as a prerequisite to obtain a current license and an audit system to ensure compliance. Rules relating to the continuing education and licensing of registered nurses and licensed practical nurses are found in this chapter; rules relating to the continuing education and licensing of advanced registered nurse practitioners are found in nursing board rules, 655—Chapter 7.

5.2(2) Requirements. To obtain a registered nurse or licensed practical nurse license for the next renewal period, the licensee shall verify the completion of continuing education requirements or exceptions to the requirements, as outlined in subrule 5.2(3).

a. Thirty-six contact hours or 3.6 continuing education units (CEUs) shall be required for renewal of a three-year license. Twenty-four contact hours or 2.4 CEUs shall be required for renewal of a license which was issued for less than three years as a result of one of the following:

- (1) Examination.
- (2) Endorsement into Iowa from another state.
- (3) Reactivation from inactive status.

b. The hours specified in paragraph “a” shall be completed in the license period for which the license was issued. Credit will not be accepted for a duplication of informal or formal offerings within a license period.

c. Continuing education credits from a previous license period including all make-up credit shall not be used, nor shall credits be accumulated for use in a future licensure period.

d. Units of measurement used for continuing education courses shall be as follows:

(1) 1 contact hour = 50 minutes of didactic instruction, work on learner designed self-study, and clinical or laboratory practicum in an informal offering.

(2) 1 CEU = 10 contact hours of instruction.

(3) 1 academic semester hour = 15 contact hours of instruction.

(4) 1 academic quarter hour = 10 contact hours of instruction.

e. To be approved for continuing education credit, formal offerings shall meet the qualifications of appropriate subject matter as specified in subrule 5.3(2), paragraph “a,” or be required toward meeting the requirements of a nursing education program which extends beyond the education completed for the original nursing license. Questions about whether particular formal offerings will be approved may be directed to the board office. A denial of approval may be appealed to the board within one month of the denial. The licensee shall retain a transcript exhibiting a passing grade for each formal offering or verification of attendance for offerings which are audited.

f. To be approved for continuing education credit, informal offerings shall meet the qualifications of appropriate subject matter as specified in subrule 5.3(2), paragraph “a.” There are no restrictions on amount of credit acquired through learner designed or provider designed self-study. The licensee shall retain a certificate to verify completion of each informal offering.

(1) Informal offerings shall be accepted when offered by board-approved providers or when guided by board-approved providers in learner designed self-study. All learner designed self-study and all offerings within Iowa including distance education technology, e.g., satellite programming, shall be sponsored by a board-approved provider to be acceptable.

(2) Informal offerings attended outside of Iowa or offered as self-study, including Internet self-study, shall be accepted when recognized by other state boards of nursing with mandatory continuing education requirements or offered by the American Nurses’ Association, National League for Nursing, National Federation of Licensed Practical Nurses, National Association for Practical Nurse Education and Service, Inc. These informal offerings shall be in accordance with the continuing education standards as follows:

1. American Nurses’ Credentialing Center Manual for Accreditation as a Provider of Continuing Education in Nursing in effect in 2001 and the Manual for Accreditation as an Approver of Continuing Education in effect in 2001.

2. National League for Nursing criteria and guidelines of the International Association for Continuing Education and Training in effect in 2000.

3. National Federation of Licensed Practical Nurses Continuing Education Department policies and procedures in effect in 1997.

4. National Association for Practical Nurse Education and Service, Inc.(NAPNES) Criteria for Approval of Continuing Education in effect in 2000.

(3) Informal offerings offered from nonapproved providers outside of Iowa or an organization not specified in subrule 5.2(2), paragraph “f,” subparagraph (2), whether it be a self-study course,

an Internet self-study course, or a live presentation attended outside of Iowa, shall be accepted when specially approved by the board for an individual licensee. A licensee shall obtain special approval from the board office in order to receive credit acceptable to fulfill the requirements. The special approval application form is available from the board office upon request. Special approval requires submission of a completed application and a brochure, advertisement, or course description prior to the completion of the licensure period. Course content shall meet the qualifications of appropriate subject matter as specified in subrule 5.3(2), paragraph "a." The licensee shall retain the approval letter from the board office, in addition to the certificate of attendance received from the nonapproved provider. A denial of approval may be appealed to the board within one month of the denial.

g. Activities not specified in subrule 5.2(2), paragraph "e" or "f," shall be considered appropriate for continuing education credit only after approval has been obtained in writing from the board.

5.2(3) *Exceptions to the requirements in subrule 5.2(2), paragraph "a."* A waiver of continuing education requirements or extensions of time within which to fulfill the requirements may be granted on an individual basis. Specific instructions are available from the board office for the following:

a. A licensee shall be deemed to have complied with the continuing education requirements during periods that person serves honorably on active duty in the military service as specified in Iowa Code section 272C.2(3). The continuing education credit requirements shall be waived; however, a licensee who claims this exception shall retain evidence of active duty to be presented upon request from the board.

(1) A licensee who served on active duty for the entire license period or through the end of the license period shall be exempt from the requirement of continuing education credits.

(2) A licensee who served on active duty for a portion of a license period but is not on active duty at the time of renewal shall comply with continuing education requirements of Iowa for the remainder of the license period. The required hours are prorated at 12 contact hours per year for each period of 12 consecutive months when not on active duty.

b. A licensee shall be deemed to have complied with the continuing education requirements when that person, at the time of renewal, resides outside of Iowa and holds a current license to practice in a state other than Iowa which also has mandatory continuing education. The continuing education credit requirements shall be waived; however, a licensee who claims this exception shall retain evidence of the out-of-state license to be presented upon request from the board.

(1) A licensee who resides out of state for the entire license period or through the end of the license period and meets a state's continuing education requirements to maintain a current license shall be exempt from the requirements of continuing education credits.

(2) A licensee who resided out of state for a portion of a license period but is residing in Iowa at the time of renewal shall comply with continuing education requirements of Iowa for the remainder of the license period. The required hours are prorated at 12 contact hours per year for each period of 12 consecutive months of residence in Iowa.

c. A licensee shall be deemed to have complied with the continuing education requirements during periods that person is a government employee working as a registered nurse or licensed practical nurse and assigned to duty outside of the United States as specified in Iowa Code section 272C.2(4). The continuing education credit requirement shall be waived; however, a licensee who claims this exception shall retain evidence of government employment outside the United States to be presented upon request from the board.

(1) A licensee who is a government employee serving outside the United States for the entire license period or through the end of the license period shall be exempt from the requirement of continuing education credits.

(2) A licensee who is a government employee serving outside the United States for a portion of a license period, but is not in that status at the time of renewal, shall comply with continuing education requirements of Iowa for the remainder of the license period. The required hours are prorated at 12 contact hours per year for each period of 12 consecutive months when not in that status.

d. A licensee shall be deemed to have complied with the continuing education requirements during periods that person is in foreign service as a registered nurse or licensed practical nurse outside the United

States where a current license is required. The continuing education credit requirement shall be waived; however, a licensee who claims this exception shall retain evidence of foreign service requiring licensure to be presented upon request from the board.

(1) A licensee who is serving in such a position for the entire license period or through the end of the license period shall be exempt from the requirement for continuing education credits.

(2) A licensee who is serving in such a position for a portion of the license period, but is not in that status at the time of renewal, shall comply with continuing education requirements of Iowa for the remainder of the license period. The required hours are prorated at 12 contact hours per year for each period of 12 consecutive months when not in that status.

e. A licensee shall be deemed to have complied with the continuing education requirements when that person at the time of renewal possesses evidence of certification in a specialty area of nursing practice for the advanced registered nurse practitioner as defined in rule 655—7.1(152). The continuing education credit requirements shall be waived; however, a licensee who claims this exception shall retain evidence of current certification by the national organization to be submitted upon request.

f. A licensee who has had a physical or mental disability or illness during the license period shall be eligible for a waiver. A waiver provides for an extension of time or exemption from some or all of the continuing education requirements. An application for a waiver is available upon request to the board office. The application requires the signature of a physician who can attest to the existence of a disability or illness during the license period. The application for a waiver shall be approved or denied depending on the disability or illness of the licensee. A licensee shall be notified of the decision. A licensee who obtains approval shall retain a copy of the waiver to be presented to the board upon request.

5.2(4) *Failure to meet requirements or conditions for exceptions to requirements.* The licensee who fails to meet the requirements or the conditions for exceptions has the following options:

a. If the requirements or the conditions for exceptions are met during the late renewal period, as defined in rule 655—3.1(17A,147,152,272C), the licensee may retain the license in an active status.

(1) To remain active, the licensee shall complete the continuing education requirements as specified in subrule 5.2(2) or 5.2(3) as well as other requirements specified in 655—subrule 3.7(4). The licensee shall be required to submit to an audit of continuing education following the late renewal. The licensee shall automatically be reaudited when late credit has been accepted.

(2) Failure to renew within 30 days after expiration shall cause the license to be placed on inactive status.

b. An inactive license as defined in rule 655—3.1(17A,147,152,272C) may be reactivated.

c. To reactivate a license, the licensee shall obtain 12 contact hours of continuing education within the 12 months prior to reactivation and complete the requirements specified in 655—subrule 3.7(5).

5.2(5) *Audit of licensees.* The board may select licensees for audit following a period of licensure.

a. The licensee must submit verification of compliance with continuing education requirements or exceptions for the period of licensure being audited. Verification for satisfactory completion of the audit includes legible copies of certificates of attendance, transcripts, special approval of informal offerings from nonapproved providers, or documentation of compliance with exceptions in subrule 5.2(3).

b. The licensee must submit verification of the requirement specified in 655—subrule 3.7(3).

c. Verification must be submitted within one month after the date of the audit. Extension of time may be granted on an individual basis.

d. If submitted materials are incomplete or unsatisfactory, the licensee shall be notified. The licensee shall be given the opportunity to submit make-up credit to cover the deficit found through the audit. The deadline for receipt of the documentation for this make-up credit is within 90 days of receipt of the board office notification. The licensee shall be reaudited during the next renewal period when make-up credit has been accepted.

e. Licensees are required to keep certificates of attendance, letters verifying special approval for informal offerings from nonapproved providers, transcripts, and documentation of compliance with exceptions for four years.

f. The board shall notify the licensee of satisfactory completion of the audit.

g. Failure to complete the audit satisfactorily or falsification of information shall result in board action as described in nursing board rules, 655—Chapter 4.

h. Failure to notify the board of a current mailing address will not absolve the licensee from the audit requirement; completion of an audit will be required prior to further license renewal.

655—5.3(152) Continuing education — providers.

5.3(1) Board authority. The board derives its authority under Iowa Code chapter 272C to create requirements for becoming an approved provider and maintaining that status. The board also has the authority to develop an audit, a mechanism to verify compliance with criteria for approved providers.

5.3(2) Criteria for approved providers. The approved providers shall show evidence of capability to adhere to criteria indicative of quality continuing education activities for nurses.

a. Criteria related to appropriate subject matter. Appropriate subject matter for continuing education credits reflects the educational needs of the nurse learner and the health needs of the consumer. Subject matter is limited to offerings that are scientifically founded and predominantly for professional growth. The following areas are deemed appropriate subject matter for continuing education credit:

- (1) Nursing practice related to health care of patients/clients/families in any setting.
- (2) Professional growth and development related to nursing practice roles and designed to enhance the delivery of patient care and health service.
- (3) Sciences upon which nursing practice, nursing education, or nursing research is based, e.g., nursing theories and biological, physical, behavioral, computer, social, or basic sciences.

(4) Social, economic, ethical and legal aspects of health care.

(5) Management or administration of health care, health care personnel, or health care facilities.

(6) Education of patients or their significant others, students, or personnel in the health care field.

b. Criteria related to operation of an approved continuing education providership. The provider shall:

(1) Have a consistent, identifiable authority who has overall responsibility for the operation of the providership and execution of the informal offerings who is knowledgeable in administration and has the capability to organize, execute, and evaluate the overall operations of the providership.

(2) Have an organizational chart to delineate lines of authority and communication within the providership as well as within the parent organization, if applicable, and other cooperative or advisory committees.

(3) Develop and implement a philosophy, goals and objectives consistent with the controlling institution, if applicable, which reflect the provider beliefs about nursing, education, and continuing education. These shall indicate the overall direction of the providership for a five-year period.

(4) Maintain financial integrity so that participants receive the continuing education for which they have paid.

(5) Maintain participant and program records as specified in paragraph “c” of this subrule.

(6) Demonstrate active nursing participation in the planning and administration of informal offerings. Nursing participation shall be documented in a written statement of policy, denotation on the organizational chart, and planning minutes.

(7) Select appropriate subject matter designed to fulfill the educational needs of nurses in order to meet the health care needs of consumers. Have a subject matter plan which indicates the mechanism of assessing the learning needs of the population to be served and describes how the provider shall meet the appropriate subject matter criteria as specified in subrule 5.3(2), paragraph “a,” subparagraphs (1) to (6).

(8) Demonstrate planning for each offering that includes a statement of purpose and measurable, educational objectives.

(9) Provide notification to licensees of the availability of informal offerings. A brochure or written advertisement shall be developed for all informal offerings other than learner designed self-study and a copy shall be sent to the board prior to each offering. The brochure or advertising shall accurately describe the activities by including the date, time, location, statement of purpose, educational objectives, intended audience, credentials of instructors, amount of continuing education credit to be awarded, and,

if applicable, costs and items covered by the fee and refund policy. The board-approved provider number shall appear on the brochure or written advertisement.

(10) Structure program content and learning experience to relate to the stated purpose and objectives. Program content shall cover one topic or a group of closely related topics. Current, relevant, scientifically based supportive materials shall be used.

(11) Develop policies and procedures for verification of satisfactory completion of the activity by each participant including a system for verification of satisfactory completion, the control methods to ensure completion and a method to inform participants that completion of the offering is required prior to the award of credit. The provider shall not require exchanging an evaluation form for a certificate of completion. The provider may award credit to other members of the providership who attend but do not serve as organizers during the actual offering. The provider may make an exception and award partial credit in extreme emergency conditions. The provider may make an exception and award credit for the portion of time the speaker attended the offering excluding the presentation time; however, full credit may be awarded to a speaker who presents the offering for the first time. The provider may base the verification of satisfactory completion of an extended course on the participant's meeting the course objectives rather than on the number of sessions attended.

(12) Develop policies and procedures for management of continuing education programs including registration procedures, tuition refund, and enrollee grievances.

(13) Assign credit according to a uniform measure of credit as defined in subrule 5.2(2), paragraph "d." No credit shall be awarded for less than one contact hour or .1 CEU.

(14) If desired, cosponsor an offering provided by a nonapproved provider. When cosponsoring is done, the approved provider is responsible for assurance that all criteria in subrule 5.3(2) are met. A cosponsorship contract or letter of agreement shall delineate responsibilities of all parties, which includes the approved provider awarding the credit and maintaining the program and participant records. Cosponsoring is not acceptable for learner designed self-study.

(15) An approved provider shall notify the board within 30 days of changes in the administrative authority or address of the providership or the inability to meet the criteria.

c. Criteria related to record system and maintenance of continuing education programs. The provider shall:

(1) Maintain participant records for a minimum of four years from the date of program completion. The participant records shall include the name of licensee, license number, contact hours or CEUs awarded, offering titles, and dates of offerings. The record system shall provide for secure storage and retrieval of the participant records of continuing education. Secure storage shall include limiting employee access and describing security measures. Individual attendance and information regarding each offering shall be available within two weeks upon request from individual nurses or the board. If individual nurses are assessed a fee for this retrieval service, the fee shall be specified.

(2) Maintain program records for a minimum of four years from the date of program completion.

Program records for all informal offerings, other than learner designed self-study, shall include a brochure or advertising, roster of participants to whom credit was awarded, and a summary of the program including participant and provider evaluations. The provider shall maintain records for one informal offering which includes all required materials for renewal for approved providers as specified in subrule 5.3(4), paragraph "a," subparagraph (6).

Program records for learner designed self-study shall include the written agreement between the learner and provider, date of completion, and learner and provider evaluations.

(3) Furnish a certificate to each participant documenting the date the credit was earned. The front of the certificate shall display: participant's name, provider number, contact hours or continuing education units awarded, dates of the offering, subject matter taken, and a reminder to the participant to retain the certificate for four years. A certificate issued by electronic means must be a print-only file.

d. Criteria related to faculty of informal offerings. The faculty shall:

(1) Be current, knowledgeable, and skillful in the subject matter of the offering by having evidence of further education in the subject. Such education shall be acquired through course completion or an advance degree, experience in teaching in the specialized area within the three years preceding the

offering, or six months' work experience in the specialized area within the three years preceding the offering.

(2) If applicable, be skillful in assisting a nurse in designing a learner designed self-study program by having experience or education in course design.

(3) Include a nurse if the subject matter is nursing or if it is learner designed self-study.

(4) Encourage active participation of the nurse learners enrolled in the offerings.

(5) Utilize principles of adult education in teaching strategies.

(6) Utilize teaching methodologies appropriate to the subject, audience, and time allotment.

(7) Utilize current supportive materials by drawing from resources that are predominantly less than five years old unless the topic is of an historical nature.

(8) Not receive credit when teaching participants; however, an exception may be made as specified in subrule 5.3(2), paragraph "b," subparagraph (11).

(9) Not receive credit for learner designed self-study from a provider which employs them in the regular administration of the providership.

e. Criteria related to evaluation of continuing education programs. The provider shall include:

(1) A design for participants to assess achievement of program objectives, faculty effectiveness, and teaching-learning methodologies, resources and facilities for each offering.

(2) Evaluation techniques to assess the effectiveness of each offering and plan for future offerings.

(3) A method of notifying the participants that the evaluation may be submitted directly to the board.

f. Additional criteria related to management of learner designed self-study for providers who wish to guide this type of education. The provider shall:

(1) Provide a written application process through which the learner describes the following:

Individual's assessed need for the learning activity which meets the criteria related to appropriate subject matter found in this subrule, paragraph "a."

Purpose for pursuing the learning activity.

Objectives clarifying the purpose and providing a description of expected learning outcomes in measurable, behavioral terms.

Learning experiences or activities detailed in a plan for achieving the behavioral objectives.

Learning resources identifying people, materials, and facilities to be utilized to achieve the purpose and objectives.

Timetable for completion of learning activities.

Method of evaluation to be used which ensures completion of the learning activities, the objectives, and the number of hours required.

(2) Provide a written agreement with the learner. The written agreement shall include:

The approved written application.

Cost and refund policy.

Number of contact hours to be awarded.

The board-approved provider number.

Signatures of the nurse learner and the faculty managing this learner designed self-study.

Date of the agreement.

(3) Provide an evaluation which indicates successful completion of the terms of the written agreement and the award of a certificate of completion.

5.3(3) Initial approval process for providers. Initial approval is granted upon the submission of required materials and the determination by the board or its representative that the materials fulfill the criteria for approved providers specified in subrule 5.3(2).

a. Upon request, the board office shall send an application to a potential provider which requires the submission of the following materials:

(1) Designation of the administrative authority and biographical information about the administrative authority.

(2) Organizational chart.

(3) Philosophy, goals and objectives.

- (4) List of program offerings.
- (5) Evidence of nursing participation.
- (6) Plan on subject matter.
- (7) A policy for record system and maintenance.

A policy regarding the certificate and a sample of the certificate to be used.

A sample of a written agreement for learner designed self-study, if applicable.

- (8) Policies and procedures for verification of satisfactory completion of an offering.
- (9) A policy for registration procedures and tuition refund.
- (10) A policy for the written advertisement.
- (11) A policy regarding enrollee grievances.
- (12) A policy regarding participant and provider evaluation.
- (13) A policy regarding faculty selection.

(14) A policy regarding the use of the uniform measure of continuing education credit.

(15) Documents from a typical sample course offering. Documents for this offering shall include:

A narrative of the planning of the offering including evidence of nursing participation.

A sample brochure or advertising.

Content of course, e.g., topical outline.

Teaching-learning methodologies and supportive materials.

Bibliography.

A sample evaluation form for participant completion.

A sample evaluation form for provider completion.

(16) A policy for cosponsorship of offerings, if applicable, and a sample contract or letter of agreement.

b. Upon receipt of the completed application and two copies, a review is held by a committee.

(1) The committee is composed of at least three appointees of the board. The review is held at the board office within 60 days of receipt of the application.

(2) The review is based on the criteria as specified in subrule 5.3(2).

(3) If the submitted materials meet the requirements, the committee shall approve the provider for five years and issue a provider number. The approved provider shall be notified of the decision within two weeks of the committee review.

(4) If the committee finds submitted materials to be incomplete or unsatisfactory, it shall notify the provider applicant of the decision within two weeks of the committee review. The applicant is given the opportunity to meet the criteria with an additional review to be held within six weeks of receipt of the revised application materials at the board office.

(5) If the applicant is unable to meet the criteria within three committee reviews or one year from the receipt of the initial application at the board office, whichever comes first, the committee shall recommend nonapproval at the next regularly scheduled board meeting.

(6) Notice of this recommendation of nonapproval shall be provided to the applicant at least 30 days before the board meeting.

(7) The board shall make the final decision.

c. At any time the provider applicant disagrees with the committee's actions, the applicant may request board action. At this time the matter becomes a contested case and an evidentiary hearing as specified in Iowa Code chapter 17A shall be held by the board at its next regularly scheduled meeting.

(1) If the final decision of the board is approval, approval shall be granted up to five years and an approved provider number is issued. The applicant shall be notified of the decision within two weeks of the board's final decision.

(2) If the final decision of the board is a denial, the applicant shall be notified of the decision within two weeks of the board's final decision. Provisions for making a request for reconsideration and appeal are found in Iowa Code sections 17A.16 and 17A.19.

d. A provider applicant who has been denied approved provider status may apply no sooner than one year after denial to become an approved provider by starting the initial approval process specified in this subrule.

5.3(4) *Reapproval process for approved providers.* Reapproval is granted upon the submission of required materials and the determination by the board or its representatives that the materials fulfill the criteria for approved providers specified in this chapter.

a. The board shall send an application for reapproval to an approved provider six months before the expiration of the current approval. The completed application shall be submitted to the board office no later than three months prior to the expiration of the current approval. The application requires submission of the following materials:

(1) Identification of the current administrative authority. The information shall include the name(s) and title(s) of the authority.

(2) Current table of organization. The table shall:

Delineate the administrative authority for the providership.

Define the line relationships within the providership as well as within the parent organization, if applicable.

Illustrate cooperative or advisory relationships, if applicable.

(3) Goals, philosophy, and objectives. These shall:

Be described in regard to accomplishments, strengths, and weaknesses during the approval period.

Indicate the overall direction of the providership for the next five-year period, taking into consideration the strengths and weaknesses of the providership.

(4) List of course offerings from the previous year.

(5) Explanation of changes. A new policy or procedure shall be submitted for each change made since the previous approval.

(6) Documents from a typical course offering. The following documents shall be included:

A narrative of the planning of the offering.

A brochure, advertising, or written agreement.

Content of course, e.g., topical outline.

Teaching-learning methodologies and supportive materials.

Bibliography.

Attendance record.

Participant evaluation form.

Summary of participant and provider evaluations.

A sample of the current participant evaluation form and certificate.

b. Upon receipt of the application for reapproval, a review shall be made by a board designee at the board office within 30 days of receipt of the application.

(1) The review is based on the criteria as specified in subrule 5.3(2).

(2) If the submitted materials meet the requirements, the designee shall issue a renewal of the approved provider status for a five-year period.

(3) If the submitted materials are incomplete or unsatisfactory, the designee shall notify the provider of the decision within two weeks of the committee review. The provider shall be given the opportunity to meet the criteria within 30 days of the receipt of the board office notification. If the provider is unable to meet the requirements, the designee shall recommend nonapproval at the next regularly scheduled board meeting.

(4) Notice of this recommendation of nonapproval shall be provided to the applicant at least 30 days before the board meeting.

(5) The board shall make the final decision.

(6) At any time the renewal applicant disagrees with the designee's actions, the applicant may request board action. At this time the matter becomes a contested case and an evidentiary hearing as specified in Iowa Code chapter 17A shall be held by the board at its next regularly scheduled meeting, when the board shall issue a final decision.

(7) If the final decision of the board is reapproval, approval shall be granted up to five years. The approved provider shall be notified of the decision within two weeks of the board's final decision.

(8) If the final decision of the board is denial, the reapproval applicant shall be notified of the decision within two weeks of the board's decision. Provisions for making a request for reconsideration and appeal are found in Iowa Code sections 17A.16 and 17A.19.

(9) A reapproval applicant who has been denied reapproval may apply no sooner than one year after denial to become an approved provider by starting the initial approval process specified in subrule 5.3(3).

5.3(5) *Audit of approved providers.* The board shall monitor approved providers for adherence to criteria as established in this chapter.

a. The board may order an audit of an approved provider or may audit as a result of a written complaint. A written complaint may be filed with the board against a provider for acts or omissions which indicate a failure to meet the criteria established in this chapter. If the complaint is in regard to a particular offering, it shall be filed within one month of the completion of the offering.

b. The board may revoke the approved provider status for willful or repeated failure to meet one or more of the criteria specified in subrule 5.3(2).

c. A notice of revocation shall be issued to the provider. The provider will have 30 days to request a hearing for reconsideration of revocation. If a request for hearing is not received within the 30 days, the revocation shall be considered final.

d. The hearing will be conducted by the board pursuant to 655—4.13(17A,147,152,272C).

e. A provider who wishes to request rehearing shall do so within 20 days from the date of receipt of decision. The provider shall submit a statement which shows cause why action should not have been taken by the board. This statement shall be acted upon by the board within 20 days.

f. A provider who wishes to appeal the sanction imposed by the board may do so pursuant to Iowa Code section 17A.19.

g. A provider whose approved provider status has been revoked shall no longer advertise that it is an approved provider. The provider number shall no longer be used or appear in brochures, advertisements, certificates, or other materials.

h. A provider whose approved provider status has been revoked shall maintain the records required in subrule 5.3(2) until four years after the last credit was granted or transfer the records to the custody of the board.

i. The board shall notify other states which have mandatory nursing continuing education of the revocation of the approved provider status and the reason(s) for withdrawal.

j. A provider whose approved provider status has been revoked may apply no sooner than one year after the withdrawal of approval to become an approved provider by the initial approval process described in subrule 5.3(3).

5.3(6) *Voluntary relinquishment of an approved providership.* An approved provider may voluntarily relinquish its provider number. If an approved provider does not submit the required materials for reapproval or is unable to be located by the board, by certified mail, the board will consider that the provider voluntarily relinquished its approved provider status effective with the return of the certified mail or as determined by the executive director. When the approved providership has been voluntarily relinquished, the provider shall discontinue providing continuing education that is acceptable for license renewal in Iowa.

a. The provider shall maintain the records required in subrule 5.3(2) until four years after the last credit was granted or transfer the records to the custody of the board.

b. The board shall notify other states which have mandatory nursing continuing education of the relinquishment of the approved provider status and the reason(s) for relinquishment.

c. The provider whose approved provider status has been voluntarily relinquished may apply to become an approved provider by starting the initial approval process specified in subrule 5.3(3).

These rules are intended to implement Iowa Code sections 272C.2 and 272C.3.

[Filed 3/28/78, Notice 2/8/78—published 4/19/78, effective 5/24/78]

[Filed 12/11/78, Notice 10/18/78—published 12/27/78, effective 1/31/79]

[Filed 2/22/85, Notice 1/2/85—published 3/13/85, effective 6/1/85]

[Filed without Notice 3/28/85—published 4/24/85, effective 6/1/85]

[Filed 1/21/86, Notice 10/23/85—published 2/12/86, effective 3/19/86]
[Filed 4/15/86, Notice 2/26/86—published 5/7/86, effective 6/11/86]
[Filed 7/23/86, Notice 5/21/86—published 8/13/86, effective 9/17/86]
[Filed emergency 7/29/87—published 8/26/87, effective 7/29/87]
[Filed 8/4/88, Notice 6/15/88—published 8/24/88, effective 9/28/88]
[Filed 5/26/89, Notice 2/22/89—published 6/14/89, effective 7/19/89]
[Filed 12/19/91, Notice 7/24/91—published 1/8/92, effective 2/12/92]
[Filed emergency 2/20/92—published 3/18/92, effective 2/20/92]
[Filed emergency 3/9/94—published 3/30/94, effective 3/9/94]
[Filed 4/29/99, Notice 3/24/99—published 5/19/99, effective 6/23/99]
[Filed emergency 11/9/00—published 11/29/00, effective 11/9/00]
[Filed emergency 7/20/01—published 8/8/01, effective 7/20/01]
[Filed 9/28/01, Notice 8/8/01—published 10/17/01, effective 11/21/01]
[Filed 10/1/04, Notice 7/7/04—published 10/27/04, effective 1/3/05]

CHAPTER 6
NURSING PRACTICE FOR
REGISTERED NURSES/LICENSED PRACTICAL NURSES

655—6.1(152) Definitions.

“Accountability” means being obligated to answer for one’s acts, including the act of supervision.

“Advanced registered nurse practitioner (ARNP)” means a nurse with current licensure as a registered nurse in Iowa or who is licensed in another state and recognized for licensure in this state pursuant to the nurse licensure compact contained in 2000 Iowa Acts, House File 2105, section 8, and is also registered in Iowa to practice in an advanced role. The ARNP is prepared for an advanced role by virtue of additional knowledge and skills gained through a formal advanced practice education program of nursing in a specialty area approved by the board. In the advanced role, the nurse practices nursing assessment, intervention, and management within the boundaries of the nurse-client relationship. Advanced nursing practice occurs in a variety of settings, within an interdisciplinary health care team, which provide for consultation, collaborative management, or referral. The ARNP may perform selected medically delegated functions when a collaborative practice agreement exists.

“Basic nursing education” means a nursing program preparing a person for initial licensure to practice nursing as a registered nurse or licensed practical nurse.

“Board” as used in this chapter means the Iowa board of nursing.

“Certified clinical nurse specialist” means an ARNP prepared at the master’s level who possesses evidence of current certification as a clinical specialist in an area of nursing practice by a national professional nursing association as approved by the board.

“Certified nurse-midwife” means an ARNP educated in the disciplines of nursing and midwifery who possesses evidence of current certification by a national professional nursing association approved by the board. The certified nurse-midwife is authorized to manage the care of normal newborns and women, antepartally, intrapartally, postpartally or gynecologically.

“Certified nurse practitioner” means an ARNP educated in the disciplines of nursing who has advanced knowledge of nursing, physical and psychosocial assessment, appropriate interventions, and management of health care, and who possesses evidence of current certification by a national professional nursing association approved by the board.

“Certified registered nurse anesthetist” means an ARNP educated in the disciplines of nursing and anesthesia who possesses evidence of current certification by a national professional nursing association approved by the board.

“Competence in nursing” means having the knowledge and the ability to perform, skillfully and proficiently, the functions within the role of the licensed nurse.

“Minimum standards” means standards of practice that interpret the legal definition of nursing as well as provide criteria against which violations of the law can be determined.

“Nursing diagnosis” means a judgment made by a registered nurse, following a nursing assessment of individuals and groups about actual or potential responses to health problems, which forms the basis for determining effective nursing interventions.

“Nursing facility” means an institution as defined in Iowa Code chapter 135C. This definition does not include acute care settings.

“Nursing process” means ongoing assessment, nursing diagnosis, planning, intervention, and evaluation.

“Proximate area” means that the registered nurse analyzes the qualifications of the licensed practical nurse in relationship to nursing needs of the client in determining the appropriate distance within the building and the time necessary to be readily available to the licensed practical nurse.

“Unlicensed assistive personnel” is an individual who is trained to function in an assistive role to the registered nurse and licensed practical nurse in the provision of nursing care activities as delegated by the registered nurse or licensed practical nurse.

655—6.2(152) Minimum standards of nursing practice for registered nurses.

6.2(1) The registered nurse shall recognize and understand the legal implications within the scope of nursing practice. The scope of nursing practice considered to be minimum standards of nursing practice shall not be interpreted to include those practices currently ascribed to the advanced registered nurse practitioner.

6.2(2) The registered nurse shall utilize the nursing process in the practice of nursing, consistent with accepted and prevailing practice. The nursing process is ongoing and includes:

- a. Nursing assessments about the health status of an individual or group.
- b. Formulation of a nursing diagnosis based on analysis of the data from the nursing assessment.
- c. Planning of nursing care which includes determining goals and priorities for actions which are based on the nursing diagnosis.
- d. Nursing interventions implementing the plan of care.
- e. Evaluation of the individual's or group's status in relation to established goals and the plan of care.

6.2(3) The registered nurse shall conduct nursing practice by respecting the rights of an individual or group.

6.2(4) The registered nurse shall conduct nursing practice by respecting the confidentiality of an individual or group, unless obligated to disclose under proper authorization or legal compulsion.

6.2(5) The registered nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following:

- a. Performing or supervising those activities and functions which require the knowledge and skill level currently ascribed to the registered nurse and seeking assistance when activities and functions are beyond the licensee's scope of preparation.
- b. Assigning and supervising persons performing those activities and functions which do not require the knowledge and skill level currently ascribed to the registered nurse.
- c. Using professional judgment in assigning and delegating activities and functions to unlicensed assistive personnel. Activities and functions which are beyond the scope of practice of the licensed practical nurse may not be delegated to unlicensed assistive personnel. For the purposes of this paragraph, "unlicensed assistive personnel" does not include certified emergency medical services personnel authorized under Iowa Code chapter 147A performing nonlifesaving procedures for which those individuals have been certified and which are designated in a written job description, after the patient is observed by a registered nurse.
- d. Supervising, among other things, includes any or all of the following:
 - (1) Direct observation of a function or activity.
 - (2) Assumption of overall responsibility for assessing, planning, implementing, and evaluating nursing care.
 - (3) Delegation of nursing tasks while retaining accountability.
 - (4) Determination that nursing care being provided is adequate and delivered appropriately.
- e. Executing the regimen prescribed by a physician. In executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. If the medical regimen prescribed by the physician is not carried out, based on the registered nurse's professional judgment, accountability shall include but need not be limited to the following:
 - (1) Timely notification of the physician who prescribed the medical regimen that the order(s) was not executed and reason(s) for same.
 - (2) Documentation on the medical record that the physician was notified and reason(s) for not executing the order(s).
- f. Wearing identification which clearly identifies the nurse as a registered nurse when providing direct patient care unless wearing identification creates a safety or health risk for either the nurse or the patient.

655—6.3(152) Minimum standards of practice for licensed practical nurses.

6.3(1) The licensed practical nurse shall recognize and understand the legal implications within the scope of nursing practice. The licensed practical nurse shall perform services in the provision of supportive or restorative care under the supervision of a registered nurse or physician as defined in the Iowa Code.

6.3(2) The licensed practical nurse shall participate in the nursing process, consistent with accepted and prevailing practice, by assisting the registered nurse or physician. The licensed practical nurse may assist the registered nurse in monitoring, observing and reporting reactions to therapy.

6.3(3) The licensed practical nurse shall not perform any activity requiring the knowledge and skill ascribed to the registered nurse, including:

- a. The initiation of or assessment related to procedures/therapies requiring the knowledge or skill level ascribed to the registered nurse.
- b. The initiation of intravenous solutions, intravenous medications and blood components.
- c. The administration of medicated intravenous solutions, intravenous medications and blood components.
- d. The initiation or administration of medications requiring the knowledge or skill level currently ascribed to the registered nurse.

6.3(4) A licensed practical nurse, under the supervision of a registered nurse, may engage in the limited scope of practice of intravenous therapy. In providing the limited scope of therapy, the licensed practical nurse may add intravenous solutions without medications to established peripheral intravenous sites, regulate the rate of nonmedicated intravenous solutions, administer maintenance doses of analgesics via the patient-controlled analgesic pump set at a lock-out interval, and discontinue intravenous therapy. Nursing tasks which may be delegated in a certified end-stage renal dialysis unit by the registered nurse to the licensed practical nurse with documented training include:

- a. Initiation and discontinuation of the hemodialysis treatment utilizing an established vascular access.
- b. The administration of local anesthetic prior to cannulation of the vascular access site.
- c. Administration of prescribed dosages of heparin solution or saline solution utilized in the initiation and discontinuation of hemodialysis.
- d. The administration via the extracorporeal circuit of the routine intravenous medications erythropoietin, Vitamin D Analog and iron, excluding any iron preparation that requires a test dose in a certified end-stage renal dialysis setting, after the registered nurse has administered the first dose. When the registered nurse delegates the administration of the intravenous medications set out in this paragraph, there must be a written facility policy that defines the practice and written verification of the competency of the licensed practical nurse in accordance with the facility's written policy.

6.3(5) The licensed practical nurse may provide nursing care in an acute care setting. When the nursing care provided by the licensed practical nurse in an acute care setting requires the knowledge and skill level currently ascribed to the registered nurse, a registered nurse or physician must be present in the proximate area. Acute care settings requiring the knowledge and skill ascribed to the registered nurse include, but are not limited to:

- a. Units where care of the unstable, critically ill, or critically injured individual is provided.
- b. General medical-surgical units.
- c. Emergency departments.
- d. Operating rooms. (A licensed practical nurse may assist with circulating duties when supervised by a registered nurse circulating in the same room.)
- e. Postanesthesia recovery units.
- f. Hemodialysis units.
- g. Labor and delivery/birthing units.
- h. Mental health units.

6.3(6) The licensed practical nurse may provide nursing care in a non-acute care setting. When the nursing care provided by the licensed practical nurse in a non-acute care setting requires the knowledge and skill level currently ascribed to the registered nurse, the registered nurse or physician must be present

in the proximate area. The non-acute care settings requiring the knowledge and skill level ascribed to the registered nurse include, but are not limited to:

- a.* Community health. (Subrules 6.6(1) and 6.6(4) are exceptions to the “proximate area” requirement.)
- b.* School nursing. (Subrules 6.6(2) and 6.6(3) are exceptions to the “proximate area” requirement.)
- c.* Occupational nursing.
- d.* Correctional facilities.
- e.* Community mental health nursing.

6.3(7) The licensed practical nurse shall conduct nursing practice by respecting the rights of an individual or group.

6.3(8) The licensed practical nurse shall conduct nursing practice by respecting the confidentiality of an individual or group, unless obligated to disclose under proper authorization or legal compulsion.

6.3(9) The licensed practical nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following:

- a.* Performing those activities and functions which require the knowledge and skill level currently ascribed to the licensed practical nurse and seeking assistance when activities and functions are beyond the licensee’s scope of preparation.

- b.* Accepting responsibility for performing assigned and delegated functions and informing the registered nurse when assigned and delegated functions are not executed.

- c.* Executing the medical regimen prescribed by a physician. In executing the medical regimen as prescribed by the physician, the licensed practical nurse shall exercise prudent judgment in accordance with minimum standards of nursing practice as defined in these rules. If the medical regimen prescribed by the physician is not carried out based on the licensed practical nurse’s prudent judgment, accountability shall include but need not be limited to the following:

- (1) Timely notification of the physician who prescribed the medical regimen that said order(s) was not executed and reason(s) for same.

- (2) Documentation on the medical record that the physician was notified and reason(s) for not executing the order(s).

- d.* Wearing identification which clearly identifies the nurse as a licensed practical nurse when providing direct patient care unless wearing identification creates a safety or health risk for either the nurse or the patient.

655—6.4(152) Additional acts which may be performed by registered nurses.

6.4(1) A registered nurse shall be permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation-emitting equipment are met as outlined in 641—42.1(136C).

6.4(2) A registered nurse, licensed pursuant to Iowa Code chapter 152, may staff an authorized ambulance, rescue, or first response service provided the registered nurse can document equivalency through education and additional skills training essential in the delivery of out-of-hospital emergency care. The equivalency shall be accepted when documentation has been reviewed and approved at the local level by the medical director of the ambulance, rescue, or first response service in accordance with the form adopted by the Iowa department of public health bureau of emergency medical services. An exception to this subrule is the registered nurse who accompanies and is responsible for a transfer patient.

This rule is intended to implement Iowa Code section 147A.12 and chapters 136C and 152.

655—6.5(152) Additional acts which may be performed by licensed practical nurses.

6.5(1) A licensed practical nurse shall be permitted to supervise unlicensed assistive personnel under the provisions of Iowa Code section 152.1(4) “*b.*”

- a.* Supervision, among other things, includes any or all of the following:

- (1) Direct observation of a function or activity.

- (2) Delegation of nursing tasks while retaining accountability.

(3) Determination that nursing care being provided is adequate and delivered appropriately.

b. Supervision shall be in accordance with the following:

(1) A licensed practical nurse working under the supervision of a registered nurse shall be permitted to supervise in an intermediate care facility for the mentally retarded or in a residential health care setting.

(2) A licensed practical nurse working under the supervision of a registered nurse shall be permitted to supervise in a nursing facility.

The licensed practical nurse shall be required to complete a curriculum which has been approved by the board and designed specifically for the supervision role of the licensed practical nurse in a nursing facility. The course must be presented by a board-approved nursing program or an approved provider of continuing education. Documentation of the completion of the curriculum as outlined in this subparagraph shall be maintained by the licensed practical nurse.

(3) A licensed practical nurse shall be entitled to supervise without the educational requirement outlined in subparagraph 6.5(1) "b"(2) if the licensed practical nurse was performing in a supervisory role on or before October 6, 1982. The licensed practical nurse being employed in a supervisory role after the enactment of these rules shall complete the curriculum outlined in subparagraph 6.5(1) "b"(2) within six months of employment.

(4) A licensed practical nurse working under the supervision of a registered nurse may direct the activities of other licensed practical nurses and unlicensed assistive personnel in an acute care setting in giving care to individuals assigned to the licensed practical nurse. The registered nurse must be in the proximate area.

6.5(2) A licensed practical nurse shall be permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation-emitting equipment are met as outlined in 641—42.1(136C).

6.5(3) A licensed practical nurse who has completed a board-approved intravenous therapy certification course offered by a board-approved provider of continuing education shall be permitted to perform, in addition to the functions set forth in subrule 6.3(4), procedures related to the expanded scope of administration of intravenous therapy in a licensed hospital, licensed skilled nursing facility and a certified end-stage renal dialysis unit. The board-approved course shall incorporate the responsibilities of the nurse when providing intravenous therapy to children, adults and elderly adults. When providing intravenous therapy, the licensed practical nurse shall be under the supervision of the registered nurse. Procedures which may be assumed if delegated by the registered nurse are as follows:

a. Initiation of a peripheral intravenous line for continuous or intermittent therapy using an intermittent infusion device or a therapy cannula not to exceed three inches in length.

b. Administration via peripheral lines, after the first dose has been administered by the registered nurse, of premixed electrolyte solutions or premixed vitamin solutions. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.

c. Administration via peripheral lines, after the first dose has been administered by the registered nurse, of solutions containing potassium chloride that do not exceed 40 meq per liter and at a rate that does not exceed 10 meq per hour. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.

d. Administration via peripheral lines, after the first dose has been administered by the registered nurse, of intravenous antibiotic solutions prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.

e. Maintenance of the patency of peripheral intravenous lines with heparin irrigation solution or normal saline irrigation solution.

6.5(4) Acts which may not be delegated by the registered nurse to the licensed practical nurse are as follows:

a. Administration of medication by bolus or IV push except maintenance doses of analgesics via a patient-controlled analgesia pump set at a lock-out interval.

b. Administration of blood and blood products; vasodilators, vasopressors, oxytoxics, chemotherapy, colloid therapy, total parenteral nutrition, anticoagulants, antiarrhythmics, thrombolytics and solutions with a total osmolarity of 600 or greater.

c. Provision of intravenous therapy to a client under the age of 12 or any client weighing less than 80 pounds, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(4).

d. Provision of intravenous therapy in any setting except licensed hospitals, licensed skilled nursing facilities and certified end-stage renal dialysis units with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(4).

6.5(5) To be eligible for intravenous therapy certification, the licensee shall hold a current unrestricted Iowa license and documentation of 2080 hours of practice as a licensed practical nurse and shall hold a current unrestricted Iowa license or an unrestricted license in another state recognized for licensure in this state pursuant to the nurse licensure compact contained in 2000 Iowa Acts, House File 2105, section 8.

This rule is intended to implement Iowa Code chapters 136C and 152, and 2000 Iowa Acts, House File 2105.

655—6.6(152) Specific nursing practice for licensed practical nurses.

6.6(1) The licensed practical nurse shall be permitted to provide supportive and restorative care in the home setting under the supervision of a registered nurse, as defined in subrule 6.2(5), or a physician. When the licensed practical nurse provides care under the supervision of the registered nurse, the initial assessment and ongoing application of the nursing process shall be provided by the registered nurse.

6.6(2) The licensed practical nurse shall be permitted to provide supportive and restorative care to a specific student in the school setting in accordance with the student's health plan when under the supervision of and as delegated by the registered nurse employed by the school district.

6.6(3) The licensed practical nurse shall be permitted to provide supportive and restorative care in a Head Start program under the supervision of a registered nurse, as defined in subrule 6.2(5), or a physician if the licensed practical nurse were in this position prior to July 1, 1985.

6.6(4) The licensed practical nurse shall be permitted to provide supportive and restorative care in a camp setting under the supervision of a registered nurse, as defined in subrule 6.2(5), or a physician. When the licensed practical nurse provides care under the supervision of the registered nurse, the initial assessment and ongoing application of the nursing process are performed by the registered nurse. The licensed practical nurse is responsible for requesting registered nurse consultation as needed.

6.6(5) The licensed practical nurse shall be permitted to provide supportive and restorative care in a county jail facility or municipal holding facility operating under the authority provided by Iowa Code chapter 356. The supportive and restorative care provided by the licensed practical nurse in such facilities shall be performed under the supervision of a registered nurse, as defined in subrule 6.2(5). The registered nurse shall perform the initial assessment and ongoing application of the nursing process. The registered nurse shall be available 24 hours per day by teleconferencing equipment, and the time necessary to be readily available on site to the licensed practical nurse shall be no greater than ten minutes. This exception to the proximate area requirement is limited to a county jail facility or municipal holding facility operating under the authority of Iowa Code chapter 356 and shall not apply in any other correctional facility.

6.6(6) The licensed practical nurse shall be permitted to conduct height, weight and hemoglobin screening and record responses to health questions asked in a standardized questionnaire under the supervision of a registered nurse in a Women, Infants and Children (WIC) clinic. A registered nurse employed by or under contract to the WIC agency will assess the competency of the licensed practical nurse to perform these functions and will be available for consultation. The licensed practical nurse is responsible for performing under the scope of practice for licensed practical nurses and requesting registered nurse consultation as needed. This exception to the proximate area requirement is limited to WIC clinics and to the services permitted in this subrule.

This rule is intended to implement Iowa Code sections 17A.3 and 152.1.

655—6.7(152) Specific nursing practice for registered nurses. A registered nurse, while circulating in the operating room, shall provide supervision only to persons in the same operating room.

This rule is intended to implement Iowa Code section 152.1.

[Filed 3/11/81, Notice 12/10/80—published 4/1/81, effective 5/6/81¹]

[Filed emergency 12/2/81—published 12/23/81, effective 12/2/81]

[Filed 2/17/82, Notice 12/23/81—published 3/17/82, effective 4/21/82²]

[Filed 6/17/82, Notice 5/12/82—published 7/7/82, effective 8/11/82]

[Filed 8/13/82, Notices 3/17/82, 6/9/82—published 9/1/82, effective 10/6/82]

[Filed emergency 7/29/83—published 8/17/83, effective 7/29/83]

[Filed 10/21/83, Notice 8/17/83—published 11/9/83, effective 12/14/83]

[Filed 7/26/84, Notice 5/23/84—published 8/15/84, effective 7/1/85³]

[Filed 1/22/85, Notice 12/5/84—published 2/13/85, effective 3/20/85]

[Filed without Notice 7/19/85—published 8/14/85, effective 9/18/85]

[Filed 11/27/85, Notice 10/9/85—published 12/18/85, effective 1/22/86]

[Filed 1/30/87, Notice 12/3/86—published 2/25/87, effective 4/1/87]

[Filed emergency 7/29/87—published 8/26/87, effective 7/29/87]

[Filed 4/1/88, Notice 2/24/88—published 4/20/88, effective 5/25/88]

[Filed 9/18/91, Notice 7/24/91—published 10/16/91, effective 11/20/91]

[Filed 12/9/92, Notice 10/14/92—published 1/6/93, effective 2/10/93⁴]

[Filed 3/20/97, Notice 1/1/97—published 4/9/97, effective 5/14/97]

[Filed 9/17/98, Notice 7/15/98—published 10/7/98, effective 11/11/98]

[Filed emergency 6/9/00—published 6/28/00, effective 6/30/00]

[Filed 6/9/00, Notice 4/5/00—published 6/28/00, effective 8/2/00]

[Filed 9/15/00, Notice 6/28/00—published 10/4/00, effective 11/8/00]

[Filed 9/15/00, Notice 7/12/00—published 10/4/00, effective 11/8/00]

[Filed 9/28/01, Notice 6/27/01—published 10/17/01, effective 11/21/01]

[Filed 6/6/03, Notice 4/2/03—published 6/25/03, effective 7/30/03][◇]

[◇] Two or more ARCs

¹ Effective date of 5/6/81 delayed 70 days by the Administrative Rules Review Committee [Published IAB 4/29/81].
Effective date of Chapter 6 delayed by the Administrative Rules Review Committee 45 days after convening of the next General Assembly pursuant to §17A.8(9) [Published IAB 8/5/81].

² Effective date of 4/21/82 delayed 70 days by the Administrative Rules Review Committee [Published IAB 4/28/82]. Delay lifted by committee on June 9, 1982.

³ Amendments to 6.3(5), paragraphs “g” and “h,” and 6.6 effective 7/1/85, IAB 8/15/84.

⁴ Effective date delayed until adjournment of the 1993 General Assembly by the Administrative Rules Review Committee at its meeting held February 8, 1993; subrule 6.4(2) nullified by 1993 Iowa Acts, HJR 17, effective April 23, 1993.

CHAPTER 7
ADVANCED REGISTERED NURSE PRACTITIONERS
[Prior to 8/26/87, Nursing Board[590] Ch 7]

655—7.1(152) Definitions.

“Advanced registered nurse practitioner (ARNP)” means a nurse with current licensure as a registered nurse in Iowa or who is licensed in another state and recognized for licensure in this state pursuant to the nurse licensure compact contained in 2000 Iowa Acts, House File 2105, section 8, and is also registered in Iowa to practice in an advanced role. The ARNP is prepared for an advanced role by virtue of additional knowledge and skills gained through a formal advanced practice education program of nursing in a specialty area approved by the board. In the advanced role, the nurse practices nursing assessment, intervention, and management within the boundaries of the nurse-client relationship. Advanced nursing practice occurs in a variety of settings, within an interdisciplinary health care team, which provide for consultation, collaborative management, or referral. The ARNP may perform selected medically delegated functions when a collaborative practice agreement exists.

“Basic nursing education” as used in this chapter is a nursing program that prepares a person for initial licensure to practice nursing as a registered nurse.

“Board” as used in this chapter means Iowa board of nursing.

“Certified clinical nurse specialist” is an ARNP prepared at the master’s level who possesses evidence of current advanced level certification as a clinical specialist in an area of nursing practice by a national professional nursing certifying body as approved by the board.

“Certified nurse-midwife” is an ARNP educated in the disciplines of nursing and midwifery who possesses evidence of current advanced level certification by a national professional nursing certifying body approved by the board. The certified nurse-midwife is authorized to manage the care of normal newborns and women, antepartally, intrapartally, postpartally or gynecologically.

“Certified nurse practitioner” is an ARNP educated in the disciplines of nursing who has advanced knowledge of nursing, physical and psychosocial assessment, appropriate interventions, and management of health care, and who possesses evidence of current certification by a national professional nursing certifying body approved by the board.

“Certified registered nurse anesthetist” is an ARNP educated in the disciplines of nursing and anesthesia who possesses evidence of current advanced level certification or recertification, as applicable, by a national professional nursing certifying body approved by the board.

“Collaboration” is the process whereby an ARNP and physician jointly manage the care of a client.

“Collaborative practice agreement” means an ARNP and physician practicing together within the framework of their respective professional scopes of practice. This collaborative agreement reflects both independent and cooperative decision making and is based on the preparation and ability of each practitioner.

“Consultation” is the process whereby an ARNP seeks the advice or opinion of a physician, pharmacist, or another member of the health care team. ARNPs practicing in a noninstitutional setting as sole practitioners, or in small clinical practice groups, shall regularly consult with a licensed physician or pharmacist regarding the distribution, storage, and appropriate use of controlled substances.

“Controlled substance” is a drug, substance, or immediate precursor in Schedules I through V of division II, Iowa Code chapter 124.

“National professional nursing certifying body” is a professional nursing certifying body approved by the board. Agencies approved by the board include the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, the American College of Nurse-Midwives Certification Council, the Council on Certification of Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists, the National Certification Board of Pediatric Nurse Practitioners and Nurses, the National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties, the Oncology Nursing Certification Organization, and the American Association of Critical Care Nurses Certification Corporation.

“*Physician*” means a medical doctor licensed under Iowa Code chapter 148 or osteopathic physician and surgeon licensed under Iowa Code chapter 150A.

“*Prescriptive authority*” is the authority granted to an ARNP registered in Iowa in a recognized nursing specialty to prescribe, deliver, distribute, or dispense prescription drugs, devices, and medical gases when the nurse is engaged in the practice of that nursing specialty. Registration as a practitioner with the Federal Drug Enforcement Administration and the Iowa board of pharmacy examiners extends this authority to controlled substances. ARNPs shall access the Iowa board of pharmacy examiners Web site for Iowa pharmacy law and administrative rules and the Iowa Board of Pharmacy Examiners Newsletter.

“*Referral*” is the process whereby the ARNP directs the client to a physician or another health care professional for management of a particular problem or aspect of the client’s care.

655—7.2(152) General requirements for the advanced registered nurse practitioner.

7.2(1) *Specialty areas of nursing practice for the advanced registered nurse practitioner.* The board derives its authority to define the educational and clinical experience that is necessary to practice at an advanced registered nurse practitioner level under the provisions of Iowa Code section 152.1(6)“d.” The specialty areas of nursing practice for the advanced registered nurse practitioner which shall be considered as legally authorized by the board are as follows:

- a. Certified clinical nurse specialist.
- b. Certified nurse-midwife.
- c. Certified nurse practitioner.
- d. Certified registered nurse anesthetist.

7.2(2) *Titles and abbreviations.* A registered nurse who has completed all requirements to practice as an advanced registered nurse practitioner and who is registered with the board to practice shall use the title advanced registered nurse practitioner (ARNP). Utilization of the title which denotes the specialty area is at the discretion of the advanced registered nurse practitioner.

a. No person shall practice or advertise as or use the title of advanced registered nurse practitioner for any of the defined specialty areas unless the name, title and specialty area appear on the official record of the board and on the current license.

b. No person shall use the abbreviation ARNP for any of the defined specialty areas or any other words, letters, signs or figures to indicate that the person is an advanced registered nurse practitioner unless the name, title and specialty area appears on the official record of the board and on the current license.

c. Any person found to be practicing under the title of advanced registered nurse practitioner or using the abbreviation ARNP without being registered as defined in this subrule shall be subject to disciplinary action.

7.2(3) *General education and clinical requirements.*

a. The general educational and clinical requirements necessary for recognition by the board as a specialty area of nursing practice are as follows:

(1) Graduation from a program leading to a master’s degree in a nursing clinical specialty area with preparation in specialized practitioner skills as approved by the board; or

(2) Satisfactory completion of a formal advanced practice educational program of study in a nursing specialty area approved by the board and appropriate clinical experience as approved by the board.

b. Additional requirements. Nothing in this rule shall be construed to mean that additional general educational or clinical requirements cannot be defined in a specialty area.

7.2(4) *Application process.* A registered nurse who wishes to practice as an advanced registered nurse practitioner shall submit the following to the office of the board:

a. An advanced registered nurse practitioner application form which may be obtained from the office of the board.

b. A registration fee as established by the board.

c. A copy of the time-dated, advanced level certification by appropriate national certifying body evidencing that the applicant holds current certification in good standing; copy of official transcript

directly from the formal advanced practice educational program maintaining the records necessary to document that all requirements have been met in one of the specialty areas of nursing practice as listed in subrule 7.2(1). The transcript shall verify the date of completion of the program/graduation and the degree conferred. A registered nurse may make application to practice in more than one specialty area of nursing practice.

7.2(5) *Initial registration.* The executive director or a designee shall have the authority to determine if all requirements have been met for registration as an advanced registered nurse practitioner. If it has been determined that all requirements have been met:

a. Official licensure records of the registered nurse shall denote registration as an advanced registered nurse practitioner as well as the specialty area(s) of nursing practice.

b. The registered nurse shall be issued a registration card and a certificate to practice as an ARNP which clearly denotes the name, title, specialty area(s) of nursing practice, and expiration date of registration. The expiration date shall be based on the same period of licensure to practice as a registered nurse.

7.2(6) *Registration completion.* The registered nurse shall complete the registration process within 12 months of receipt of the application materials. The board reserves the right to destroy the documents after 12 months.

7.2(7) *Denial of registration.* If it has been determined that all requirements have not been met, the registered nurse shall be notified in writing of the reason(s) for the decision. The applicant shall have the right of appeal to the Iowa board of nursing within 30 days of denial by the executive director or designee.

7.2(8) *Application process for renewal of registration.* Renewal of registration for the advanced registered nurse practitioner shall be for the same period of licensure to practice as a registered nurse. The executive director or a designee shall have the authority to determine if all requirements have been met for renewal as an advanced registered nurse practitioner. A registered nurse who wishes to continue practice as an advanced registered nurse practitioner shall submit the following at least 30 days prior to the license expiration to the office of the Iowa board of nursing:

a. Completed renewal application form.

b. Renewal fee as outlined in rule 655—3.1(17A,147,152,272C), definition of “fees.”

c. Documentation of current time-dated, advanced level certification by appropriate national certifying body.

7.2(9) *Continuing education requirements.* Continuing education shall be met as required for certification by the relevant national certifying body, as outlined in 655—subrule 5.2(3), paragraph “e.”

7.2(10) *Denial of renewal registration.* If it has been determined that all requirements have not been met, the applicant shall be notified in writing of the reason(s) for the decision. Failure to obtain the renewal will result in termination of registration and of the right to practice in the advanced registered nurse practitioner specialty area(s). The applicant shall have the right of appeal to the Iowa board of nursing within 30 days of denial of the executive director or designee.

7.2(11) *Registration to practice as an advanced registered nurse practitioner restricted, revoked, or suspended.* Rescinded IAB 12/29/99, effective 2/2/00.

These rules are intended to implement Iowa Code sections 17A.3, 147.10, 147.53, 147.76, 147.107(6), 152.1, 152E.1 and 152E.2.

[Filed 2/11/83, Notice 9/1/82—published 3/2/83, effective 4/6/83]

[Filed emergency 3/25/83—published 4/13/83, effective 4/6/83]

[Filed 5/18/83, Notice 4/13/83—published 6/8/83, effective 7/13/83]

[Filed emergency 5/31/83—published 6/22/83, effective 7/13/83]

[Filed 7/29/83, Notice 5/11/83—published 8/17/83, effective 9/21/83]

[Filed 4/20/84, Notice 2/29/84—published 5/9/84, effective 6/13/84]

[Filed 7/26/84, Notice 6/20/84—published 8/15/84, effective 9/19/84]

[Filed 10/17/84, Notice 8/29/84—published 11/7/84, effective 12/12/84]

[Filed 12/8/86, Notice 10/22/86—published 12/31/86, effective 2/4/87]

[Filed emergency 7/29/87—published 8/26/87, effective 7/29/87]

[Filed 7/7/89, Notice 4/5/89—published 7/26/89, effective 8/30/89]
[Filed 3/12/91, Notice 1/9/91—published 4/3/91, effective 5/8/91]
[Filed emergency 2/20/92—published 3/18/92, effective 2/20/92]
[Filed 12/9/92, Notice 10/14/92—published 1/6/93, effective 2/10/93]
[Filed emergency 1/14/93—published 2/3/93, effective 2/10/93]
[Filed emergency 2/10/93 after Notice 1/6/93—published 3/3/93, effective 2/10/93]
[Filed 11/16/94, Notice 7/6/94—published 12/7/94, effective 1/11/95]
[Filed 12/19/97, Notice 10/22/97—published 1/14/98, effective 2/18/98]
[Filed 9/28/99, Notice 8/25/99—published 10/20/99, effective 11/24/99]
[Filed 12/10/99, Notice 10/6/99—published 12/29/99, effective 2/2/00]
[Filed emergency 6/9/00—published 6/28/00, effective 6/30/00]
[Filed 9/15/00, Notice 6/28/00—published 10/4/00, effective 11/8/00]
[Filed emergency 3/2/01—published 3/21/01, effective 3/2/01]
[Filed 9/28/01, Notice 6/27/01—published 10/17/01, effective 11/21/01]

CHAPTER 8
PETITIONS FOR RULE MAKING

The board of nursing hereby adopts the Uniform Rules on Agency Procedure relating to petitions for rule making which are printed in the first volume of the Iowa Administrative Code, with the following amendments:

655—8.1(17A) Petition for rule making. In lieu of the words “(designate office)”, insert “board of nursing”.

In lieu of the words “(AGENCY NAME)”, insert “BOARD OF NURSING”.

655—8.3(17A) Inquiries. In lieu of the words “(designate official by full title and address)”, insert “the Executive Director, Board of Nursing, RiverPoint Business Park, 400 S.W. Eighth Street, Suite B, Des Moines, Iowa 50309-4685”.

[Filed 2/17/88, Notice 8/26/87—published 3/9/88, effective 4/13/88]

[Filed 4/29/99, Notice 3/24/99—published 5/19/99, effective 7/1/99]

CHAPTER 9 DECLARATORY ORDERS

The board of nursing hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure relating to declaratory orders which are printed in the first volume of the Iowa Administrative Code.

655—9.1(17A) Petition for declaratory order. In lieu of the words “(designate agency)”, insert “board of nursing”.

In lieu of the words “(designate office)”, insert “Iowa Board of Nursing, RiverPoint Business Park, 400 S.W. Eighth Street, Suite B, Des Moines, Iowa 50309-4685”.

In lieu of the words “(AGENCY NAME)”, insert “BOARD OF NURSING”.

Delete the following: “(An agency may wish to describe here a simplified alternative petition form that would be more appropriate for some members of its clientele in light of their particular circumstances.)”.

655—9.2(17A) Notice of petition. In lieu of the underline insert “15” and delete the words “(15 or less)”.

In lieu of the words “(designate agency)”, insert “board of nursing”.

655—9.3(17A) Intervention.

9.3(1) In lieu of the underline, insert “15”.

9.3(2) In lieu of the words “(designate agency)”, insert “board of nursing”.

9.3(3) In lieu of the words “(designate office)”, insert “the board of nursing”.

In lieu of the words “(designate agency)”, insert “board of nursing”.

In lieu of the words “(AGENCY NAME)”, insert “BOARD OF NURSING”.

Delete the words “(An agency may wish to describe here a simplified alternative petition for intervention form that would be more appropriate for some members of its clientele in light of their particular circumstances.)”.

655—9.4(17A) Briefs. In lieu of the words “(designate agency)”, insert “board of nursing”.

655—9.5(17A) Inquiries. In lieu of the words “(designate official by full title and address)”, insert “the Executive Director, Iowa Board of Nursing, RiverPoint Business Park, 400 S.W. Eighth Street, Suite B, Des Moines, Iowa 50309-4685”.

655—9.6(17A) Service and filing of petitions and other papers.

9.6(2) In lieu of the words “(specify office and address)”, insert “Iowa Board of Nursing, RiverPoint Business Park, 400 S.W. Eighth Street, Suite B, Des Moines, Iowa 50309-4685”.

In lieu of the words “(agency name)”, insert “board of nursing”.

9.6(3) In lieu of the words “(uniform rule on contested cases X.12(17A))”, insert “655 IAC 4.16(17A)”.

655—9.7(17A) Consideration. In lieu of the words “(designate agency)”, insert “board of nursing”.

655—9.8(17A) Action on petition.

9.8(1) In lieu of the words “(designate agency head)”, insert “board of nursing”.

9.8(2) In lieu of the words “as defined in (contested case uniform rule X.2(17A))”, insert “the date of mailing of a decision or order, or date of delivery if service is by other means, unless another date is specified”.

655—9.9(17A) Refusal to issue order.

9.9(1) In lieu of the words “(designate agency)”, insert “board of nursing”.

2. In lieu of the words “(designate agency)”, insert “board of nursing”.

3. In lieu of the words “(designate agency)”, insert “board of nursing”.

10. In lieu of the words “(designate agency)”, insert “board of nursing”.

Delete the words “(Where the agency’s experience enables it to define in advance other specific reasons for refusing to issue a declaratory ruling, it should include them here.)”.

655—9.12(17A) Effect of a declaratory order. In lieu of the words “(designate agency)”, insert “board of nursing”.

[Filed 2/17/88, Notice 8/26/87—published 3/9/88, effective 4/13/88]

[Filed 4/29/99, Notice 3/24/99—published 5/19/99, effective 7/1/99]

CHAPTER 10
AGENCY PROCEDURE FOR RULE MAKING

The board of nursing hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure relating to procedures for rule making which are printed in the first volume of the Iowa Administrative Code.

655—10.3(17A) Public rule-making docket.

10.3(2) Delete the words “(commission, council, director)”.

655—10.4(17A) Notice of proposed rule making.

10.4(3) In lieu of the words “(specify time period)”, insert “one year”.

655—10.5(17A) Public participation.

10.5(1) In lieu of the words “(identify office and address)”, insert “Iowa Board of Nursing, RiverPoint Business Park, 400 S.W. Eighth Street, Suite B, Des Moines, Iowa 50309-4685”.

10.5(5) In lieu of the words “(designate office and telephone number)”, insert “the board of nursing at (515) 281-3255”.

655—10.6(17A) Regulatory analysis.

10.6(2) In lieu of the words “(designate office)”, insert “the board of nursing”.

655—10.10(17A) Exemptions from public rule-making procedures.

10.10(2) In lieu of the words “(List here narrowly drawn classes of rules where such an exemption is justified and a brief statement of the reasons for exempting each of them.)”, insert the following:

“a. The rule confers a benefit or removes a restriction on the public or some segment thereof.

“b. The effective date is necessary because of imminent peril to the public health, safety or welfare.”

655—10.11(17A) Concise statement of reasons.

10.11(1) In lieu of the words “(specify the office and address)”, insert “Iowa Board of Nursing, RiverPoint Business Park, 400 S.W. Eighth Street, Suite B, Des Moines, Iowa 50309-4685”.

655—10.12(17A) Contents, style, and form of rule.

10.12(3) Delete the word “actual”.

655—10.13(17A) Agency rule-making record.

10.13(2) Contents.

c. In lieu of the words “(agency head)”, insert “board of nursing”.

10.13(4) Delete the words “(Alternatively, the agency can maintain the file indefinitely.)” and the words “(*Note: Alternatively to X.13(2) “j” and the amendment to X.13(4), an agency could keep a separate file of significant written criticisms to rules and maintain those for five years.)”.

[Filed 2/17/88, Notice 8/26/87—published 3/9/88, effective 4/13/88]

[Filed 4/29/99, Notice 3/24/99—published 5/19/99, effective 7/1/99]

CHAPTER 11
EXAMINATION OF PUBLIC RECORDS

655—11.1(17A,22,147,152,272C) Definitions.

“Access to records” means the general right of the public to examine and copy records. In subrule 11.2(9), it also means the right of the subject of a confidential record to authorize its release, in writing, to a named third party.

“Confidential record” means a record which is not available to members of the public except as specified in Iowa Code section 22.7 or other law forbidding disclosure. Nothing in this definition shall be construed to deny access to the public portions of a record which contains a mixture of public and confidential information, or to broaden the definition of confidential information to include an entire document.

“Custodian of records” means the executive director of the board or that official’s designee.

“Disclosure” means the availability or release of a record.

“Individual” means a living person. It does not include persons such as sole proprietorships, partnerships, corporations, or educational institutions. A business firm which is identified by the name of one or more persons is not an individual within the meaning of this part.

“Open records” are those records which are not authorized or required to be kept confidential under Iowa Code section 22.7 or any other provision of the law.

“Personally identifiable information” means information about or pertaining to an individual in a record which identifies the person by personal identifier such as the name of the individual, number, symbol or other unique retriever assigned to the individual and which is contained in a system of records as defined in this subrule.

“Record,” when used in these rules means “public record,” includes all records, documents, tapes or other information stored or preserved in any medium of or belonging to the board.

“Release of information” means granting access to examine records and providing copies as requested.

“Subject of a record” means an individual under whose name or other personal identifier a record is kept in a system of records.

“System of records” means any group of records under the control of the board from which a record is retrieved by personal identifier and all records or group of records that are not retrievable by personal identifier. Papers maintained by individual employees of the board which are prepared, maintained, or discarded at the discretion of the employee are not part of the system of records; provided, that the personal papers are not used by the employee or the board to determine any rights, benefits, or privileges of the individuals.

655—11.2(17A,22,147,152,272C) Public information and inspection of records.

11.2(1) Public information. Any interested person may examine public records of the board by making a written request. This request may be mailed or presented in person to the executive director or the designee at the office of the board. Records shall only be examined at the board office during the board’s regular business hours, Monday through Friday from 8 a.m. to 4:30 p.m., excluding legal holidays. Unless otherwise provided by law, all records other than confidential records, maintained by the board shall be made available for public inspection.

11.2(2) Inspection of records. Procedures governing requests for the inspection of records are set out in subrule 11.2(1).

11.2(3) Board records routinely available for public inspection. The board collects and maintains the following records that are routinely available for public inspection:

- a. Board calendars, agenda, newsletter, news releases and other information intended for the public.
- b. Board decisions, orders, opinions and other statements of law or policy issued by the board in the performance of its function.
- c. The records of rule-making proceedings.

- d. Annual reports of the board.
- e. Reports and materials filed with the board by nursing education programs and continuing education providers.
- f. Board minutes except those resulting from meetings in closed sessions in accordance with Iowa Code section 21.5.
- g. Rulings on requests for waivers of board rules.
- h. Information about licensees (rosters and mailing lists).
- i. All of the records that are not specifically exempted from disclosure from subrule 11.2(4).

The board files of public records listed above may contain confidential records. Any request to review confidential records must be made in accordance with subrule 11.2(4). In addition, the board records listed in “a,” “b,” “d,” “f,” “g,” “h,” and “i” of this subrule may contain personally identifiable information.

Various legal and technical publications relating to nursing are also available for inspection by the public in the board office.

11.2(4) *Records not routinely available for public inspection.* The following records are not routinely available for public inspection. These records are withheld as specified in Iowa Code section 22.7.

a. Materials that are specifically exempted from disclosure by statute in which the board may in its discretion withhold from public inspection. Any person may request permission to inspect particular records withheld from inspection under this subrule. At the time of the request, the board will notify all interested parties. If the request is to review materials under this subrule, the board will withhold the materials from public inspection for 14 days to allow the party who submitted the materials an opportunity to seek injunctive relief.

b. Records which the board is authorized to withhold from public inspection under Iowa law include, but are not limited to, the following:

(1) Hospital records, medical records, and professional counselor records of the conditions, diagnosis, care, or treatment of a patient or former patient or a counselee or former counselee, including outpatient.

(2) Peace officers’ investigative reports as specified in Iowa Code section 22.7, except where disclosure is authorized elsewhere in the Code. However, the date, time, specific location, and immediate facts and circumstances surrounding a crime or incident shall not be kept confidential under this section, except in those unusual circumstances where disclosure would plainly and seriously jeopardize an investigation or pose a clear and present danger to the safety of an individual.

(3) Personnel records of board staff and board members which may be confidential pursuant to Iowa Code section 22.7(11). The board maintains files containing information about employees, their families and dependents, and applicants for positions with the board. The files may include payroll records, biographical information, medical information relating to disability, performance reviews and evaluations, disciplinary information, information required for tax withholding, information concerning employee benefits, affirmative action reports, and other information concerning the employer-employee relationship.

(4) Information in a report to the state department of public health, to a local board of health, or to a local health department, which identifies a person infected with a reportable disease.

(5) Communications not required by law, rule, or procedure that are made to a government body or to any of its employees by identified persons outside of the government, to the extent that the government body receiving those communications from such persons outside of the government could reasonably believe that those persons would be discouraged from making them to that government body if they were available for general public examination. Notwithstanding this provision:

1. The communication is a public record to the extent that the person outside of government making that communication consents to its treatment as a public record.

2. Information contained in the communication is public record to the extent that it can be disclosed without directly or indirectly indicating the identity of the person outside of government making it or enabling others to ascertain the identity of that person.

3. Information contained in the communication is public record to the extent that it indicates the date, time, specific location, and immediate facts and circumstances surrounding the occurrence of a crime or other illegal act, except to the extent that its disclosure would plainly and seriously jeopardize a continuing investigation or pose a clear and present danger to the safety and danger of any person. In any action challenging the failure of the lawful custodian to disclose any particular information of the kind enumerated in this paragraph, the burden of proof is on the lawful custodian to demonstrate that the disclosure of that information would jeopardize an investigation or would pose a clear and present danger.

(6) Identifying details in final orders, decisions and opinions to the extent required to prevent a clearly unwarranted invasion of personal privacy under Iowa Code section 17A.3(1) “d.”

(7) Materials exempt from public inspection under any other provision of state law.

11.2(5) *Materials specifically exempt from disclosure by statute and which the board is prohibited from making available for public inspection.* The board is required to withhold the following materials from public inspection:

a. Records which include all complaint files, investigation files, other investigation reports and all other investigative information in the possession of the board or peer review committee acting under the authorization of the board or its employees or agents which relate to licensee application or discipline are privileged and confidential and are not subject to discovery, subpoena or other means of legal compulsion for their release to persons other than the licensee or applicant, the board, its employees and agents involved in licensee discipline. For further information and exceptions, see Iowa Code section 272C.6(4).

b. Minutes and tape recordings of portions of board meetings held in closed sessions in accordance with Iowa Code section 21.5(4).

c. Criminal history or prior misconduct of the examination applicant.

d. Information relating to the contents of the licensure examination.

e. Information relating to the examination results other than final score except for information about the results of the examination given to the person who took the examination.

11.2(6) *Requests that materials or information submitted to the board be withheld from public inspection.* Any person submitting information or materials to the board may submit a request that part or all of the information or materials not be made available for public inspection pursuant to the following requirements:

a. *Procedure.* The request shall be attached to the materials to which it applies, each page of which shall be clearly marked confidential.

b. *Content of the request.* Each request shall contain a statement of the legal basis for withholding the materials from inspection and the facts to support the legal basis relied upon. The facts underlying the legal basis shall be supported by affidavit executed by a corporate officer (or by an individual, if not a business entity) with personal knowledge of the specific facts. If the request is that the materials be withheld from inspection for a limited period of time, the period shall be specified.

c. *Compliance.* If a request complies with the requirements of paragraphs “a” and “b” of this subrule, the materials will be temporarily withheld from public inspection. The board will examine the documents to determine whether the documents should be afforded confidentiality. If the request is granted, the ruling will be placed in a public file in lieu of the materials withheld from public inspection.

d. *Request denied.* If a request for confidentiality is denied, the documents will be held confidential for 14 days to allow the applicant an opportunity to seek injunctive relief. After the 14 days expire, the materials will be available for public inspection, unless the board is directed by a court to keep the material confidential.

11.2(7) *Procedures for the inspection of board records which are routinely available for public inspection.* The records requested must be reasonably described by the person requesting them to permit their location by staff personnel. Members of the public will not be given access to the area in which records are kept and will not be permitted to search the files.

Advance requests to have records available on a certain date may be made by telephone or by correspondence.

a. Search fees. An hourly fee will be charged for searching for requested records. The fee will be based upon the pay scale of the employee who makes the search. No search fee will be charged if the records are not located, the records are not made available for inspection, or the search does not exceed one-quarter hour in duration.

b. Written request. Written requests shall list the telephone number (if any) of the person making the request, and for each document requested shall set out all available information which would assist in identifying and locating the document. The request should also set out the maximum search fee the person making the request is prepared to pay. If the maximum search fee is reached before all the requested documents have been located and copied the requesting person will be notified. When the requesting person requests that the board mail copies of the material, postage and handling expenses should also be included. Fees shall be paid directly to the board prior to the release of the requested information.

c. Procedure for written request. Records will be produced for inspection at the earliest possible date following a request. Records should be inspected within seven days after notice is given that the records have been located and are available for inspection or as otherwise agreed upon. After seven days, the records will be returned to storage and additional charges may be imposed for having to produce them again.

d. Copies. Copies of public records shall be made by the board staff and the charge shall be \$.10 per page.

11.2(8) *Procedures for inspection of board records which are not routinely available for public inspections.* Any person desiring to inspect board records which are not routinely available for public inspection shall file a request for inspection meeting the requirements of this subrule.

a. Content of request. The records must be reasonably described by the person requesting them so as to permit their location by staff personnel. Requests shall be directed to the Executive Director of the board.

b. Procedure. Requests for inspection shall be acted upon as follows:

(1) If the board is prohibited from disclosing the records, the request for inspection will be denied with a statement setting forth the specific grounds for denial.

(2) If the board is prohibited from disclosing part of a document from inspection, that part will be deleted and the remainder will be made available for inspection.

(3) In the case of requests to inspect records not routinely available for public inspection under subrule 11.2(4)“a”(1) through (9), the board will notify all interested parties of the request to view the materials. The board will withhold the materials from public inspection for 14 days to allow the party who submitted the material an opportunity to seek injunctive relief. If the request is granted by the board, or is partially granted and partially denied, the person who submitted the records to the board will be afforded 14 days from the date of the written ruling in which to seek injunctive relief. If injunctive relief is not requested within this period, the records will be produced for inspection.

11.2(9) *Procedure by which the subject of a confidential record may have a copy released to a named third party.* Upon request which complies with the following procedures, the board will disclose a confidential record to its subject or to a named third party designated by the subject. Positive identification is required of all individuals making a request.

a. In person request. Subjects of a confidential record who request that information be given to a named third party will be asked for positive means of identification. If an individual cannot provide suitable identification, the request will be denied.

Subjects of a confidential record who request that information be given to a named third party will be asked to sign a release form before records are disclosed.

b. Written request. All requests by subject of a confidential board record for release of the information to a named third party sent by mail shall be signed by the requester and shall include the requester's current address and telephone number (if any). If positive identification cannot be made on the basis of the information submitted along with the information contained in the record, the request will be denied.

Subjects of a confidential record who request by mail that information be given to a named third party will be asked to sign a release form before the records are disclosed.

c. Denial of access to the record. If positive identification cannot be made on the basis of the information submitted or if data in the record are so sensitive that authorized access could cause harm or embarrassment to the individual to whom the record pertains, the board may deny access to the record pending the production of additional evidence of identity.

11.2(10) Procedure by which the subject of a board record may have additions, dissents or objections entered into the record. An individual may request an addition, dissent or any objection be entered into a board record which contains personally identifiable data pertaining to that individual. The request shall be acted on within a reasonable time.

a. Content of the request. The request must be in writing and addressed to the Executive Director of the board. The request should contain the following information:

- (1) A reasonable description of the pertinent record.
- (2) Verification of identity.
- (3) The requested addition, dissent or objection.
- (4) The reason for the requested addition, dissent or objection to the record.

b. Denial of request. If the request is denied, the requester will be notified in writing of the refusal and will be advised that the requester may seek board review of the denial within 20 working days after issuance of the denial.

11.2(11) Advice and assistance. Individuals who have questions regarding the procedures contained in these rules may contact the Executive Director of the board.

11.2(12) Data processing system. The board does not currently have a data processing system which matches, collates or permits the comparison of personally identifiable information in one record system with personally identifiable information on another record system.

655—11.3(17A,22,147,152,272C) Personally identifiable information.

11.3(1) Collection of personally identifiable information. This board is authorized to collect information, some of which is personally identifiable. The nature and extent of the personally identifiable information collected by the board, the legal authority for the collection of that information and a description of the means of storage are found in this section.

11.3(2) Personally identifiable information. The board maintains the following systems of records which may contain personally identifiable information:

a. Rule making. Rule-making records may contain information about individuals making written or oral comments or proposed rules. This information is collected pursuant to Iowa Code section 17A.4. This information is not retrieved by individual identifier, and is not stored in an automated data processing system.

b. Board records. Agendas, minutes and materials presented to all board members in preparation for board meetings are available from the Executive Director, except those records concerning closed sessions which are exempt from disclosure under Iowa Code section 21.5(4).

c. Publications. News releases, annual reports, project reports, board newsletters, etc. are available from the office of the Executive Director.

Board news releases, annual reports, project reports, and newsletters may contain personally identifiable information about board staff or members of the board or committees. This information is not retrieved by individual identifier and is not stored on an automated data processing system.

d. Disciplinary reports. This information is available from the chief health professions investigator in the board office. These reports contain personally identifiable information about nurses who have had action taken by the board against their licenses. This information is retrieved by individual identifier and some of the information is stored on an automated data processing system. Some is stored as hard copy or microfilmed documents. This information is matched or compared with personally identifiable information in other record systems.

This information is dispersed pursuant to Iowa Code sections 272C.4, 272C.6 and Iowa Administrative Code, Nursing Board[655], 4.16(3)“c.”

e. Declaratory rulings. Records may contain information about individuals making the requests for declaratory rulings or comments from other individuals concerning the rulings. This information is collected pursuant to Iowa Code section 17A.9. This information is retrieved by the individual requesting the ruling or topic and is not stored on an automated data processing system.

f. Licensing.

(1) Records pertaining to licensure by examination may include:

1. Transcripts from nursing education programs. This information is collected pursuant to Iowa Code section 152.7.

2. Application for licensure by examination. This information is collected pursuant to Iowa Code sections 147.8 and 147.29.

3. Application for licensure by endorsement. This information is collected pursuant to Iowa Code section 147.44.

4. Birth certificates (part of previous requirement for licensure; no longer required). This information is collected pursuant to Iowa Code section 147.3.

5. References.

6. Past felony record. This information is collected pursuant to Iowa Code section 147.3.

7. Examination scores. This information is collected pursuant to Iowa Code section 152.7.

8. High school graduation or equivalency. This information is collected pursuant to Iowa Code section 152.7.

9. Certification for advanced registered nurse practice. This information is collected pursuant to Iowa Code section 152.1(2)“d.”

(2) Records pertaining to licensure by endorsement may include:

1. Transcripts from nursing education programs. This information is collected pursuant to Iowa Code section 152.7.

2. Application for licensure by endorsement. This information is collected pursuant to Iowa Code section 152.8.

3. Birth certificates (part of previous requirement; no longer required). This information is collected pursuant to Iowa Code section 147.3.

4. Past felony record. This information is collected pursuant to Iowa Code section 147.3.

5. Examination scores. This information is collected pursuant to Iowa Code section 152.7.

6. Disciplinary action taken by other boards of nursing. This information is collected pursuant to Iowa Code section 147.52.

7. High school graduation or equivalency. This information is collected pursuant to Iowa Code section 152.7.

8. Verification of licensure by another board of nursing. This information is collected pursuant to Iowa Code section 152.8.

(3) Licensure by renewal, reinstatement and reactivation.

1. Applications. This information is collected pursuant to Iowa Code sections 147.10 and 147.11.

2. Past felony record. This information is collected pursuant to Iowa Code section 147.3.

3. Continuing education records. This information is collected pursuant to Iowa Code section 272C.2.

11.3(3) Retrieval of personally identifiable information. Personally identifiable information is retrieved by individual identifier and some of this information is stored in an automated data processing system. Some is stored as hard copy or microfilmed documents. All record systems maintained by the board and which contain personally identifiable information permit the comparison of personally identifiable information in one record system with personally identifiable information in another system.

11.3(4) Board procedures for requesting information. After July 1, 1988, the board shall notify persons supplying information requested by the agency of the use that will be made of the information, which persons outside the department might routinely be provided this information, which parts of the information requested are required and which are optional, and the consequences of failing to provide the information requested. This notification shall either appear on the form used to collect the information, or on a separate sheet accompanying the form.

655—11.4(17A,22,147,152,272C) Notice to suppliers of information. When the board requests a person to supply personal information, the board shall notify the person of the use that will be made of the information, which persons outside the board might routinely be provided this information, which parts of the requested information are required and which are optional, and the consequences of a failure to provide the requested information. This notice may be given in these rules, on the written form used to collect the information, on a separate fact sheet or letter, in brochures, in formal agreements, in contracts, in handbooks, in manuals, verbally, or by other appropriate means.

11.4(1) License and examination applicants. License and examination applicants are requested to supply a wide range of information depending on the qualifications required for licensure or for sitting for an examination, as provided by statutes, board rules and application forms. Failure to provide the requested information may result in denial of the application. Some requested information, such as a college transcript, social security number, examination score, or criminal history, is confidential under state or federal law, but most of the information contained in license or examination applications is treated as public information freely available for public examination.

11.4(2) Home address. License applicants and licensees are requested to provide their home addresses. These addresses are treated as open records. If a license applicant or licensee has a basis to shield a home address from public disclosure, such as a domestic abuse protective order, written notification should be provided to the board office. Absent a court order, the board does not have a basis under Iowa Code chapter 22 to shield the home address from public disclosure, but the board shall refrain from placing the home address on its Web site and may notify the applicant or licensee before the home address is released to the public to provide an opportunity for the applicant or licensee to seek injunction.

11.4(3) License renewal. Licensees are requested to supply a wide range of information in connection with license renewal, including continuing education information, criminal history and disciplinary actions, as provided by statutes, board rules and application forms, both on paper and electronically. Failure to provide requested information may result in denial of the application. Most information contained on renewal applications is treated as public information freely available for public examination, but some information, such as criminal history, may be confidential under state or federal law.

11.4(4) Investigations. Licensees are required to respond to board requests for information involving the investigation of disciplinary complaints against licensees. Failure to timely respond may result in disciplinary action against the licensee to whom the request is made. Information provided in response to such a request is confidential pursuant to Iowa Code section 272C.6(4), but may become public if introduced at a hearing that is open to the public, contained in a final order, or filed with a court of judicial review.

655—11.5(17A,22,147,152,272C) Rosters. Rosters of licensees shall be made available to the public in accordance with Iowa Code chapter 22 and sections 147.8 and 147.43.

11.5(1) Roster information and forms may be accessed via the board's Web site under "General Information" and "Rosters" or may be requested from the board office.

11.5(2) Completed forms may be returned to the board office by either electronic means or in hard copy and must include a signed Purchase of Roster Agreement form to ensure that the materials or publications shall not be published in any manner which could be construed by the public to mean that the board or any of its employees support, endorse, or approve the materials or publications to be disseminated.

11.5(3) A fee of \$40 per data set shall be charged for a roster in electronic format, based on the hourly wage of the office employee processing the request. A fee shall be assessed for a roster in hard-copy format, based on the rate of charge set by the outside vendor and the hourly wage of the office employee producing the roster. The fee shall be paid directly to the board and shall be considered a repayment receipt as defined in Iowa Code section 8.2. The roster shall not be released until payment or purchase order has been received.

11.5(4) The executive director may authorize the release of a roster of Iowa licensees without cost in the case of any emergency whereby the interest of the public warrants immediate access to health care personnel.

11.5(5) State agencies that request a roster of Iowa licensees in hard-copy format will be invoiced at cost as an expenditure correction. State agencies that request the roster in electronic format will be provided an electronic file of the roster at no cost.

These rules are intended to implement Iowa Code chapters 147, 152 and 272C.

[Filed 3/24/88, Notice 1/13/88—published 4/20/88, effective 5/25/88]

[Filed 9/12/03, Notice 6/25/03—published 10/1/03, effective 11/5/03]

[Filed 6/15/06, Notice 4/12/06—published 7/5/06, effective 8/9/06]

CHAPTER 12
REGISTERED NURSE CERTIFYING ORGANIZATIONS/
UTILIZATION AND COST CONTROL REVIEW

655—12.1(509,514,514B,514F) Purpose. The following chapter is promulgated for the purpose of administering the provisions of Iowa Code sections 509.3, 514.7, 514B.1 and 514F.1.

655—12.2(509,514,514B,514F) Definition. A “certified registered nurse” is a registered nurse with an active license in Iowa or who is currently licensed in another state and recognized for licensure in Iowa, pursuant to the nurse licensure compact contained in Iowa Code chapter 152E, and who possesses evidence of certification by a national certification organization or successor agency as recognized by the board in 655—12.3(509,514,514B).

655—12.3(509,514,514B) National certifying organizations. Eligibility requirements for certification are established by the individual national certifying organization. The national certifying organizations identified by the board pursuant to Iowa Code sections 509.3, 514.7, 514B.1, and 514F.1 are as follows:

- Addictions Nursing Certification Board
- American Academy of Nurse Practitioners
- American Association of Critical Care Nurses Certification Corporation
- American Association for Marriage and Family Therapy
- American Board of Medical Genetics
- American Board of Neuroscience Nursing
- American Board for Occupational Health Nurses, Inc.
- American Board of Post Anesthesia Nursing Certification, Inc.
- American Board of Urologic Allied Health Professionals, Inc.
- American College of Nurse-Midwives, ACNM Certification Council
- American Holistic Nurses’ Certification Corporation
- American Nurses’ Credentialing Center
- American Society of Plastic and Reconstructive Surgical Nurses, Inc.
- Association of Operating Room Nurses
- Association for Practitioners in Infection Control
- Association of Rehabilitation Nursing, Certification Board
- Board of Certification for Emergency Nursing
- Board of Nephrology Examiners, Nursing and Technology
- Certification Board of Perioperative Nursing
- Certifying Council for Gastroenterology Clinicians, Inc.
- Clinical Nutrition Certification Board
- Council on Certification of Nurse Anesthetists
- Council on Recertification of Nurse Anesthetists
- Dermatology Nurses Association
- Enterostomal Therapy Nursing Certification Board
- HIV/AIDS Nursing Certification Board
- International Association of Infant Massage Instructors
- International Board of Lactation Consultant Examiners
- International Nurses Society on Addictions
- Intravenous Nurses Society Certification Corporation
- Lamaze International
- National Board for Certification of School Nurses
- National Certification Board of Diabetes Educators
- National Certification Board of Pediatric Nurse Practitioners and Nurses
- National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties
- National Certifying Board for Ophthalmic Registered Nurses

National Consortium of Chemical Dependency Nurses
Oncology Nursing Certification Corporation
Orthopaedic Nurses Certification Board
Plastic Surgical Nursing Certification Board
Radiological Nursing Certification Board
Society of Gastroenterology Nurses and Associates
Society of Otorhinolaryngology and Head-Neck Nurses
Society of Urological Nurses and Associates
Society of Vascular Nursing
Wound, Ostomy and Continence Nurses Society

655—12.4(514F) Utilization and cost control review (U.C.C.R.) committee. The board shall establish a U.C.C.R. committee for the purpose of providing a mechanism for review of questions related to:

1. Appropriateness of levels of nursing care.
2. Documentation of the credentials of the nurse(s) offering the service(s).
3. Documentation of the care provided.
4. Documentation of the costs of nursing services provided by certified registered nurses as requested by users and payers of such services.

655—12.5(514F) Selection and composition of the U.C.C.R. committee.

12.5(1) The U.C.C.R. committee shall consist of five licensed registered nurses, three of whom shall be certified registered nurses. A quorum of the U.C.C.R. committee is three members. When a quorum is present, a position is carried by a majority of the committee members.

12.5(2) The chairperson of the board of nursing, upon receipt of a request for review, shall appoint committee members and designate a chairperson and a secretary.

12.5(3) Members of the U.C.C.R. committee shall:

- a. Have been actively practicing nursing in Iowa for a period of five years immediately prior to their appointment.
- b. Hold an active Iowa registered nurse license or hold a current license in another state and be recognized for licensure in Iowa pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.
- c. Be actively involved in nursing practice during the term of appointment.
- d. Not be exempt from mandatory disclosure requirements of Iowa Code section 272C.9.
- e. Not be civilly liable when functioning in their capacity of committee members in compliance with Iowa Code section 272C.8.
- f. Observe the requirements of confidentiality imposed by Iowa Code subsection 272C.6(4). For the purposes of this subsection, all information requested by or provided to the U.C.C.R. committee under this chapter shall be considered privileged and confidential complaint or investigative information. However, the final decision of the U.C.C.R. committee shall not be considered confidential.

655—12.6(514F) Scope of review.

12.6(1) Factors to determine appropriateness of nursing care deemed medically necessary shall include, but not be limited to, the following:

- a. Utilization of the nursing process in establishing a nursing diagnosis.
- b. Development of a nursing care plan based on documentation of client needs and standards of care for that particular clinical specialty.
- c. Adequate completion of recommended nursing care plan.
- d. Quality of care as measured by outcome.
- e. Proper referral to specialists/physicians when conditions indicate.

12.6(2) Cost review shall result in an opinion as to the fairness of charges for nursing care services based on criteria which shall include, but not be limited to, the following:

- a. The nurse's usual charge for the service.

- b.* The customary charge for the service based on a review of peer group charges.
- c.* Reasonable variance due to degree of difficulty factors which require extraordinary skill and judgment.

655—12.7(514F) Procedures for utilization and cost control review.

12.7(1) A request for review may be made to the board by a patient, a licensee or any third party payer of health care benefits.

12.7(2) The fee for a utilization and cost control review will be \$50 per individual patient review, made payable to the secretary of the U.C.C.R. committee at the time of the request. Such funds are to be used to pay expenses as deemed appropriate by the U.C.C.R. committee.

12.7(3) A request for review shall be submitted to the board by addressing the request to the Iowa Board of Nursing, RiverPoint Business Park, 400 S.W. Eighth Street, Suite B, Des Moines, Iowa 50309-4685. All requests shall be made on the approved forms. Forms will be made available upon request from the office of the board of nursing. All references to identification and location of the licensee shall be deleted prior to submission to the U.C.C.R. committee.

12.7(4) The office of the board of nursing shall provide administrative services to the U.C.C.R. committee. The U.C.C.R. committee shall present its findings and recommendations in writing to the chairperson of the board within 90 days of the committee appointment. The executive director of the board of nursing shall notify the parties of the committee findings.

12.7(5) If the U.C.C.R. committee, by way of its review of the matter, determines that the matter constitutes possible violation of the Iowa practice of nursing Act (Iowa Code chapter 152), the chairperson of the committee shall immediately notify the board of nursing and submit a copy of the review findings. The board has authority to further investigate and pursue disciplinary action based on any information submitted pursuant to these rules.

12.7(6) Action of the U.C.C.R. committee does not constitute an action of the board.

These rules are intended to implement Iowa Code sections 509.3, 514.7, 514B.1, and 514F.1.

[Filed 4/11/90, Notice 1/10/90—published 5/2/90, effective 6/6/90]

[Filed 10/10/90, Notice 8/22/90—published 10/31/90, effective 12/5/90]

[Filed 12/9/92, Notice 10/14/92—published 1/6/93, effective 2/10/93]

[Filed 9/28/01, Notice 6/27/01—published 10/17/01, effective 11/21/01]

CHAPTER 13
DISCIPLINARY HEARING COSTS

655—13.1(152,272C) Disciplinary hearings—fees and costs.

13.1(1) Definitions. As used in this chapter in relation to a formal disciplinary action filed by the board against a licensee:

“Deposition” means the testimony of a person pursuant to subpoena or at the request of the state of Iowa taken in a setting other than a hearing.

“Expenses” means costs incurred by persons appearing pursuant to subpoena or at the request of the state of Iowa for purposes of providing testimony on the part of the state of Iowa in a hearing or other official proceeding and shall include mileage reimbursement at the rate specified in Iowa Code section 70A.9 or, if commercial air or ground transportation is used, the actual cost of transportation to and from the proceeding. Also included are actual costs incurred for meals and necessary lodging.

“Medical examination fees” means actual costs incurred by the board in a physical, mental chemical abuse, or other impairment-related examination or evaluation of a licensee when the examination or evaluation is conducted pursuant to an order of the board.

“Transcript” means a printed verbatim reproduction of everything said on the record during a hearing or other official proceeding.

“Witness fees” means compensation paid by the board to persons appearing pursuant to subpoena or at the request of the state of Iowa, for purposes of providing testimony on the part of the state of Iowa. For the purposes of this rule, compensation shall be the same as outlined in Iowa Code section 622.69 or 622.72 as the case may be.

13.1(2) The board may charge a fee not to exceed \$75 for conducting a disciplinary hearing which results in disciplinary action taken against the licensee by the board. In addition to the fee, the board may recover from the licensee costs for the following procedures and personnel:

- a. Transcript.
- b. Witness fees and expenses.
- c. Depositions.
- d. Medical examination fees incurred relating to a person licensed under Iowa Code chapter 147.

13.1(3) Fees and costs assessed by the board pursuant to subrule 13.1(2) shall be calculated by the board’s executive director and shall be entered as part of the board’s final disciplinary order. The board’s final disciplinary order shall specify the time period in which the fees and costs shall be paid by the licensee.

13.1(4) Fees and costs collected by the board pursuant to subrule 13.1(2) shall be allocated to the expenditure category of the board in which the hearing costs were incurred. The fees and costs shall be considered repayment receipts as defined in Iowa Code section 8.2.

13.1(5) Failure of a licensee to pay the fees and costs assessed herein in the time specified in the board’s final disciplinary order shall constitute a violation of a lawful order of the board.

This rule is intended to implement Iowa Code subsection 272C.6(6).

[Filed 4/15/93, Notice 2/3/93—published 5/12/93, effective 6/16/93]

CHAPTER 14
FAIR INFORMATION PRACTICES

The board of nursing hereby adopts, with the following exceptions and amendments, the Uniform Rules on Agency Procedure relating to fair information practices printed in the first volume of the Iowa Administrative Code.

655—14.1(17A,22) Definitions.

“Agency.” In lieu of the words “(official or body issuing these rules)”, insert “board of nursing”.

655—14.3(17A,22) Requests for access to records.

14.3(1) In lieu of the words “(insert agency head)”, insert “Executive Director”.

In lieu of the words “(insert agency name and address)”, insert “Iowa Board of Nursing, RiverPoint Business Park, 400 S.W. Eighth Street, Suite B, Des Moines, Iowa 50309-4685”.

14.3(2) Office hours. In lieu of the words “(insert customary office hours and, if agency does not have customary office hours of at least thirty hours per week, insert hours specified in Iowa Code section 22.4)”, insert “Monday through Friday from 8 a.m. to 4:30 p.m., excluding legal holidays”.

14.3(7) Fees.

c. In lieu of the words “(specify time period)”, insert “one hour”.

Delete the words “(An agency wishing to deal with search fees authorized by law should do so here.)”.

655—14.6(17A,22) Procedure by which additions, dissents, or objections may be entered into certain records. In lieu of the words “(designate office)”, insert “the board of nursing”.

655—14.7(17A,22) Consent to disclosure by the subject of a confidential record. Delete the words “(and, where applicable, the time period during which the record may be disclosed)” and “(Additional requirements may be necessary for special classes of records.)”.

655—14.8(17A,22) Notice to suppliers of information. Delete the words “(Each agency should revise its forms to provide this information.)”.

[Filed 4/29/99, Notice 3/24/99—published 5/19/99, effective 7/1/99]

CHAPTER 15
WAIVER AND VARIANCE RULES

655—15.1(147,ExecOrd8,78GA,ch1176) Definition. For purposes of this chapter, a “waiver or variance” means action by a division board, which suspends in whole or in part the requirements or provisions of a rule as applied to an identified person on the basis of the particular circumstances of that person. For simplicity, the term “waiver” shall include both a waiver and a variance.

655—15.2(147,ExecOrd8,78GA,ch1176) Scope of chapter. This chapter outlines generally applicable standards and a uniform process for the granting of individual waivers from rules adopted by division boards in situations where no other more specifically applicable law provides for waivers. To the extent another more specific provision of law governs the issuance of a waiver from a particular rule, the more specific provision shall supersede this chapter with respect to any waiver from that rule.

655—15.3(147,ExecOrd8,78GA,ch1176) Applicability of chapter. A division board may only grant a waiver from a rule if the board has jurisdiction over the rule and the requested waiver is consistent with applicable statutes, constitutional provisions, or other provisions of law. A division board may not waive requirements created or duties imposed by statute.

655—15.4(147,ExecOrd8,78GA,ch1176) Criteria for waiver or variance. In response to a petition completed pursuant to rule 15.6(147,ExecOrd8,78GA,ch1176), a division board may in its sole discretion issue an order waiving in whole or in part the requirements of a rule if the board finds, based on clear and convincing evidence, all of the following:

1. The application of the rule would impose an undue hardship on the person for whom the waiver is requested;
2. The waiver from the requirements of the rule in the specific case would not prejudice the substantial legal rights of any person;
3. The provisions of the rule subject to the petition for waiver are not specifically mandated by statute or another provision of law; and
4. Substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in the particular rule for which the waiver is requested.

655—15.5(147,ExecOrd8,78GA,ch1176) Filing of petition. A petition for a waiver must be submitted in writing to the board, as follows:

15.5(1) License application. If the petition relates to a license application, the petition shall be made in accordance with the filing requirements for the license in question.

15.5(2) Contested cases. If the petition relates to a pending contested case, the petition shall be filed in the contested case proceeding, using the caption of the contested case.

15.5(3) Other. If the petition does not relate to a license application or a pending contested case, the petition may be submitted to the board’s executive secretary.

655—15.6(147,ExecOrd8,78GA,ch1176) Content of petition. A petition for waiver shall include the following information where applicable and known to the requester:

1. The name, address, and telephone number of the person or entity for whom a waiver is requested, and the case number of any related contested case.
2. A description and citation of the specific rule from which a waiver is requested.
3. The specific waiver requested, including the precise scope and duration.
4. The relevant facts that the petitioner believes would justify a waiver under each of the four criteria described in rule 15.4(147,ExecOrd8,78GA,ch1176). This statement shall include a signed statement from the petitioner attesting to the accuracy of the facts provided in the petition, and a statement of reasons that the petitioner believes will justify a waiver.
5. A history of any prior contacts between the board and the petitioner relating to the regulated activity or license affected by the proposed waiver, including a description of each affected license held

by the requester, any notices of violation, contested case hearings, or investigative reports relating to the regulated activity or license within the last five years.

6. Any information known to the requester regarding the board's treatment of similar cases.
7. The name, address, and telephone number of any public agency or political subdivision which also regulates the activity in question, or which might be affected by the grant of a waiver.
8. The name, address, and telephone number of any person or entity who would be adversely affected by the grant of a waiver.
9. The name, address, and telephone number of any person with knowledge of the relevant facts relating to the proposed waiver.
10. Signed releases of information authorizing persons with knowledge regarding the request to furnish the board with information relevant to the waiver.

655—15.7(147,ExecOrd8,78GA,ch1176) Additional information. Prior to issuing an order granting or denying a waiver, the board may request additional information from the petitioner relative to the petition and surrounding circumstances. If the petition was not filed in a contested case, the board may, on its own motion or at the petitioner's request, schedule a telephonic or in-person meeting between the petitioner and the board's executive secretary, a committee of the board, or a quorum of the board.

655—15.8(147,ExecOrd8,78GA,ch1176) Notice. The board shall acknowledge a petition upon receipt. The board shall ensure that notice of the pendency of the petition and a concise summary of its contents have been provided to all persons to whom notice is required by any provision of law within 30 days of the receipt of the petition. In addition, the board may give notice to other persons. To accomplish this notice provision, the board may require the petitioner to serve the notice on all persons to whom notice is required by any provision of law, and provide a written statement to the board attesting that notice has been provided.

655—15.9(147,ExecOrd8,78GA,ch1176) Hearing procedures. The provisions of Iowa Code sections 17A.10 to 17A.18A regarding contested case hearings shall apply to any petition for a waiver filed within a contested case, and shall otherwise apply to agency proceedings for a waiver only when the board so provides by rule or order or is required to do so by statute.

655—15.10(147,ExecOrd8,78GA,ch1176) Ruling. An order granting or denying a waiver shall be in writing and shall contain a reference to the particular person and rule or portion thereof to which the order pertains, a statement of the relevant facts and reasons upon which the action is based, and a description of the precise scope and duration of the waiver if one is issued.

15.10(1) Board discretion. The final decision on whether the circumstances justify the granting of a waiver shall be made at the sole discretion of the board, upon consideration of all relevant factors. Each petition for a waiver shall be evaluated by the board based on the unique, individual circumstances set out in the petition.

15.10(2) Burden of persuasion. The burden of persuasion rests with the petitioner to demonstrate by clear and convincing evidence that the board should exercise its discretion to grant a waiver from a board rule.

15.10(3) Narrowly tailored exception. A waiver, if granted, shall provide the narrowest exception possible to the provisions of a rule.

15.10(4) Administrative deadlines. When the rule from which a waiver is sought establishes administrative deadlines, the board shall balance the special individual circumstances of the petitioner with the overall goal of uniform treatment of all similarly situated persons.

15.10(5) Conditions. The board may place any condition on a waiver that the board finds desirable to protect the public health, safety, and welfare.

15.10(6) Time period of waiver. A waiver shall not be permanent unless the petitioner can show that a temporary waiver would be impracticable. If a temporary waiver is granted, there is no automatic right

to renewal. At the sole discretion of the board, a waiver may be renewed if the board finds that grounds for a waiver continue to exist.

15.10(7) *Time for ruling.* The board shall grant or deny a petition for a waiver as soon as practicable but, in any event, shall do so within 120 days of its receipt, unless the petitioner agrees to a later date. However, if a petition is filed in a contested case, the board shall grant or deny the petition no later than the time at which the final decision in that contested case is issued.

15.10(8) *When deemed denied.* Failure of the board to grant or deny a petition within the required time period shall be deemed a denial of that petition by the board. However, the board shall remain responsible for issuing an order denying a waiver.

15.10(9) *Service of order.* Within seven days of its issuance, any order issued under this chapter shall be transmitted to the petitioner or the person to whom the order pertains and to any other person entitled to such notice by any provision of law.

655—15.11(147,ExecOrd8,78GA,ch1176) Public availability. All orders granting or denying a waiver petition shall be indexed, filed, and available for public inspection as provided in Iowa Code section 17A.3. Petitions for a waiver and orders granting or denying a waiver petition are public records under Iowa Code chapter 22. Some petitions or orders may contain information the board is authorized or required to keep confidential. The board may accordingly redact confidential information from petitions or orders prior to public inspection.

655—15.12(147,ExecOrd8,78GA,ch1176) Summary reports. Semiannually, each division board shall prepare a summary report identifying the rules for which a waiver has been granted or denied, the number of times a waiver was granted or denied for each rule, a citation to the statutory provisions implemented by these rules, and a general summary of the reasons justifying the board's actions on waiver requests. If practicable, the report shall detail the extent to which the granting of a waiver has affected the general applicability of the rule itself. Copies of this report shall be available for public inspection and shall be provided semiannually to the administrative rules coordinator and the administrative rules review committee.

655—15.13(147,ExecOrd8,78GA,ch1176) Cancellation of a waiver. A waiver issued by a division board pursuant to this chapter may be withdrawn, canceled, or modified if, after appropriate notice and hearing, the board issues an order finding any of the following:

1. The petitioner or the person who was the subject of the waiver order withheld or misrepresented material facts relevant to the propriety or desirability of the waiver; or
2. The alternative means for ensuring that the public health, safety and welfare will be adequately protected after issuance of the waiver order have been demonstrated to be insufficient; or
3. The subject of the waiver order has failed to comply with all conditions contained in the order.

655—15.14(147,ExecOrd8,78GA,ch1176) Violations. Violation of a condition in a waiver order shall be treated as a violation of the particular rule for which the waiver was granted. As a result, the recipient of a waiver under this chapter who violates a condition of the waiver may be subject to the same remedies or penalties as a person who violates the rule at issue.

655—15.15(147,ExecOrd8,78GA,ch1176) Defense. After the board issues an order granting a waiver, the order is a defense within its terms and the specific facts indicated therein for the person to whom the order pertains in any proceeding in which the rule in question is sought to be invoked.

655—15.16(147,ExecOrd8,78GA,ch1176) Judicial review. Judicial review of the board's decision to grant or deny a waiver petition may be taken in accordance with Iowa Code chapter 17A.

These rules are intended to implement Iowa Code chapter 147, Executive Order Number 8, and 2000 Iowa Acts, chapter 1176.

[Filed 11/9/00, Notice 10/4/00—published 11/29/00, effective 1/3/01]

CHAPTER 16
NURSE LICENSURE COMPACT

655—16.1(152E) Definitions.

“Board” means a party state’s regulatory body responsible for issuing nurse licenses.

“Information system” means the coordinated licensure information system.

“Primary state of residence” means the state of a person’s declared fixed permanent and principal home for legal purposes; domicile.

“Public” means any individual or entity other than designated staff or representatives of party state boards or the National Council of State Boards of Nursing, Inc.

655—16.2(152E) Issuance of a license by a compact party state.

16.2(1) No applicant for initial licensure will be issued a compact license granting a multistate privilege to practice unless the applicant first obtains a passing score on the applicable NCLEX® examination or its predecessor examination used for licensure.

16.2(2) A nurse applying for a license in a home party state shall produce evidence of the nurse’s primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include, but is not limited to:

- a. A driver’s license with a home address;
- b. Voter registration card displaying a home address;
- c. Federal income tax return declaring the primary state of residence; or
- d. Military Form No. 2058 — State of Legal Residence Certificate.
- e. A W-2 from the U.S. government or any bureau, division or agency thereof indicating the declared state of residence.

16.2(3) A nurse on a visa from another country who is applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residence. If the foreign country is declared the primary state of residence, a single-state license will be issued by the party state.

16.2(4) A license issued by a party state is valid for practice in all other party states unless clearly designated as valid only in the state that issued the license.

16.2(5) When a party state issues a license authorizing practice only in that state and not authorizing practice in other party states (i.e., a single-state license), the license shall be clearly marked with words indicating that it is valid only in the state of issuance.

16.2(6) A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multistate licensure privilege during the processing of the nurse’s licensure application in the new home state for a period not to exceed 30 days.

16.2(7) The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the 30-day period set out in 16.2(2) of this rule shall be stayed until resolution of the pending investigation.

16.2(8) The former home state license shall no longer be valid upon the issuance of a new home state license.

16.2(9) If a decision is made by the new home state denying licensure, the new home state shall notify the former home state within ten business days, and the former home state may take action in accordance with that state’s laws and rules.

[ARC 7665B, IAB 3/25/09, effective 4/29/09]

655—16.3(152E) Limitations on multistate licensure privilege—discipline.

16.3(1) All home state board disciplinary orders, agreed or otherwise, which limit the scope of the licensee’s practice or require monitoring of the licensee as a condition of the order shall include the requirement that the licensee will limit the licensee’s practice to the home state during the pendency of the order. This requirement may allow the licensee to practice in other party states with prior written authorization from both the home state and party state boards.

16.3(2) An individual who held a license that was surrendered, revoked, or suspended or who submitted an application that was denied for cause in a prior state of primary residence may be issued a single-state license in a new primary state of residence until such time as the individual would be eligible for an unrestricted license by the prior state(s) of adverse action. Once an individual is eligible for licensure in the prior state(s), a multistate license may be issued.

[ARC 7665B, IAB 3/25/09, effective 4/29/09]

655—16.4(152E) Information system.

16.4(1) Levels of access.

a. The public shall have access to nurse licensure information limited to:

- (1) The nurse's name.
- (2) Jurisdiction(s) of licensure.
- (3) License expiration date(s).
- (4) Licensure classification(s) and status(es).
- (5) Public emergency and final disciplinary actions, as defined by contributing state authority.
- (6) The status of multistate licensure privileges.

b. Nonparty state boards shall have access to all information system data except current significant investigative information and other information as limited by contributing party state authority.

c. Party state boards shall have access to all information system data contributed by the party states and other information as limited by contributing nonparty state authority.

16.4(2) The licensee may request in writing to the home state board review of the data relating to the licensee in the information system. In the event a licensee asserts that any data relating to the licensee is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The board shall verify and within ten business days correct inaccurate data in the information system.

16.4(3) The board shall report to the information system within ten business days, a disciplinary action, agreement or order which requires participation in alternative programs or which limits practice or requires monitoring (except agreements and orders relating to participation in alternative programs required to remain nonpublic by contributing state authority), dismissal of complaint, and changes in status of disciplinary action, or licensure encumbrance.

16.4(4) Current significant investigative information shall be deleted from the information system within ten business days upon report of disciplinary action, agreement or order requiring participation in alternative programs or agreements which limit practice or require monitoring or dismissal of a complaint.

16.4(5) Changes to licensure information in the information system shall be completed within ten business days upon notification by the board.

These rules are intended to implement Iowa Code chapter 152E.

[Filed emergency 6/9/00—published 6/28/00, effective 6/30/00]

[Filed 9/15/00, Notice 6/28/00—published 10/4/00, effective 11/8/00]

[Filed 3/23/05, Notice 1/19/05—published 4/13/05, effective 5/18/05]

[Filed ARC 7665B (Notice ARC 7487B, IAB 1/14/09), IAB 3/25/09, effective 4/29/09]

CHAPTER 17
CHILD SUPPORT NONCOMPLIANCE

655—17.1(252J) Definitions. For the purpose of this chapter the following definitions shall apply.

“*Certificate*” means a document known as a certificate of noncompliance which is provided by the child support unit certifying that the named licensee is not in compliance with a support order or with a written agreement for payment of support entered into by the child support unit and the licensee.

“*Child support unit*” means the child support recovery unit of the Iowa department of human services.

“*Denial notice*” means a board notification denying an application for the issuance or renewal of a license as required by Iowa Code chapter 252J.

“*Revocation or suspension notice*” means a board notification suspending a license for an indefinite or specified period of time or a notification revoking a license as required by Iowa Code chapter 252J.

“*Withdrawal certificate*” means a document known as a withdrawal of a certificate of noncompliance provided by the child support unit certifying that the certificate is withdrawn and that the board may proceed with the issuance, reinstatement, or renewal of a license.

655—17.2(252J) Issuance or renewal of a license—denial. The board shall deny the issuance or renewal of a license upon the receipt of a certificate from the child support unit. This rule shall apply in addition to the procedures set forth in Iowa Code chapter 252J.

17.2(1) Service of denial notice. Notice shall be served upon the licensee by certified mail, return receipt requested; by personal service; or through authorized counsel.

17.2(2) Effective date of denial. The effective date of the denial of the issuance or renewal of a license, as specified in the denial notice, shall be 60 days following service of the denial notice upon the licensee.

17.2(3) Preparation and service of denial notice. The executive director of the board is authorized to prepare and serve the denial notice upon the licensee.

17.2(4) Licensee responsible to inform board. Licensees and applicants shall keep the board informed of all court actions and all child support unit actions taken under or in connection with Iowa Code chapter 252J. Licensees and applicants shall also provide the board copies, within seven days of filing or issuance, of all applications filed with the district court pursuant to Iowa Code chapter 252J, all court orders entered in such actions, and withdrawal of certificates issued by the child support unit.

17.2(5) Reinstatement following license denial. All board fees required for application, license renewal, or license reinstatement must be paid by applicants or licensees before a license will be issued, renewed, or reinstated after the board has denied the issuance or renewal of a license pursuant to Iowa Code chapter 252J.

17.2(6) Effect of filing in district court. In the event a licensee files a timely district court action following service of a board denial notice, the board shall continue with the intended action described in the denial notice upon the receipt of a court order lifting the stay, dismissing the action, or otherwise directing the board to proceed. For purposes of determining the effective date of the denial of the issuance or renewal of a license, the board shall count the number of days before the action was filed and the number of days after the action was disposed of by the court.

17.2(7) Final notification. The board shall notify the licensee in writing through regular first-class mail, or such other means as the board determines appropriate in the circumstances, within ten days of the effective date of the denial of the issuance or renewal of a license, and shall similarly notify the applicant or licensee if the license is issued or renewed following the board’s receipt of a withdrawal certificate.

655—17.3(252J) Suspension or revocation of a license. The board shall suspend or revoke a license upon the receipt of a certificate from the child support unit according to the procedures set forth in Iowa Code chapter 252J.

17.3(1) *Service of revocation or suspension notice.* Revocation or suspension notice shall be served upon the licensee by certified mail, return receipt requested; by personal service; or through authorized counsel.

17.3(2) *Effective date of revocation or suspension.* The effective date of the suspension or revocation of a license, as specified in the revocation or suspension notice, shall be 60 days following service of the notice upon the licensee.

17.3(3) *Preparation and service of revocation or suspension notice.* The executive director of the board is authorized to prepare and serve the revocation or suspension notice upon the licensee and is directed to notify the licensee that the license will be suspended unless the license is already suspended on other grounds. In the event that the license is on suspension, the executive director shall notify the licensee of the board's intention to revoke the license.

17.3(4) *Licensee responsible to inform board.* The licensee shall keep the board informed of all court actions and all child support recovery unit actions taken under or in connection with Iowa Code chapter 252J. Licensees shall also provide the board copies, within seven days of filing or issuance, of all applications filed with the district court pursuant to Iowa Code chapter 252J, all court orders entered in such actions, and any withdrawal certificates issued by the child support unit.

17.3(5) *Reinstatement following license suspension or revocation.* A licensee shall pay all board fees required for license renewal or license reinstatement before a license will be reinstated after the board has suspended a license pursuant to Iowa Code chapter 252J.

17.3(6) *Effect of filing in district court.* In the event a licensee files a timely district court action pursuant to Iowa Code chapter 252J and following service of a revocation or suspension notice, the board shall continue with the intended action described in the revocation or suspension notice upon the receipt of a court order lifting the stay, dismissing the action, or otherwise directing the board to proceed. For purposes of determining the effective date of the suspension or revocation, the board shall count the number of days before the action was filed and the number of days after the action was disposed of by the court.

17.3(7) *Final notification.* The board shall notify the licensee in writing through regular first-class mail, or such other means as the board determines appropriate in the circumstances, within ten days of the effective date of the suspension or revocation of a license and shall similarly notify the licensee if the license is reinstated following the board's receipt of a withdrawal certificate.

These rules are intended to implement Iowa Code chapter 252J.

[Filed 12/7/01, Notice 10/17/01—published 12/26/01, effective 1/30/02]

CHAPTER 18
STUDENT LOAN DEFAULT OR NONCOMPLIANCE

655—18.1(261) Definitions. For the purpose of this chapter the following definitions shall apply:

“*Applicant*” means an individual who is seeking the issuance of a license.

“*Board*” means the board of nursing.

“*Certificate*” means a document known as a certificate of noncompliance from the college student aid commission certifying that the named licensee is not in compliance with the terms of an agreement for payment of a student loan obligation.

“*Commission*” means the college student aid commission.

“*Denial notice*” means a board notification denying an application for the issuance or renewal of a license as required by Iowa Code chapter 261.

“*License*” means a certificate issued to a person to practice as a registered nurse, licensed practical nurse, or advanced registered nurse practitioner under the laws of this state.

“*Licensee*” means an individual to whom a license has been issued.

“*Revocation or suspension notice*” means a board notification suspending a license for an indefinite or specified period of time or a notification revoking a license as required by Iowa Code chapter 261.

“*Withdrawal certificate*” means a document known as a withdrawal of a certificate of noncompliance provided by the commission certifying that the certificate is withdrawn and that the board may proceed with issuance, reinstatement, or renewal of a license.

655—18.2(261) Issuance or renewal of a license—denial. The board shall deny the issuance or renewal of a license upon receipt of a certificate from the commission according to the procedures set forth in Iowa Code sections 261.121 to 261.127.

655—18.3(261) Service of denial notice. Notice shall be served upon the licensee by restricted certified mail, return receipt requested, or by personal service in accordance with the Iowa Rules of Civil Procedure. Alternatively, the licensee may accept service personally or through authorized counsel.

18.3(1) Effective date of denial. The effective date of the denial of issuance or renewal of a license, as specified in the notice, shall be 60 days following service of the notice upon the licensee.

18.3(2) Preparation and service of denial notice. The executive director of the board is authorized to prepare and serve the notice upon the licensee.

18.3(3) Responsibility to inform board. Applicants and licensees shall keep the board informed of all court actions and all commission actions taken under or in connection with the Act and shall provide the board copies, within seven days of filing or issuance, of all applications filed with the district court pursuant to Iowa Code section 261.127, all court orders entered in such actions, and any withdrawal certificates issued by the commission.

18.3(4) Reinstatement following license denial. All board fees required for application, license renewal, or license reinstatement shall be paid by applicants or licensees, and all continuing education requirements shall be met, before a license will be issued, renewed, or reinstated after the board has denied the issuance or renewal of a license pursuant to Iowa Code chapter 261.

18.3(5) Effect of filing in district court. In the event an applicant or licensee timely files a district court action following service of a board notice pursuant to Iowa Code sections 261.126 and 261.127, the board shall continue with the intended action described in the notice upon the receipt of a court order lifting the stay, dismissing the action, or otherwise directing the board to proceed. For purposes of determining the effective date of the denial of the issuance or renewal of a license, the board shall count the number of days before the action was filed and the number of days after the action was disposed by the court.

18.3(6) Final notification. The board shall notify the applicant or licensee in writing through regular first-class mail, or such other means as the board deems appropriate in the circumstances, within ten days of the effective date of the denial of the issuance or renewal of a license and shall similarly provide

notification to the applicant or licensee when the license is issued or renewed following the board's receipt of a withdrawal certificate.

655—18.4(261) Suspension or revocation of a license. The board shall suspend or revoke a license upon receipt of a certificate from the commission according to the procedures set forth in Iowa Code chapter 261. This rule shall apply in addition to the procedures set forth in Iowa Code chapter 261.

18.4(1) *Service of revocation or suspension notice.* Notice shall be served upon the licensee by restricted certified mail, return receipt requested, or by personal service in accordance with the Iowa Rules of Civil Procedure. Alternatively, the licensee may accept service personally or through authorized counsel.

18.4(2) *Effective date of revocation or suspension.* The effective date of the revocation or suspension of a license, as specified in the notice, shall be 60 days following service of the notice upon the licensee.

18.4(3) *Preparation and service of revocation or suspension notice.* The executive director of the board is authorized to prepare and serve the notice upon the licensee and is directed to notify the licensee that the license will be suspended unless the license is already suspended on other grounds. In the event that the license is on suspension, the executive director shall notify the licensee of the board's intention to revoke the license.

18.4(4) *Licensee/applicant responsible to inform board.* Licensees shall keep the board informed of all court actions and all commission actions taken under or in connection with Iowa Code chapter 261 and shall provide the board copies, within seven days of filing or issuance, of all applications filed with the district court pursuant to Iowa Code section 261.127, all court orders entered in such actions, and any withdrawal certificates issued by the commission.

18.4(5) *Reinstatement following license suspension or revocation.* All board fees required for license renewal or license reinstatement shall be paid by licensees, and all continuing education requirements shall be met, before a license will be renewed or reinstated after the board has suspended a license pursuant to Iowa Code chapter 261.

18.4(6) *Effect of filing in district court.* In the event a licensee timely files a district court action following service of a board notice pursuant to Iowa Code sections 261.126 and 261.127, the board shall continue with the intended action described in the notice upon the receipt of a court order lifting the stay, dismissing the action, or otherwise directing the board to proceed. For purposes of determining the effective date of the suspension or revocation of a license, the board shall count the number of days before the action was filed and the number of days after the action was disposed by the court.

18.4(7) *Final notification.* The board shall notify the licensee in writing through regular first-class mail, or such other means as the board deems appropriate in the circumstances, within ten days of the effective date of the suspension or revocation of a license and shall similarly notify the licensee when the license is reinstated following the board's receipt of a withdrawal certificate.

655—18.5(261) Share information. Notwithstanding any statutory confidentiality provision, the board may share information with the commission through manual or automated means for the sole purpose of identifying applicants or licensees subject to enforcement under Iowa Code chapter 261.

These rules are intended to implement Iowa Code sections 261.121 to 261.127.

[Filed 12/7/01, Notice 10/17/01—published 12/26/01, effective 1/30/02]