



Florida Board of Nursing

Nurse Practice Act

Chapter 464 Florida Statutes

Rules of the Board of Nursing

Chapter 64B9 Florida Administrative Code



Note: These documents are current as of October 29, 2007. Statutes are changed via Legislative action. Rules are continually updated. For the most current information, consult the Board of Nursing web site: www.doh.state.fl.us/mqa. Licensees should also be familiar with the requirements of Chapter 456, F.S.

INDEX TO CHAPTER 464 FLORIDA STATUTES

PART I NURSE PRACTICE ACT..... 7
464.001 Short title..... 7
464.002 Purpose. 7
464.003 Definitions. 7
464.004 Board of Nursing; membership; appointment; terms. 9
464.005 Board headquarters. 9
464.006 Rulemaking authority. 9
464.008 Licensure by examination. 9
464.009 Licensure by endorsement. 10
464.0115 Certification of clinical nurse specialists; fees. 10
464.012 Certification of advanced registered nurse practitioners; fees. 11
464.013 Renewal of license or certificate. 12
464.014 Inactive status. 12
464.015 Titles and abbreviations; restrictions; penalty. 12
464.016 Violations and penalties. 14
464.017 Sexual misconduct in the practice of nursing. 14
464.018 Disciplinary actions. 14
464.019 Approval of nursing programs. 16
464.0195 Florida Center for Nursing; goals. 16
464.0196 Florida Center for Nursing; board of directors. 17
464.0197 Florida Center for Nursing; state budget support. 17
464.0198 Florida Center for Nursing Trust Fund. 18
464.0205 Retired volunteer nurse certificate. 18
464.022 Exceptions. 19
464.027 Registered nurse first assistant. 20

PART II CERTIFIED NURSING ASSISTANTS 21
464.201 Definitions. 21
464.202 Duties and powers of the board. 21
464.203 Certified nursing assistants; certification requirement. 22
464.204 Denial, suspension, or revocation of certification; disciplinary actions..... 22
464.205 Availability of disciplinary records and proceedings. 23
464.206 Exemption from liability. 23
464.207 Penalties. 23
464.208 Background screening information; rulemaking authority. 23
464.2085 Council on Certified Nursing Assistants. 23

INDEX TO CHAPTER 64B9 FLORIDA ADMINISTRATIVE CODE

RULES OF THE BOARD OF NURSING

CHAPTER 64B9-1 ORGANIZATION.....	24
64B9-1.001 Abbreviations and Definitions.	24
64B9-1.007 Other Board Business; Unexcused Absences.	24
64B9-1.013 Address of Record and Place of Practice.	25
CHAPTER 64B9-2 NURSING PROGRAMS.....	26
64B9-2.001 Definitions.	26
64B9-2.002 Certification for Approval.....	28
64B9-2.003 Student Employment.....	29
64B9-2.004 Educational Objectives.....	29
64B9-2.005 Faculty Qualifications.....	29
64B9-2.006 Curriculum Guidelines.....	31
64B9-2.007 Administrative Procedures.	32
64B9-2.008 Clinical Training.....	33
64B9-2.009 Performance of Graduates on the Licensing Examination.	35
64B9-2.010 Variance.....	35
64B9-2.011 Approval of Nursing Education Programs.....	36
64B9-2.013 Program Changes Requiring Board Approval.	38
64B9-2.014 Closure of Nursing Education Programs and Storage of Records.	38
64B9-2.015 Standards of Nursing Education.	39
CHAPTER 64B9-3 REQUIREMENTS FOR LICENSURE.....	46
64B9-3.001 Definitions.	46
64B9-3.0015 Application for Licensure.....	46
64B9-3.002 Qualifications for Examination.	47
64B9-3.0025 Remedial courses for reexamination.	48
64B9-3.003 Practice of Nursing by Applicant for Licensure by Examination.	48
64B9-3.007 Examination Security.	48
64B9-3.008 Licensure by Endorsement.	49
64B9-3.009 Practice of Nursing by Applicants for Licensure by Endorsement.....	50
64B9-3.011 Exemption for Licensure in an Emergency.	50
64B9-3.013 Renewal of Licenses.....	50
64B9-3.014 Criteria for Credentialing Agencies.....	51
CHAPTER 64B9-4 ADMINISTRATIVE POLICIES PERTAINING TO CERTIFICATION OF ADVANCED REGISTERED NURSE PRACTITIONERS.....	52
64B9-4.001 Definitions.	52
64B9-4.002 Requirements for Certification.	53
64B9-4.0025 Provisional Certification.	54
64B9-4.003 Program Guidelines.	54
64B9-4.004 Requirements for Documentation.	56
64B9-4.005 Filing of the Application.....	56
64B9-4.006 Certification in More Than One Category.	56
64B9-4.008 Purpose.....	57
64B9-4.009 Functions of the Advanced Registered Nurse.....	57
64B9-4.010 Standards for Protocols.....	57
64B9-4.011 Dispensing Practitioners.....	58
64B9-4.013 Recertification; Inactive Status.....	58
64B9-4.014 Reactivation of ARNP Certificate.....	59

CHAPTER 64B9-5 CONTINUING EDUCATION REQUIREMENTS	60
64B9-5.001 Definitions.	60
64B9-5.002 Continuing Education Requirement.	60
64B9-5.003 Standards for Continuing Education.	61
64B9-5.004 Procedure for Approval of Attendance at Continuing Education Courses.....	62
64B9-5.005 Procedure Relating to the Provider.....	63
64B9-5.006 Procedure Relating to the Faculty/Authors.	63
64B9-5.007 Continuing Education for Expert Witnesses in Disciplinary Cases.....	63
64B9-5.009 Continuing Education on HIV/AIDS.	65
64B9-5.010 Continuing Education of Domestic Violence.....	65
64B9-5.011 Continuing Education on Prevention of Medical Errors.....	65
64B9-5.012 Continuing Education on End of Life.....	66
 CHAPTER 64B9-6 INACTIVE STATUS AND REACTIVATION OF INACTIVE LICENSE.....	 67
64B9-6.001 Delinquent Status; Obtaining Inactive Status.	67
64B9-6.002 Biennial Renewal of Inactive Status.....	67
64B9-6.003 Reactivation of Inactive License.	67
64B9-6.004 Retired Nurse Licensure Status	68
 CHAPTER 64B9-7 FEES	 69
64B9-7.001 Fees.	69
64B9-7.002 Duplicate License Fee.....	70
 CHAPTER 64B9-8 HEARINGS, PROCEEDINGS, CONFERENCES, DISCIPLINE.....	 71
64B9-8.001 The Probable Cause Panel.....	71
64B9-8.003 Citations.	72
64B9-8.0045 Minor Violations.....	72
64B9-8.005 Disciplinary Proceedings.....	73
64B9-8.006 Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances.	74
64B9-8.009 Payment of Fines.	89
64B9-8.011 Reinstatement of Suspended and Revoked Licenses.....	90
64B9-8.012 Mediation.....	90
64B9-8.014 Continuous Sobriety.....	90
 CHAPTER 64B9-9 IMPAIRED NURSE PROGRAM	 91
64B9-9.002 HIV/AIDS: Knowledge of Antibody Status; Action to be Taken.	91
 CHAPTER 64B9-11 MAINTENANCE OF MEDICAL RECORDS	 91
64B9-11.001 Medical Records of Deceased Nurse.	91
64B9-11.002 Medical Records of Nurses Relocating or Terminating Practice.	91
 CHAPTER 64B9-12 ADMINISTRATION OF INTRAVENOUS THERAPY BY LICENSED PRACTICAL NURSES.....	 93
64B9-12.001 Statement of Intent and Purpose.	93
64B9-12.002 Definitions.	93
64B9-12.003 Aspects of Intravenous Therapy Outside the Scope of Practice of the LPN.	93
64B9-12.004 Authority for the LPN to Administer Limited Forms of Intravenous Therapy.	94
64B9-12.005 Competency and Knowledge Requirements Necessary to Qualify the LPN to Administer IV Therapy.	94
64B9-12.006 Effective Date of this Chapter.	96
 CHAPTER 64B9-13 HOME HEMODIALYSIS TREATMENTS.....	 96
64B9-13.001 Purpose.	96
64B9-13.002 Training Requirements.....	96
64B9-13.003 Components of Hemodialysis.	96

CHAPTER 64B9-14 DELEGATION TO UNLICENSED ASSISTIVE PERSONNEL.....	98
64B9-14.001 Definitions.	98
64B9-14.002 Delegation of Tasks or Activities.....	99
64B9-14.003 Delegation of Tasks Prohibited.....	99
CHAPTER 64B9-15 CERTIFIED NURSING ASSISTANTS.....	100
64B9-15.001 Definitions	100
64B9-15.002 Certified Nursing Assistant Authorized Duties	100
64B9-15.003 Eligibility for Certification	102
64B9-15.004 Certified Nursing Assistant Registry	102
64B9-15.005 Standards for Certified Nursing Assistant Training Programs	102
64B9-15.006 Standardized Curriculum	104
64B9-15.007 Approval of New Certified Nursing Assistant Training Programs	104
64B9-15.008 Testing and Competency Evaluation	105
64B9-15.009 Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances	106
64B9-15.011 In-service Training.....	115
Chapter 64B9-16 LPN SUPERVISION IN NURSING HOME FACILITIES.....	116
64B9-16.001 Definitions.	116
64B9-16.002 Supervision by Licensed Practical Nurses in Nursing Home Facilities.....	116
64B9-16.003 Competency and Knowledge Requirements Necessary to Qualify the LPN to Supervise in Nursing Home Facilities.....	117
64B9-16.004 Delegation of Tasks Prohibited.	117

CHAPTER 464

NURSING

PART I

NURSE PRACTICE ACT (ss. 464.001-464.027)

PART II

CERTIFIED NURSING ASSISTANTS (ss. 464.201-464.2085)

PART I

NURSE PRACTICE ACT

- 464.001 Short title.
- 464.002 Purpose.
- 464.003 Definitions.
- 464.004 Board of Nursing; membership; appointment; terms.
- 464.005 Board headquarters.
- 464.006 Rulemaking authority.
- 464.008 Licensure by examination.
- 464.009 Licensure by endorsement.
- 464.0115 Certification of clinical nurse specialists.
- 464.012 Certification of advanced registered nurse practitioners; fees.
- 464.013 Renewal of license or certificate.
- 464.014 Inactive status.
- 464.015 Titles and abbreviations; restrictions; penalty.
- 464.016 Violations and penalties.
- 464.017 Sexual misconduct in the practice of nursing.
- 464.018 Disciplinary actions.
- 464.019 Approval of nursing programs.
- 464.0195 Florida Center for Nursing; goals.
- 464.0196 Florida Center for Nursing; board of directors.
- 464.0197 Florida Center for Nursing; state budget support.
- 464.0198 Florida Center for Nursing Trust Fund.
- 464.0205 Retired volunteer nurse certificate.
- 464.022 Exceptions.
- 464.027 Registered nurse first assistant.

464.001 Short title.--This part may be cited as the "Nurse Practice Act."

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 1, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 119, ch. 2000-318.

464.002 Purpose.--The sole legislative purpose in enacting this part is to ensure that every nurse practicing in this state meets minimum requirements for safe practice. It is the legislative intent that nurses who fall below minimum competency or who otherwise present a danger to the public shall be prohibited from practicing in this state.

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 2, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 120, ch. 2000-318.

464.003 Definitions.--As used in this part, the term:

(1) "Department" means the Department of Health.

(2) "Board" means the Board of Nursing.

(3)(a) "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

1. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.

2. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.

3. The supervision and teaching of other personnel in the theory and performance of any of the above acts.

(b) "Practice of practical nursing" means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm and the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist.

The professional nurse and the practical nurse shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

(c) "Clinical nurse specialist practice" means the delivery and management of advanced practice nursing care to individuals or groups, including the ability to:

1. Assess the health status of individuals and families using methods appropriate to the population and area of practice.

2. Diagnose human responses to actual or potential health problems.

3. Plan for health promotion, disease prevention, and therapeutic intervention in collaboration with the patient or client.

4. Implement therapeutic interventions based on the nurse specialist's area of expertise and within the scope of advanced nursing practice, including, but not limited to, direct nursing care, counseling, teaching, and collaboration with other licensed health care providers.

5. Coordinate health care as necessary and appropriate and evaluate with the patient or client the effectiveness of care.

(d) "Advanced or specialized nursing practice" means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of postbasic specialized education, training, and experience, are appropriately performed by an advanced registered nurse practitioner. Within the context of advanced or specialized nursing practice, the advanced registered nurse practitioner may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. The advanced registered nurse practitioner may also perform acts of medical diagnosis and treatment, prescription, and operation which are identified and approved by a joint committee composed of three members appointed by the Board of Nursing, two of whom must be advanced registered nurse practitioners; three members appointed by the Board of Medicine, two of whom must have had work experience with advanced registered nurse practitioners; and the ¹State Surgeon General of the department or the ¹State Surgeon General's designee. Each committee member appointed by a board shall be appointed to a term of 4 years unless a shorter term is required to establish or maintain staggered terms. The Board of Nursing shall adopt rules authorizing the performance of any such acts approved by the joint committee. Unless otherwise specified by the joint committee, such acts must be performed under the general supervision of a practitioner licensed under chapter 458, chapter 459, or chapter 466 within the framework of standing protocols which identify the medical acts to be performed and the conditions for their performance. The department may, by rule, require that a copy of the protocol be filed with the department along with the notice required by s. 458.348.

(e) "Nursing diagnosis" means the observation and evaluation of physical or mental conditions, behaviors, signs and symptoms of illness, and reactions to treatment and the determination as to whether such conditions, signs, symptoms, and reactions represent a deviation from normal.

(f) "Nursing treatment" means the establishment and implementation of a nursing regimen for the care and comfort of individuals, the prevention of illness, and the education, restoration, and maintenance of health.

- (4) "Registered nurse" means any person licensed in this state to practice professional nursing.
- (5) "Licensed practical nurse" means any person licensed in this state to practice practical nursing.
- (6) "Clinical nurse specialist" means any person licensed in this state to practice professional nursing and certified in clinical nurse specialist practice.
- (7) "Advanced registered nurse practitioner" means any person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, including certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners.
- (8) "Approved program" means a nursing program conducted in a school, college, or university which is approved by the board pursuant to s. 464.019 for the education of nurses.

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 3, 4, ch. 82-32; ss. 3, 17, 18, ch. 86-284; s. 18, ch. 88-392; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 121, ch. 94-218; s. 1, ch. 96-274; s. 76, ch. 97-264; s. 210, ch. 98-166; s. 121, ch. 2000-318; s. 1, ch. 2007-167.

¹**Note.**--Chapter 2007-40 redesignated the Secretary of Health as the State Surgeon General.

464.004 Board of Nursing; membership; appointment; terms.--

(1) The Board of Nursing is created within the department and shall consist of 13 members to be appointed by the Governor and confirmed by the Senate.

(2) Seven members of the board must be registered nurses who are residents of this state and who have been engaged in the practice of professional nursing for at least 4 years, including at least one advanced registered nurse practitioner, one nurse educator member of an approved program, and one nurse executive. These seven board members should be representative of the diverse areas of practice within the nursing profession. In addition, three members of the board must be licensed practical nurses who are residents of this state and who have been actively engaged in the practice of practical nursing for at least 4 years prior to their appointment. The remaining three members must be residents of the state who have never been licensed as nurses and who are in no way connected with the practice of nursing. No person may be appointed as a lay member who is in any way connected with, or has any financial interest in, any health care facility, agency, or insurer. At least one member of the board must be 60 years of age or older.

(3) As the terms of the members expire, the Governor shall appoint successors for terms of 4 years, and such members shall serve until their successors are appointed.

(4) All provisions of chapter 456 relating to activities of the board shall apply.

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 4, 17, 18, ch. 86-284; s. 15, ch. 87-172; ss. 12, 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 122, ch. 94-218; s. 3, ch. 96-274; s. 77, ch. 97-264; s. 66, ch. 98-166; s. 123, ch. 2000-160.

464.005 Board headquarters.--The board shall maintain its official headquarters in Tallahassee.

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 94, ch. 2001-277.

464.006 Rulemaking authority.--The board has authority to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this part conferring duties upon it.

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 5, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 125, ch. 98-200; s. 122, ch. 2000-318.

464.008 Licensure by examination.--

(1) Any person desiring to be licensed as a registered nurse or licensed practical nurse shall apply to the department to take the licensure examination. The department shall examine each applicant who:

(a) Has completed the application form and remitted a fee set by the board not to exceed \$150 and has remitted an examination fee set by the board not to exceed \$75 plus the actual per applicant cost to the department for purchase of the examination from the National Council of State Boards of Nursing or a similar national organization.

(b) Has provided sufficient information on or after October 1, 1989, which must be submitted by the department for a statewide criminal records correspondence check through the Department of Law Enforcement.

(c) Is in good mental and physical health, is a recipient of a high school diploma or the equivalent, and has completed the requirements for graduation from an approved program, or its equivalent as determined by the board, for the preparation of registered nurses or licensed practical nurses, whichever is applicable. Courses successfully completed in a professional nursing program which are at least equivalent to a practical nursing program may be used to satisfy the education requirements for licensure as a licensed practical nurse.

(d) Has the ability to communicate in the English language, which may be determined by an examination given by the department.

(2) Each applicant who passes the examination and provides proof of meeting the educational requirements specified in subsection (1) shall, unless denied pursuant to s. 464.018, be entitled to licensure as a registered professional nurse or a licensed practical nurse, whichever is applicable.

(3) Any applicant who fails the examination three consecutive times, regardless of the jurisdiction in which the examination is taken, shall be required to complete a board-approved remedial course before the applicant will be approved for reexamination. After taking the remedial course, the applicant may be approved to retake the examination up to three additional times before the applicant is required to retake remediation. The applicant shall apply for reexamination within 6 months after completion of remediation. The board shall by rule establish guidelines for remedial courses.

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 6, 17, 18, ch. 86-284; s. 12, ch. 88-205; s. 10, ch. 88-219; s. 34, ch. 89-162; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 94, ch. 92-149; s. 5, ch. 96-274; s. 78, ch. 97-264; s. 116, ch. 99-397; s. 95, ch. 2001-277.

464.009 Licensure by endorsement.--

(1) The department shall issue the appropriate license by endorsement to practice professional or practical nursing to an applicant who, upon applying to the department and remitting a fee set by the board not to exceed \$100, demonstrates to the board that he or she:

(a) Holds a valid license to practice professional or practical nursing in another state or territory of the United States, provided that, when the applicant secured his or her original license, the requirements for licensure were substantially equivalent to or more stringent than those existing in Florida at that time;

(b) Meets the qualifications for licensure in s. 464.008 and has successfully completed a state, regional, or national examination which is substantially equivalent to or more stringent than the examination given by the department; or

(c) Has actively practiced nursing in another state, jurisdiction, or territory of the United States for 2 of the preceding 3 years without having his or her license acted against by the licensing authority of any jurisdiction. Applicants who become licensed pursuant to this paragraph must complete within 6 months after licensure a Florida laws and rules course that is approved by the board. Once the department has received the results of the national criminal history check and has determined that the applicant has no criminal history, the appropriate license by endorsement shall be issued to the applicant.

(2) Such examinations and requirements from other states and territories of the United States shall be presumed to be substantially equivalent to or more stringent than those in this state. Such presumption shall not arise until January 1, 1980. However, the board may, by rule, specify states and territories the examinations and requirements of which shall not be presumed to be substantially equivalent to those of this state.

(3) An applicant for licensure by endorsement who is relocating to this state pursuant to his or her military-connected spouse's official military orders and who is licensed in another state that is a member of the Nurse Licensure Compact shall be deemed to have satisfied the requirements of subsection (1) and shall be issued a license by endorsement upon submission of the appropriate application and fees and completion of the criminal background check required under subsection (4).

(4) The applicant must submit to the department a set of fingerprints on a form and under procedures specified by the department, along with a payment in an amount equal to the costs incurred by the Department of Health for the criminal background check of the applicant. The Department of Health shall submit the fingerprints provided by the applicant to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check of the applicant. The Department of Health shall review the results of the criminal history check, issue a license to an applicant who has met all of the other requirements for licensure and has no criminal history, and shall refer all applicants with criminal histories back to the board for determination as to whether a license should be issued and under what conditions.

(5) The department shall not issue a license by endorsement to any applicant who is under investigation in another state, jurisdiction, or territory of the United States for an act which would constitute a violation of this part or chapter 456 until such time as the investigation is complete, at which time the provisions of s. 464.018 shall apply.

(6) The department shall develop an electronic applicant notification process and provide electronic notification when the application has been received and when background screenings have been completed, and shall issue a license within 30 days after completion of all required data collection and verification. This 30-day period to issue a license shall be tolled if the applicant must appear before the board due to information provided on the application or obtained through screening and data collection and verification procedures.

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 7, 17, 18, ch. 86-284; s. 1, ch. 87-240; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 6, ch. 96-274; s. 1104, ch. 97-103; s. 79, ch. 97-264; s. 123, ch. 2000-318; s. 96, ch. 2001-277; s. 5, ch. 2002-230; s. 9, ch. 2004-230.

464.0115 Certification of clinical nurse specialists.--

(1) Any nurse seeking certification as a clinical nurse specialist must apply to the department and submit proof that he or she holds a current license to practice professional nursing, a master's degree in a clinical nursing specialty, and current certification in a specialty area as a clinical nurse specialist from a nationally recognized certifying body as determined by the board.

(2) The board shall certify, and the department shall issue a certificate to, any nurse who fulfills the qualifications of this section. The board shall establish an application fee not to exceed \$75 and a biennial renewal fee not to exceed \$75.

(3) The board may adopt rules necessary to administer this section pursuant to ss. 120.536(1) and 120.54.

History.--s. 2, ch. 2007-167.

464.012 Certification of advanced registered nurse practitioners; fees.--

(1) Any nurse desiring to be certified as an advanced registered nurse practitioner shall apply to the department and submit proof that he or she holds a current license to practice professional nursing and that he or she meets one or more of the following requirements as determined by the board:

- (a) Satisfactory completion of a formal postbasic educational program of at least one academic year, the primary purpose of which is to prepare nurses for advanced or specialized practice.
- (b) Certification by an appropriate specialty board. Such certification shall be required for initial state certification and any recertification as a registered nurse anesthetist or nurse midwife. The board may by rule provide for provisional state certification of graduate nurse anesthetists and nurse midwives for a period of time determined to be appropriate for preparing for and passing the national certification examination.
- (c) Graduation from a program leading to a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills. For applicants graduating on or after October 1, 1998, graduation from a master's degree program shall be required for initial certification as a nurse practitioner under paragraph (4)(c). For applicants graduating on or after October 1, 2001, graduation from a master's degree program shall be required for initial certification as a registered nurse anesthetist under paragraph (4)(a).

(2) The board shall provide by rule the appropriate requirements for advanced registered nurse practitioners in the categories of certified registered nurse anesthetist, certified nurse midwife, and nurse practitioner.

(3) An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees submitting protocols that are not compliant with the regulatory standards for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced registered nurse practitioner may:

- (a) Monitor and alter drug therapies.
- (b) Initiate appropriate therapies for certain conditions.
- (c) Perform additional functions as may be determined by rule in accordance with s. 464.003(3)(d).
- (d) Order diagnostic tests and physical and occupational therapy.

(4) In addition to the general functions specified in subsection (3), an advanced registered nurse practitioner may perform the following acts within his or her specialty:

- (a) The certified registered nurse anesthetist may, to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed, perform any or all of the following:
 - 1. Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.
 - 2. Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol.
 - 3. Order under the protocol preanesthetic medication.
 - 4. Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis.
 - 5. Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient.
 - 6. Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances.
 - 7. Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.
 - 8. Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care.
 - 9. Participate in management of the patient while in the postanesthesia recovery area, including ordering the administration of fluids and drugs.
 - 10. Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.

(b) The certified nurse midwife may, to the extent authorized by an established protocol which has been approved by the medical staff of the health care facility in which the midwifery services are performed, or approved by the nurse midwife's physician backup when the delivery is performed in a patient's home, perform any or all of the following:

- 1. Perform superficial minor surgical procedures.
- 2. Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.

3. Order, initiate, and perform appropriate anesthetic procedures.
 4. Perform postpartum examination.
 5. Order appropriate medications.
 6. Provide family-planning services and well-woman care.
 7. Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.
- (c) The nurse practitioner may perform any or all of the following acts within the framework of established protocol:

1. Manage selected medical problems.
2. Order physical and occupational therapy.
3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
4. Monitor and manage patients with stable chronic diseases.
5. Establish behavioral problems and diagnosis and make treatment recommendations.

(5) The board shall certify, and the department shall issue a certificate to, any nurse meeting the qualifications in this section. The board shall establish an application fee not to exceed \$100 and a biennial renewal fee not to exceed \$50. The board is authorized to adopt such other rules as are necessary to implement the provisions of this section.

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; s. 4, ch. 84-268; ss. 8, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 7, ch. 96-274; s. 1105, ch. 97-103; s. 80, ch. 97-264; s. 8, ch. 2006-251; s. 3, ch. 2007-167.

464.013 Renewal of license or certificate.--

- (1) The department shall renew a license upon receipt of the renewal application and fee.
- (2) The department shall adopt rules establishing a procedure for the biennial renewal of licenses.
- (3) The board shall by rule prescribe continuing education not to exceed 30 hours biennially as a condition for renewal of a license or certificate. The criteria for programs shall be approved by the board.

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 9, 17, 18, ch. 86-284; s. 11, ch. 88-219; s. 1, ch. 89-170; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 176, ch. 94-119; s. 8, ch. 96-274; s. 81, ch. 97-264.

464.014 Inactive status.--

- (1) The board shall adopt rules relating to application procedures for inactive status, to the biennial renewal of inactive licenses, and to the reactivation of licenses. The board shall prescribe by rule an application fee for inactive status, a renewal fee for inactive status, a delinquency fee, and a fee for the reactivation of a license. None of these fees may exceed the biennial renewal fee established by the board for biennial renewal of an active license.
- (2) The department may not reactivate a license unless the inactive or delinquent licensee has paid any applicable biennial renewal or delinquency fee, or both, and a reactivation fee.

History.--ss. 1, 6, ch. 79-225; s. 319, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 11, 17, 18, ch. 86-284; s. 12, ch. 88-219; s. 35, ch. 89-162; s. 2, ch. 89-170; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 177, ch. 94-119; s. 9, ch. 96-274; s. 82, ch. 97-264.

464.015 Titles and abbreviations; restrictions; penalty.--

- (1) Only persons who hold licenses to practice professional nursing in this state or who are performing nursing services pursuant to the exception set forth in s. 464.022(8) shall have the right to use the title "Registered Nurse" and the abbreviation "R.N."
- (2) Only persons who hold licenses to practice as licensed practical nurses in this state or who are performing practical nursing services pursuant to the exception set forth in s. 464.022(8) shall have the right to use the title "Licensed Practical Nurse" and the abbreviation "L.P.N."
- (3) Only persons who are graduates of approved programs or the equivalent may use the term "Graduate Nurse" and the abbreviation "G.N.," pending the results of the first licensure examination for which they are eligible.
- (4) Only persons who are graduates of approved programs or the equivalent may use the term "Graduate Practical Nurse" and the abbreviation "G.P.N.," pending the results of the first licensure examination for which they are eligible.
- (5) Only persons who hold valid certificates to practice as clinical nurse specialists in this state may use the title "Clinical Nurse Specialist" and the abbreviation "C.N.S."
- (6) Only persons who hold valid certificates to practice as certified registered nurse anesthetists in this state may use the title "Certified Registered Nurse Anesthetist" and the abbreviations "C.R.N.A." or "nurse anesthetist."
- (7) Only persons who hold valid certificates to practice as certified nurse midwives in this state may use the title "Certified Nurse Midwife" and the abbreviations "C.N.M." or "nurse midwife."
- (8) Only persons who hold valid certificates to practice as advanced registered nurse practitioners in this state may use the title "Advanced Registered Nurse Practitioner" and the abbreviation "A.R.N.P."
- (9) A person may not practice or advertise as, or assume the title of, registered nurse, licensed practical nurse, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, or advanced registered nurse practitioner or use the abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.," or "A.R.N.P." or take any other action that would

lead the public to believe that person was certified as such or is performing nursing services pursuant to the exception set forth in s. 464.022(8), unless that person is licensed or certified to practice as such.

(10) A violation of this section is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 12, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 4, ch. 2007-167.

¹Note.--See s. 464.016(2)(a) as amended by s. 183, ch. 99-397, for addition of the term "Nurse" to the list of titles relating to nursing use of which without proper licensure or certification constitutes a misdemeanor.

464.016 Violations and penalties.--

(1) Each of the following acts constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084:

- (a) Practicing advanced or specialized, professional, or practical nursing, as defined in this part, unless holding an active license or certificate to do so.
- (b) Using or attempting to use a license or certificate which has been suspended or revoked.
- (c) Knowingly employing unlicensed persons in the practice of nursing.
- (d) Obtaining or attempting to obtain a license or certificate under this part by misleading statements or knowing misrepresentation.

(2) Each of the following acts constitutes a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083:

- (a) Using the name or title "Nurse," "Registered Nurse," "Licensed Practical Nurse," "Clinical Nurse Specialist," "Certified Registered Nurse Anesthetist," "Certified Nurse Midwife," "Advanced Registered Nurse Practitioner," or any other name or title which implies that a person was licensed or certified as same, unless such person is duly licensed or certified.
- (b) Knowingly concealing information relating to violations of this part.

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 13, 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 90, ch. 91-224; s. 4, ch. 91-429; s. 183, ch. 99-397; ss. 54, 124, ch. 2000-318; s. 5, ch. 2007-167.

464.017 Sexual misconduct in the practice of nursing.--The nurse-patient relationship is founded on mutual trust. Sexual misconduct in the practice of nursing means violation of the nurse-patient relationship through which the nurse uses said relationship to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of the practice or the scope of generally accepted examination or treatment of the patient. Sexual misconduct in the practice of nursing is prohibited.

History.--ss. 1, 6, ch. 79-225; s. 320, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429.

464.018 Disciplinary actions.--

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

- (a) Procuring, attempting to procure, or renewing a license to practice nursing by bribery, by knowing misrepresentations, or through an error of the department or the board.
- (b) Having a license to practice nursing revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.
- (c) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of nursing or to the ability to practice nursing.
- (d) Being found guilty, regardless of adjudication, of any of the following offenses:
 - 1. A forcible felony as defined in chapter 776.
 - 2. A violation of chapter 812, relating to theft, robbery, and related crimes.
 - 3. A violation of chapter 817, relating to fraudulent practices.
 - 4. A violation of chapter 800, relating to lewdness and indecent exposure.
 - 5. A violation of chapter 784, relating to assault, battery, and culpable negligence.
 - 6. A violation of chapter 827, relating to child abuse.
 - 7. A violation of chapter 415, relating to protection from abuse, neglect, and exploitation.
 - 8. A violation of chapter 39, relating to child abuse, abandonment, and neglect.
- (e) Having been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under s. 435.03 or under any similar statute of another jurisdiction; or having committed an act which constitutes domestic violence as defined in s. 741.28.
- (f) Making or filing a false report or record, which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so. Such reports or records shall include only those which are signed in the nurse's capacity as a licensed nurse.
- (g) False, misleading, or deceptive advertising.
- (h) Unprofessional conduct, as defined by board rule.
- (i) Engaging or attempting to engage in the possession, sale, or distribution of controlled substances as set forth in chapter 893, for any other than legitimate purposes authorized by this part.
- (j) Being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition. In enforcing this paragraph, the department shall have, upon a finding of the ¹State Surgeon General or the ¹State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice nursing because of the

reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department. If the licensee refuses to comply with such order, the department's order directing such examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or does business. The licensee against whom the petition is filed shall not be named or identified by initials in any public court records or documents, and the proceedings shall be closed to the public. The department shall be entitled to the summary procedure provided in s. 51.011. A nurse affected by the provisions of this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that she or he can resume the competent practice of nursing with reasonable skill and safety to patients.

(k) Failing to report to the department any person who the licensee knows is in violation of this part or of the rules of the department or the board; however, if the licensee verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the licensee is required to report such person only to an impaired professionals consultant.

(l) Knowingly violating any provision of this part, a rule of the board or the department, or a lawful order of the board or department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.

(m) Failing to report to the department any licensee under chapter 458 or under chapter 459 who the nurse knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under chapter 395, or a health maintenance organization certificated under part I of chapter 641, in which the nurse also provides services.

(n) Failing to meet minimal standards of acceptable and prevailing nursing practice, including engaging in acts for which the licensee is not qualified by training or experience.

(o) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.

(2) The board may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1).

(3) The board shall not reinstate the license of a nurse, or cause a license to be issued to a person it has deemed unqualified, until such time as it is satisfied that such person has complied with all the terms and conditions set forth in the final order and that such person is capable of safely engaging in the practice of nursing.

(4) The board shall not reinstate the license of a nurse who has been found guilty by the board on three separate occasions of violations of this part relating to the use of drugs or narcotics, which offenses involved the diversion of drugs or narcotics from patients to personal use or sale.

(5) The board shall by rule establish guidelines for the disposition of disciplinary cases involving specific types of violations. Such guidelines may include minimum and maximum fines, periods of supervision or probation, or conditions of probation or reissuance of a license.

History.--ss. 1, 6, ch. 79-225; s. 321, ch. 81-259; ss. 2, 3, ch. 81-318; s. 1, ch. 83-27; s. 27, ch. 83-329; ss. 14, 17, 18, ch. 86-284; s. 40, ch. 88-1; s. 13, ch. 88-219; s. 19, ch. 88-277; s. 19, ch. 88-392; s. 3, ch. 89-170; s. 33, ch. 91-57; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 44, ch. 92-149; s. 24, ch. 94-134; s. 24, ch. 94-135; s. 20, ch. 95-152; s. 48, ch. 95-228; s. 136, ch. 95-418; s. 10, ch. 96-274; s. 1106, ch. 97-103; s. 83, ch. 97-264; s. 155, ch. 98-403; s. 2, ch. 99-335; s. 125, ch. 2000-318; s. 103, ch. 2000-349; s. 31, ch. 2001-277; s. 6, ch. 2002-230; s. 30, ch. 2004-267; s. 9, ch. 2005-240.

¹**Note.**--Chapter 2007-40 redesignated the Secretary of Health as the State Surgeon General.

464.019 Approval of nursing programs.--

(1) An institution desiring to conduct an approved program for the education of professional or practical nurses shall apply to the department and submit such evidence as may be required to show that it complies with the provisions of this part and with the rules of the board. The application shall include a program review fee, as set by the board, not to exceed \$1,000.

(2)(a) The board shall adopt rules, applicable to initial review and conditional approval of a program, regarding educational objectives, faculty qualifications, curriculum guidelines, administrative procedures, and clinical training. An applicant institution shall comply with such rules in order to obtain conditional program approval. No program shall be considered fully approved, nor shall any program be exempted from such rules, prior to the graduation of the program's first class.

(b) The board shall adopt rules regarding educational objectives and curriculum guidelines as are necessary to grant full approval to a program and to ensure that fully approved programs graduate nurses capable of competent practice under this part. Rules regarding educational objectives shall consider student attrition rate standards, availability of qualified faculty, and appropriate clinical training facilities. However, the board shall adopt no rule that prohibits a qualified institution from placing a student in a facility for clinical experience, regardless of whether more than one nursing program is using the same facility for clinical experience.

(c) The board shall adopt rules governing probation, suspension, and termination status of programs that fail to comply with the standards of this part.

(d) The board shall not adopt any rule limiting the number of students admitted to a nursing program, provided appropriate faculty-to-student ratios are maintained, and provided the board shall not enact any changes to faculty-to-student ratios prior to 2004.

(3) The department shall survey each institution applying for approval and submit its findings to the board. If the board is satisfied that the program meets the requirements of this part and rules pursuant thereto, it shall certify the program for approval and the department shall approve the program.

(4) If the board, through an investigation by the department, finds that an approved program no longer meets the required standards, it may place the program on probationary status until such time as the standards are restored. If a program fails to correct these conditions within a specified period of time, the board may rescind the approval. Any program having its approval rescinded shall have the right to reapply.

(5) Provisional approval of new programs may be granted pending the licensure results of the first graduating class.

(6) Any nursing program that maintains accreditation through a nursing accrediting body recognized by the United States Department of Education shall be exempt from the rules of the board except as provided in paragraph (2)(b), provided such exemption shall apply only to the extent the program maintains a student pass rate on the National Clinical Licensure Examination of not less than 10 percentage points below the national average pass rate as reported annually by the National Council of State Boards of Nursing.

(7) If an institution's passing rate on the National Clinical Licensure Examination drops below the standard established in subsection (6) for 2 consecutive years, the program must be reviewed by the board. The board may take action to assist the program to return to compliance. Any program having its approval rescinded shall have the right to reapply.

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 11, ch. 96-274; s. 84, ch. 97-264; s. 126, ch. 2000-318; s. 7, ch. 2002-230.

464.0195 Florida Center for Nursing; goals.--

(1) There is established the Florida Center for Nursing to address issues of supply and demand for nursing, including issues of recruitment, retention, and utilization of nurse workforce resources. The Legislature finds that the center will repay the state's investment by providing an ongoing strategy for the allocation of the state's resources directed towards nursing.

(2) The primary goals for the center shall be to:

(a) Develop a strategic statewide plan for nursing manpower in this state by:

1. Establishing and maintaining a database on nursing supply and demand in the state, to include current supply and demand, and future projections; and
2. Selecting from the plan priorities to be addressed.

(b) Convene various groups representative of nurses, other health care providers, business and industry, consumers, legislators, and educators to:

1. Review and comment on data analysis prepared for the center;
2. Recommend systemic changes, including strategies for implementation of recommended changes; and
3. Evaluate and report the results of these efforts to the Legislature and others.

(c) Enhance and promote recognition, reward, and renewal activities for nurses in the state by:

1. Promoting nursing excellence programs such as magnet recognition by the American Nurses Credentialing Center;

2. Proposing and creating additional reward, recognition, and renewal activities for nurses; and
3. Promoting media and positive image-building efforts for nursing.

(3) The Board of Nursing shall include on its initial and renewal application forms a question asking the nurse to voluntarily contribute to funding the Florida Center for Nursing in addition to paying the fees imposed at the time of licensure and licensure renewal. Revenues collected from nurses over and above the required fees shall be transferred from the Medical Quality Assurance Trust Fund to the Florida Center for Nursing Trust Fund and shall be used solely to support and maintain the goals and functions of the center.

History.--s. 97, ch. 2001-277; s. 1, ch. 2002-229; s. 6, ch. 2004-245.

464.0196 Florida Center for Nursing; board of directors.--

(1) The Florida Center for Nursing shall be governed by a policy-setting board of directors. The board shall consist of 16 members, with a simple majority of the board being nurses representative of various practice areas. Other members shall include representatives of other health care professions, business and industry, health care providers, and consumers. The members of the board shall be appointed by the Governor as follows:

- (a) Four members recommended by the President of the Senate, at least one of whom shall be a registered nurse recommended by the Florida Organization of Nurse Executives and at least one other representative of the hospital industry recommended by the Florida Hospital Association;
- (b) Four members recommended by the Speaker of the House of Representatives, at least one of whom shall be a registered nurse recommended by the Florida Nurses Association and at least one other representative of the long-term care industry;
- (c) Four members recommended by the Governor, two of whom shall be registered nurses;
- (d) One nurse educator recommended by the Board of Governors who is a dean of a College of Nursing at a state university; and
- (e) Three nurse educators recommended by the State Board of Education, one of whom must be a director of a nursing program at a state community college.

(2) The initial terms of the members shall be as follows:

- (a) Of the members appointed pursuant to paragraph (1)(a), two shall be appointed for terms expiring June 30, 2005, one for a term expiring June 30, 2004, and one for a term expiring June 30, 2003.
- (b) Of the members appointed pursuant to paragraph (1)(b), one shall be appointed for a term expiring June 30, 2005, two for terms expiring June 30, 2004, and one for a term expiring June 20, 2003.
- (c) Of the members appointed pursuant to paragraph (1)(c), one shall be appointed for a term expiring June 30, 2005, one for a term expiring June 30, 2004, and two for terms expiring June 30, 2003.
- (d) Of the members appointed pursuant to paragraph (1)(d), the terms of two members recommended by the State Board of Education shall expire June 30, 2005; the term of the member who is a dean of a College of Nursing at a state university shall expire June 30, 2004; and the term of the member who is a director of a state community college nursing program shall expire June 30, 2003.

After the initial appointments expire, the terms of all the members shall be for 3 years, with no member serving more than two consecutive terms.

(3) The board shall have the following powers and duties:

- (a) To employ an executive director.
 - (b) To determine operational policy.
 - (c) To elect a chair and officers, to serve 2-year terms. The chair and officers may not succeed themselves.
 - (d) To establish committees of the board as needed.
 - (e) To appoint a multidisciplinary advisory council for input and advice on policy matters.
 - (f) To implement the major functions of the center as established in the goals set out in s. 464.0195.
 - (g) To seek and accept nonstate funds for sustaining the center and carrying out center policy.
- (4) The members of the board are entitled to receive per diem and allowances prescribed by law for state boards and commissions.

History.--s. 98, ch. 2001-277; s. 55, ch. 2007-217.

464.0197 Florida Center for Nursing; state budget support.--The Legislature finds that it is imperative that the state protect its investment and progress made in nursing efforts to date. The Legislature finds that the Florida Center for Nursing is the appropriate means to do so. The center shall have state budget support for its operations so that it may have adequate resources for the tasks the Legislature has set out in s. 464.0195.

History.--s. 99, ch. 2001-277.

464.0198 Florida Center for Nursing Trust Fund.--

(1) There is created the Florida Center for Nursing Trust Fund to be administered by the Department of Health. Funds provided pursuant to s. 464.0195(3) for the Florida Center for Nursing shall be deposited into this trust fund. Other funds from grants and donations, federal funds, or other funds from other sources specified by law may be deposited into this trust fund and used for purposes of the Florida Center for Nursing. Moneys deposited into this trust fund shall be used as provided in s. 464.0195. The trust fund is exempt from the service charges imposed by s. 215.20.

(2) Notwithstanding the provisions of s. 216.301 and pursuant to s. 216.351, any balance in the trust fund at the end of any fiscal year shall remain in the trust fund at the end of the year and shall be available for carrying out the purposes of the trust fund.

History.--s. 2, ch. 2002-228; s. 2, ch. 2004-226.

464.0205 Retired volunteer nurse certificate.--

(1) Any retired practical or registered nurse desiring to serve indigent, underserved, or critical need populations in this state may apply to the department for a retired volunteer nurse certificate by providing:

(a) A complete application.

(b) Verification that the applicant had been licensed to practice nursing in any jurisdiction in the United States for at least 10 years, had retired or plans to retire, intends to practice nursing only pursuant to the limitations provided by the retired volunteer nurse certificate, and has not committed any act that would constitute a violation under s. 464.018(1).

(c) Proof that the applicant meets the requirements for licensure under s. 464.008 or s. 464.009.

(2) All related administrative costs shall be borne by the applicant.

(3) The board may deny a retired volunteer nurse certificate to any applicant who has committed, or who is under investigation or prosecution for, any act that would constitute a ground for disciplinary action under s. 464.018.

(4) A retired volunteer nurse receiving certification from the board shall:

(a) Work under the direct supervision of the director of a county health department, a physician working under a limited license issued pursuant to s. 458.317 or s. 459.0075, a physician licensed under chapter 458 or chapter 459, an advanced registered nurse practitioner certified under s. 464.012, or a registered nurse licensed under s. 464.008 or s. 464.009.

(b) Comply with the minimum standards of practice for nurses and be subject to disciplinary action for violations of s. 464.018, except that the scope of practice for certified volunteers shall be limited to primary and preventive health care, or as further defined by board rule.

(c) Work only in a setting for which there are provisions for professional liability coverage for acts or omissions of the retired volunteer nurse.

(d) Provide services under the certificate only in settings whose sponsors have been approved by the board.

(5) A retired volunteer nurse receiving certification from the board shall not:

(a) Administer controlled substances.

(b) Supervise other nurses.

(c) Receive monetary compensation.

(6) A retired volunteer nurse certified under this section may practice only in board-approved settings in public agencies or institutions or in nonprofit agencies or institutions meeting the requirements of s. 501(c)(3) of the Internal Revenue Code, which agencies or institutions are located in areas of critical nursing need as determined by the board.

Determination of underserved areas shall be made by the board after consultation with the Department of Health, the Department of Children and Family Services, the Agency for Health Care Administration, and the Department of Elderly Affairs; however, such determination shall include, but not be limited to, health manpower shortage areas designated by the United States Department of Health and Human Services. The sponsoring agencies desiring to use certified retired volunteer nurses shall submit to the board verification of their status under s. 501(c)(3) of the Internal Revenue Code, the sites at which such volunteer nurses would work, the duties and scope of practice intended for such volunteer nurses, and the training or skills validation for such volunteer nurses.

(7) The retired volunteer nurse certificate shall be valid for 2 years, and a certificateholder may reapply for a certificate so long as the certificateholder continues to meet the eligibility requirements of this section. Any legislatively mandated continuing education on specific topics must be completed by the certificateholder prior to renewal; otherwise, the provisions of s. 464.013 do not apply.

History.--s. 85, ch. 97-264; s. 101, ch. 2001-277.

464.022 Exceptions.--No provision of this part shall be construed to prohibit:

- (1) The care of the sick by friends or members of the family without compensation, the incidental care of the sick by domestic servants, or the incidental care of noninstitutionalized persons by a surrogate family.
- (2) Assistance by anyone in the case of an emergency.
- (3) The practice of nursing by students enrolled in approved schools of nursing.
- (4) The practice of nursing by graduates of approved programs or the equivalent, pending the result of the first licensing examination for which they are eligible following graduation, provided they practice under direct supervision of a registered professional nurse. The board shall by rule define what constitutes direct supervision.
- (5) The rendering of services by nursing assistants acting under the direct supervision of a registered professional nurse.
- (6) Any nurse practicing in accordance with the practices and principles of the body known as the Church of Christ Scientist; nor shall any rule of the board apply to any sanitarium, nursing home, or rest home operated in accordance with the practices and principles of the body known as the Church of Christ Scientist.
- (7) The practice of any legally qualified nurse or licensed attendant of another state who is employed by the United States Government, or any bureau, division, or agency thereof, while in the discharge of official duties.
- (8) Any nurse currently licensed in another state or territory of the United States from performing nursing services in this state for a period of 60 days after furnishing to the employer satisfactory evidence of current licensure in another state or territory and having submitted proper application and fees to the board for licensure prior to employment. If the nurse licensed in another state or territory is relocating to this state pursuant to his or her military-connected spouse's official military orders, this period shall be 120 days after furnishing to the employer satisfactory evidence of current licensure in another state or territory and having submitted proper application and fees to the board for licensure prior to employment. The board may extend this time for administrative purposes when necessary.
- (9) The rendering of nursing services on a fee-for-service basis, or the reimbursement for nursing services directly to a nurse rendering such services by any government program, commercial insurance company, hospital or medical services plan, or any other third-party payor.
- (10) The establishment of an independent practice by one or more nurses for the purpose of rendering to patients nursing services within the scope of the nursing license.
- (11) The furnishing of hemodialysis treatments in a patient's home, using an assistant chosen by the patient, provided that the assistant is properly trained, as defined by the board by rule, and has immediate telephonic access to a registered nurse who is licensed pursuant to this part and who has dialysis training and experience.
- (12) The practice of nursing by any legally qualified nurse of another state whose employment requires the nurse to accompany and care for a patient temporarily residing in this state for not more than 30 consecutive days, provided the patient is not in an inpatient setting, the board is notified prior to arrival of the patient and nurse, the nurse has the standing physician orders and current medical status of the patient available, and prearrangements with the appropriate licensed health care providers in this state have been made in case the patient needs placement in an inpatient setting.
- (13) The practice of nursing by individuals enrolled in board-approved remedial courses.

History.--ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 15, 17, 18, ch. 86-284; s. 1, ch. 88-270; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 86, ch. 97-264; s. 117, ch. 99-397; s. 127, ch. 2000-318; s. 8, ch. 2002-230; s. 10, ch. 2004-230.

464.027 Registered nurse first assistant.--

(1) LEGISLATIVE INTENT.--The purposes of this section are to:

(a) Encourage the use of registered nurse first assistants who meet the qualifications of this section as "assistants at surgery" by physicians and hospitals to provide quality, cost-effective surgical intervention to health care recipients in the state.

(b) Provide for reimbursement for the registered nurse first assistant from managed health care agencies, state agencies, workers' compensation carriers, and private insurance companies.

(2) DEFINITIONS.--As used in this section, the term:

(a) "Perioperative nursing" means a practice of nursing in which the nurse provides preoperative, intraoperative, and postoperative nursing care to surgical patients.

(b) "Recognized program" means a program that:

1. Addresses all content of the Association of Operating Room Nurses, Inc. Core Curriculum for the Registered Nurse First Assistant, and

2. Includes 1 academic year, defined as 45 hours of didactic instruction and 120 hours of clinical internship or its equivalent of 2 college semesters.

(c) "Registered nurse first assistant" means a person who meets the qualifications listed in this section.

(3) QUALIFICATIONS.--A registered nurse first assistant is any person who:

(a) Is licensed as a registered nurse under this part;

(b) Is certified in perioperative nursing; and

(c) Holds a certificate from, and has successfully completed, a recognized program.

(4) INSTITUTIONAL POWERS.--Each health care institution must establish specific procedures for the appointment and reappointment of registered nurse first assistant staff members and for granting, renewing, and revising their clinical privileges.

History.--s. 4, ch. 94-96; s. 129, ch. 2000-318.

PART II

CERTIFIED NURSING ASSISTANTS

464.201 Definitions.

464.202 Duties and powers of the board.

464.203 Certified nursing assistants; certification requirement.

464.204 Denial, suspension, or revocation of certification; disciplinary actions.

464.205 Availability of disciplinary records and proceedings.

464.206 Exemption from liability.

464.207 Penalties.

464.208 Background screening information; rulemaking authority.

464.2085 Council on Certified Nursing Assistants.

464.201 Definitions.--As used in this part, the term:

(1) "Approved training program" means:

(a) A course of training conducted by a public sector or private sector educational center licensed by the Department of Education to implement the basic curriculum for nursing assistants which is approved by the Department of Education. Beginning October 1, 2000, the board shall assume responsibility for approval of training programs under this paragraph.

(b) A training program operated under s. 400.141.

(2) "Board" means the Board of Nursing.

(3) "Certified nursing assistant" means a person who meets the qualifications specified in this part and who is certified by the board as a certified nursing assistant.

(4) "Department" means the Department of Health.

(5) "Practice of a certified nursing assistant" means providing care and assisting persons with tasks relating to the activities of daily living. Such tasks are those associated with personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care, cardiopulmonary resuscitation and emergency care, residents' or patients' rights, documentation of nursing-assistant services, and other tasks that a certified nurse assistant may perform after training beyond that required for initial certification and upon validation of competence in that skill by a registered nurse. This subsection does not restrict the ability of any person who is otherwise trained and educated from performing such tasks.

(6) "Registry" means the listing of certified nursing assistants maintained by the board.

History.--s. 204, ch. 99-397; s. 79, ch. 2000-318; s. 4, ch. 2005-62.

Note.--Former s. 468.821.

464.202 Duties and powers of the board.--The board shall maintain, or contract with or approve another entity to maintain, a state registry of certified nursing assistants. The registry must consist of the name of each certified nursing assistant in this state; other identifying information defined by board rule; certification status; the effective date of certification; other information required by state or federal law; information regarding any crime or any abuse, neglect, or exploitation as provided under chapter 435; and any disciplinary action taken against the certified nursing assistant. The registry shall be accessible to the public, the certificateholder, employers, and other state agencies. The board shall adopt by rule testing procedures for use in certifying nursing assistants and shall adopt rules regulating the practice of certified nursing assistants and specifying the scope of practice authorized and the level of supervision required for the practice of certified nursing assistants. The board may contract with or approve another entity or organization to provide the examination services, including the development and administration of examinations. The board shall require that the contract provider offer certified nursing assistant applications via the Internet, and may require the contract provider to accept certified nursing assistant applications for processing via the Internet. The board shall require the contract provider to provide the preliminary results of the certified nursing examination on the date the test is administered. The provider shall pay all reasonable costs and expenses incurred by the board in evaluating the provider's application and performance during the delivery of services, including examination services and procedures for maintaining the certified nursing assistant registry.

History.--s. 204, ch. 99-397; s. 79, ch. 2000-318; s. 5, ch. 2005-62.

Note.--Former s. 468.822.

464.203 Certified nursing assistants; certification requirement.--

(1) The board shall issue a certificate to practice as a certified nursing assistant to any person who demonstrates a minimum competency to read and write and successfully passes the required Level I or Level II screening pursuant to s. 400.215 and meets one of the following requirements:

(a) Has successfully completed an approved training program and achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion approved by the board and administered at a site and by personnel approved by the department.

(b) Has achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion, approved by the board and administered at a site and by personnel approved by the department and:

1. Has a high school diploma, or its equivalent; or

2. Is at least 18 years of age.

(c) Is currently certified in another state; is listed on that state's certified nursing assistant registry; and has not been found to have committed abuse, neglect, or exploitation in that state.

(d) Has completed the curriculum developed under the Enterprise Florida Jobs and Education Partnership Grant and achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion, approved by the board and administered at a site and by personnel approved by the department.

(2) If an applicant fails to pass the nursing assistant competency examination in three attempts, the applicant is not eligible for reexamination unless the applicant completes an approved training program.

(3) An oral examination shall be administered as a substitute for the written portion of the examination upon request. The oral examination shall be administered at a site and by personnel approved by the department.

(4) The board shall adopt rules to provide for the initial certification of certified nursing assistants.

(5) Certification as a nursing assistant, in accordance with this part, may be renewed until such time as the nursing assistant allows a period of 24 consecutive months to pass during which period the nursing assistant fails to perform any nursing-related services for monetary compensation. When a nursing assistant fails to perform any nursing-related services for monetary compensation for a period of 24 consecutive months, the nursing assistant must complete a new training and competency evaluation program or a new competency evaluation program.

(6) A certified nursing assistant shall maintain a current address with the board in accordance with s. 456.035.

(7) A certified nursing assistant shall complete 12 hours of inservice training during each calendar year. The certified nursing assistant shall be responsible for maintaining documentation demonstrating compliance with these provisions. The Council on Certified Nursing Assistants, in accordance with s. 464.2085(2)(b), shall propose rules to implement this subsection.

(8) The department shall renew a certificate upon receipt of the renewal application and imposition of a fee of not less than \$20 and not more than \$50 biennially. The department shall adopt rules establishing a procedure for the biennial renewal of certificates. Any certificate that is not renewed by July 1, 2006, is void.

History.--s. 204, ch. 99-397; s. 164, ch. 2000-160; s. 79, ch. 2000-318; s. 50, ch. 2001-45; s. 77, ch. 2002-1; s. 6, ch. 2005-62.

Note.--Former s. 468.823.

464.204 Denial, suspension, or revocation of certification; disciplinary actions.--

(1) The following acts constitute grounds for which the board may impose disciplinary sanctions as specified in subsection (2):

(a) Obtaining or attempting to obtain certification or an exemption, or possessing or attempting to possess certification or a letter of exemption, by bribery, misrepresentation, deceit, or through an error of the board.

(b) Intentionally violating any provision of this chapter, chapter 456, or the rules adopted by the board.

(2) When the board finds any person guilty of any of the grounds set forth in subsection (1), it may enter an order imposing one or more of the following penalties:

(a) Denial, suspension, or revocation of certification.

(b) Imposition of an administrative fine not to exceed \$150 for each count or separate offense.

(c) Imposition of probation or restriction of certification, including conditions such as corrective actions as retraining or compliance with an approved treatment program for impaired practitioners.

(3) The board may, upon the request of a certificateholder, exempt the certificateholder from disqualification of employment in accordance with chapter 435 and issue a letter of exemption. The board must notify an applicant seeking an exemption from disqualification from certification or employment of its decision to approve or deny the request within 30 days after the date the board receives all required documentation.

History.--s. 204, ch. 99-397; s. 165, ch. 2000-160; s. 79, ch. 2000-318.

Note.--Former s. 468.824.

464.205 Availability of disciplinary records and proceedings.--Pursuant to s. 456.073, any complaint or record maintained by the department pursuant to the discipline of a certified nursing assistant and any proceeding held by the board to discipline a certified nursing assistant shall remain open and available to the public.

History.--s. 204, ch. 99-397; s. 166, ch. 2000-160; s. 79, ch. 2000-318.

Note.--Former s. 468.825.

464.206 Exemption from liability.--If an employer terminates or denies employment to a certified nursing assistant whose certification is inactive as shown on the certified nursing assistant registry or whose name appears on a criminal screening report of the Department of Law Enforcement, the employer is not civilly liable for such termination and a cause of action may not be brought against the employer for damages, regardless of whether the employee has filed for an exemption from the board under s. 464.204(3). There may not be any monetary liability on the part of, and a cause of action for damages may not arise against, any licensed facility, its governing board or members thereof, medical staff, disciplinary board, agents, investigators, witnesses, employees, or any other person for any action taken in good faith without intentional fraud in carrying out this section.

History.--s. 204, ch. 99-397; s. 79, ch. 2000-318; s. 105, ch. 2000-349.

Note.--Former s. 468.826.

464.207 Penalties.--It is a misdemeanor of the first degree, punishable as provided under s. 775.082 or s. 775.083, for any person, knowingly or intentionally, to fail to disclose, by false statement, misrepresentation, impersonation, or other fraudulent means, in any application for voluntary or paid employment or certification regulated under this part, a material fact used in making a determination as to such person's qualifications to be an employee or certificateholder.

History.--s. 204, ch. 99-397; s. 79, ch. 2000-318.

Note.--Former s. 468.827.

464.208 Background screening information; rulemaking authority.--

(1) The Agency for Health Care Administration shall allow the board to electronically access its background screening database and records.

(2) An employer, or an agent thereof, may not use criminal records or juvenile records relating to vulnerable adults for any purpose other than determining if the person meets the requirements of this part. Such records and information obtained by the board shall remain confidential and exempt from s. 119.07(1).

(3) If the requirements of the Omnibus Budget Reconciliation Act of 1987, as amended, for the certification of nursing assistants are in conflict with this part, the federal requirements shall prevail for those facilities certified to provide care under Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act.

(4) The board shall adopt rules to administer this part.

History.--s. 204, ch. 99-397; s. 129, ch. 2000-153; s. 79, ch. 2000-318; s. 106, ch. 2000-349.

Note.--Former s. 468.828.

464.2085 Council on Certified Nursing Assistants.--The Council on Certified Nursing Assistants is created within the department, under the Board of Nursing.

(1) The council shall consist of five members appointed as follows:

(a) The chairperson of the Board of Nursing shall appoint two members who are registered nurses. One of the members must currently supervise a certified nursing assistant in a licensed nursing home.

(b) The chairperson of the Board of Nursing shall appoint one member who is a licensed practical nurse who is currently working in a licensed nursing home.

(c) The ¹State Surgeon General of the department or his or her designee shall appoint two certified nursing assistants currently certified under this chapter, at least one of whom is currently working in a licensed nursing home.

(2) The council shall:

(a) Recommend to the department policies and procedures for the certification of nursing assistants.

(b) Develop all rules regulating the education, training, and certification process for nursing assistants certified under this chapter. The Board of Nursing shall consider adopting a proposed rule developed by the council at the regularly scheduled meeting immediately following the submission of the proposed rule by the council.

(c) Make recommendations to the board regarding all matters relating to the certification of nursing assistants.

(d) Address concerns and problems of certified nursing assistants in order to improve safety in the practice of certified nursing assistants.

History.--s. 80, ch. 2000-318.

¹**Note.**--Chapter 2007-40 redesignated the Secretary of Health as the State Surgeon General.

CHAPTER 64B9-1 ORGANIZATION

64B9-1.001 Abbreviations and Definitions.

Unless otherwise defined in a specific rule, the following abbreviations and terms as used throughout these rules shall have the following meaning:

- (1) "Board" means the Florida Board of Nursing.
- (2) "Department" means the Florida Department of Health.
- (3) "LPN" means a licensed practical nurse.
- (4) "RN" means a registered nurse.
- (5) "ARNP" means an advanced registered nurse practitioner certified pursuant to Section 464.012, F.S.
- (6) "IPN" means the Intervention Project for Nurses, Incorporated.
- (7) "NCSBN" means the National Council of State Boards of Nursing, Incorporated.
- (8) "NCLEX" means the National Council Licensure Examination.
- (9) "NCLEX-CAT" means the National Council Licensure Examination – Computer Adaptive Testing.
- (10) "Direct supervision" means the physical presence within the patient care unit of a registered professional nurse who assumes legal responsibility for the nursing practice of student nurses or graduate nurses or graduate practical nurses.
- (11) "Biennial" and "Biennium" refer to the twenty-four month licensure cycle. Pursuant to Section 456.004(1), F.S., should the Agency extend or stagger renewals, fees and continuing education hours now based on twenty-four months shall be prorated to the licensure cycle length established.

Specific Authority 120.53(1), 464.006 FS. Law Implemented 464.003, 464.008 FS. History–New 12-5-93, Formerly 61F7-1.001, Amended 9-13-94, Formerly 59S-1.001.

64B9-1.007 Other Board Business; Unexcused Absences.

- (1) For purposes of Section 456.011(3), F.S., "other business involving the Board" includes:
 - (a) Board Meetings;
 - (b) Workshops;
 - (c) Joint Committee Meetings of the Board of Nursing and the Board of Medicine;
 - (d) Meetings of committees set out in the official minutes of the Board where statutory authority is given by the practice act;
 - (e) Where a board member has been requested by the Chairman of the Board, the State Surgeon General, or Department staff, to participate in a meeting;
 - (f) Probable Cause Panel Meetings.
- (2) For purpose of Section 456.011(3), F.S., "unexcused absence" shall mean the failure of a Board member to attend a regularly scheduled meeting, excluding emergency meetings held pursuant to Rule 28-102.003, Florida Administrative Code, for any reason other than one of the following:
 - (a) Illness or injury of the Board member;
 - (b) Illness, injury, or death of a member of the Board member's family.

Specific Authority 456.011(3) FS. Law Implemented 456.011(3) FS. History–New 4-27-80, Amended 10-8-81, Formerly 210-6.16, Amended 2-5-87, 4-8-92, Formerly 210-6.016, 61F7-1.007, 59S-1.007, Amended 2-18-98, 7-27-98.

64B9-1.013 Address of Record and Place of Practice.

(1) Each person holding a license issued pursuant to Chapter 464, F.S., must maintain on file with the Board of Nursing the current address at which any notice required by law may be served by the Board or its agent. Within 60 days of changing this address, whether or not within this state, the licensee shall notify the Board in writing of the new address at which the licensee may be served with notices or other documents.

(2) Each person holding a license issued pursuant to Chapter 464, F.S., must maintain on file with the Board of Nursing the current place of practice. Place of practice is defined as one of the following:

- (a) Acute care facility;
- (b) Long-term care facility;
- (c) Rehabilitation facility;
- (d) Clinic;
- (e) Physician's office;
- (f) Home health care agency;
- (g) Educational institution;
- (h) Office of independent nursing practice;
- (i) Correctional facility;
- (j) Mental health facility;
- (k) Occupational health facility;
- (l) Managed health care organization or insurance company;
- (m) Community health facility;
- (n) Other.

Specific Authority 456.035 FS. Law Implemented 456.035 FS. History—New 4-1-90, Amended 8-8-90, Formerly 210-6.023, 61F7-1.013, 59S-1.013, Amended 4-5-99.

CHAPTER 64B9-2 NURSING PROGRAMS

64B9-2.001 Definitions.

- (1) Approved nursing education program: a nursing education program leading to initial licensure which has been approved by the Board after having met the standards of nursing education. Each initial licensure program (i.e., professional, baccalaureate, or practical nursing) and each campus offering an initial nursing education program require separate, individual program approvals by the Board.
- (2) Board: the Florida Board of Nursing.
- (3) Clinical experience: direct nursing care experiences with patients or clients which offer the student the opportunity to integrate, apply, and refine specific skills and abilities which are based on theoretical concepts and scientific principles.
- (4) Clinical Preceptor: A licensed nurse practicing in a clinical setting who serves as a role model and clinical resource person for a specified period of time to an individual enrolled in an approved nursing education program.
- (5) Community-based learning experiences: a clinical experience as part of the curriculum which involves the community as a whole, exclusive of facilities where the student provides nursing care to individuals, families, and groups with the intent to promote wellness, maintain health, and prevent illness. There are no structured nursing services available at these sites.
- (6) Probationary status: a status indicating a nursing education program has not met the standards established by the Board.
- (7) Curriculum: a planned sequence of course offerings and learning experiences which comprise the nursing education program.
- (8) Faculty: full time or part time teaching personnel, including skills laboratory instructors, in a nursing education program who meet the requirements set forth in this chapter.
- (9) Full approval: a status indicating the nursing education program has met the standards established by the Board.
- (10) Healthcare agency: a community establishment or institution that provides healthcare to patients/clients and has structured nursing services.
- (11) Healthcare facility: an establishment or institution that provides acute care, subacute care, long term or rehabilitative care to patients/clients and has structured nursing services.
- (12) Nursing Specialties:
 - (a) Community/Public Health Nursing: the study of nursing for individuals, families, and groups in the promotion and maintenance of health, and prevention of disease.
 - (b) Geriatric nursing: the study of nursing for older adults and their families with biopsychosocial and disease processes associated with aging.
 - (c) Medical nursing: the study of nursing for adult patients and their families with an emphasis on the acute and chronic phases of medical illnesses.
 - (d) Obstetric/Maternal-Child nursing: the study of nursing for women of childbearing age and their families through all stages of pregnancy and childbirth as well as care of the newborn. Gynecological nursing alone does not fulfill the obstetrical nursing requirement.
 - (e) Pediatric nursing: the study of nursing for children from infancy through adolescence and their families to promote growth and development and reduce disease and disability in medical and surgical conditions. Newborn nursing care alone does not fulfill the Pediatric nursing requirement.
 - (f) Psychiatric/Mental Health nursing: the study of nursing for patients and their families with mental health concerns and acute and chronic psychiatric disorders. Education that covers only areas of mental retardation, organic brain syndromes, or neurological diseases does not fulfill the requirement.
 - (g) Surgical nursing: the study of nursing for adult patients and their families during perioperative experiences.
- (13) Objectives/outcomes: the cognitive, psychomotor, and affective knowledge and skills to be learned by the nursing student upon completion of a course.
- (14) Observational Experience: a planned learning situation in which the primary focus is nonparticipatory by the student. The experience shall meet preplanned objectives and provide for faculty and student evaluation.
- (15) Parent Institution: the organization or agency responsible for the administration and operation of the nursing program.

- (16) Preceptorship Experience: an individualized teaching-learning strategy in which a nursing student participates in clinical nursing practice while assigned to a preceptor.
- (17) Provisional approval: a status indicating a nursing education program has met the standards established by the Board for a Statement of Intent and Provisional requirements.
- (18) Simulated clinical experience: nursing care experience with the Human Patient Simulator © or its substantial equivalent which offers the student the opportunity to integrate, apply, and refine specific skills and abilities which are based on theoretical concepts and scientific experiences.
- (19) Skill laboratory hours: those hours of the curriculum, which are assigned to supervised laboratory skill development and laboratory practice, which offer the student the opportunity to meet educational objectives. They do not count as clinical experience hours.
- (20) Standards of Nursing Education: those standards outlined in Rule 64B9-2.015, F.A.C., required for nursing education programs.
- (21) Statement of Intent: a formal statement with supporting documentation provided by the parent institution indicating their intent to initiate a nursing education program.
- (22) Supervision: the physical presence within the patient care unit of a healthcare facility or physical presence within a healthcare agency of a registered nurse faculty who assumes responsibility for the nursing practice of nursing students.
- (23) Unit: an identifiable section within a healthcare facility, which has a prescribed organization and definitive boundaries.
- (24) Distance Learning Program: a nursing education program leading to initial licensure which uses Internet, Web assisted, home study, correspondence, video conferencing, and other non-classroom methods for courses, instruction, and educational program delivery.

Specific Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History—New 7-15-80, Amended 11-22-84, Formerly 210-7.20, Amended 2-5-87, 6-8-88, Formerly 210-7.020, Amended 9-7-93, Formerly 61F7-2.001, 59S-2.001, Amended 12-11-97, 1-28-02, 10-19-06, 10-15-07.

64B9-2.002 Certification for Approval.

(1) Provisional approval – Provisional approval will be granted to an institution to initiate a nursing program when it has presented documentation satisfactory to the Board that it meets the following requirements:

(a) Prior to admission of first class:

1. A director and sufficient faculty to conduct first level nursing courses shall be employed and in residence.
2. A total curriculum plan shall set forth all courses in the program and the sequence in which they will be presented.
3. Course outlines for first level courses shall be completed.
4. Contractual agreements with facilities and agencies to be used for clinical instruction for first level courses shall be in force.
5. Evidence of compliance with Rule 64B9-2.006, F.A.C., shall be demonstrated.

(b) Prior to admission of succeeding classes:

1. Sufficient faculty shall be employed and in residence to implement total program.
2. Course outlines for total curriculum shall be completed.
3. Contractual agreements with facilities and agencies to be used for clinical instruction in the total curriculum shall be in force.
4. Evidence of compliance with all rules in this rule chapter with the exception Rule 64B9-2.009, F.A.C., shall be demonstrated.

(c) Programs which have been granted provisional approval may be granted full approval when they have demonstrated they are in compliance with these rules and the licensure examination results of the first graduating class have met the standard as set forth in Rule 64B9-2.009, F.A.C.

(2) Approval – An institution seeking renewed approval of a nursing program shall present documentation of compliance with these rules at least every three years, except for good cause the Board may extend the period to five years. Such documentation shall also be presented upon request.

(3) Probationary status – An institution may be placed on probationary status when in the opinion of the Board the institution does not meet required standards. Probationary status, if granted, shall be for a specified period of time as determined by the Board on an individual basis.

(4) The Board may decline to approve any program on provisional status, or decline to renew or rescind approval of any program on probationary status which fails to meet required standards or fails to make satisfactory progress for corrections of deficiencies within the time period outlined by the Board.

(5) The administrator of the nursing program shall be notified in writing of any problems with programs on provisional or probationary status prior to Board action.

(6) Programs reapplying for approval shall meet required standards as outlined in paragraph 64B9-2.002(1)(a), F.A.C., prior to renewal of the program approval by the Board. As a condition of renewal, a program may be placed on probation if it does not meet the required standards.

Specific Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History–New 7-15-80, Amended 11-22-84, Formerly 210-7.21, Amended 2-5-87, 6-8-88, 3-24-91, Formerly 210-7.021, 61F7-2.002, 59S-2.002, Amended 12-11-97, 1-26-98, 7-7-02.

64B9-2.003 Student Employment.

A nursing student shall practice nursing as a student within the meaning of Chapter 464, F.S., only within the courses of an approved program in which the student is enrolled and under the supervision of program faculty.

Specific Authority 464.006 FS. Law Implemented 464.022(3) FS. History—New 7-15-80, Formerly 210-7.22, 210-7.022, 61F7-2.003, 59S-2.003.

64B9-2.004 Educational Objectives.

(1) The faculty shall formulate and adopt educational objectives which ensure the curriculum guideline requirements specified in Rule 64B9-2.006, F.A.C., will be met. These objectives shall be based on a clearly stated philosophy which shall be in keeping with currently accepted social, educational and nursing standards and which is consistent with the philosophy of the institution of which the program is a part.

(2) Program objectives shall identify expected competencies of the beginning graduate of the program and serve as the basis of program development.

(3) Course objectives shall state expected behaviors of the student at the end of the course and serve as the basis for course development and student evaluation.

(4) Course objectives shall show direct relationship to program objectives.

(5) Objectives shall be reviewed periodically by faculty and revised if necessary.

Specific Authority 464.006 FS. Law Implemented 464.019(2) FS. History—New 7-15-80, Formerly 210-7.23, 210-7.023, 61F7-2.004, 59S-2.004.

64B9-2.005 Faculty Qualifications.

(1) The director of any nursing program shall be a currently licensed (which may include practice under the terms of Rule 64B9-3.009, F.A.C.) registered nurse in Florida. Notification of the appointment must be submitted to the Board.

(a) The director of a professional nursing program shall have either a bachelor's degree in nursing plus a master's or doctoral degree in a related field or a master's or doctoral degree in nursing.

(b) The director of a practical nursing program appointed after the effective date of this rule shall have a minimum of a bachelor's degree in nursing or a related field.

(2) Each nurse faculty member shall be currently licensed to practice professional nursing in Florida (which shall include practice under the terms of Rule 64B9-3.009, F.A.C.)

(3) Fifty percent (50%) or more of the nursing faculty in a professional nursing program shall hold either a bachelor's degree in nursing plus a master's or doctoral degree in a related field or a master's or doctoral degree in nursing. Each nursing faculty member who does not meet this requirement shall have a bachelor's degree with a major in nursing and meet one of the following requirements:

(a) Have the equivalent of at least two years of full time experience in clinical practice as a registered nurse.

(b) Be actively engaged in studies leading to the next highest degree for which eligible. The degree must be in nursing or a related field.

(c) Have the equivalent of at least two full time academic years of experience as a teacher of nursing.

(d) Have current certification as an A.R.N.P. in Florida.

(4) Fifty percent (50%) or more of the nursing faculty in a practical nursing program shall hold a bachelor's degree in nursing or a related field. Each faculty member who does not meet this requirement shall meet two of the following requirements:

(a) Have the equivalent of at least two years of fulltime experience in clinical practice as a registered nurse.

(b) Be actively engaged in studies leading to the next highest degree for which eligible. This degree must be in nursing or a related field.

(c) Have the equivalent of at least two fulltime academic years of experience as a teacher of nursing.

(d) Have current certification as an A.R.N.P. in Florida.

(5) Faculty members shall demonstrate evidence of professional growth through participation in continuing education, research and other related activities.

(6) It shall be the responsibility of the program to furnish current faculty information to the Board upon request.

(7) There shall be sufficient number of faculty to provide expertise and competency in the content of the program needed to produce competent graduates.

(8) A faculty member shall have clinical expertise and competence in the area in which he is serving as a clinical instructor.

Specific Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History—New 7-15-80, Amended 11-22-84, Formerly 21O-7.24, Amended 6-8-88, 3-12-91, Formerly 21O-7.024, Amended 9-7-93, Formerly 61F7-2.005, 59S-2.005.

64B9-2.006 Curriculum Guidelines.

- (1) In order to ensure the preparation of nurses capable of competent practice, the curriculum shall:
- (a) Reflect the stated philosophy and objectives of the program.
 - (b) Evidence an organized pattern of instruction consistent with principles of learning and sound educational practices.
 - (c) Provide for systematic evaluation of student learning in both clinical experience and theoretical instruction.
 - (d) Evidence ongoing program evaluation in relation to currency of content, competency of instruction, adequacy of clinical experiences and effectiveness of graduate performance.
 - (e) Include clinical learning experiences sufficient to develop nursing skills required for safe practice. Such experiences may be planned in various health care settings. The services provided by the facility should support the level of nursing practice for which the student is being educated.
- (2) Specific Requirements for Professional Nursing Programs:
- (a) Instruction shall include biological, physical, social and behavioral sciences.
 - (b) The curriculum shall include at a minimum:
 - (c) The curriculum may include community based clinical experiences.
 1. Theoretical instruction and clinical experience in medical, surgical, obstetric, pediatric, geriatric, and psychiatric nursing.
 2. Theoretical instruction and clinical experience in both acute and long term care situations.
 3. Theoretical instruction and clinical application of nursing process, human growth and development through the life span, cultural diversity, community health concepts, pharmacology and administration of medications, nutrition, legal aspects of practice, interpersonal relationship and leadership skills, professional role and function, health teaching and counseling skills, and current issues in nursing practice.
 4. At the baccalaureate level, theoretical and clinical instruction in community health.
 - (d) The total curriculum shall provide that approximately the following percent of the program shall be in professional nursing:
 1. Bachelor's degree program 40%.
 2. Associate degree or diploma program 50%.
 - (e) The ratio of credit hours to clock hours of lecture, laboratory and clinical experience shall be specified for each nursing course. These ratios shall be consistent for all nursing courses and conform to institutional requirements.
 - (f) The total hours for graduation from the nursing program shall be consistent with those required for graduation from other programs of the institution.
- (3) Specific Requirements for Practical Nursing Programs.
- (a) The curriculum shall include:
 1. Theoretical instruction and clinical experience in medical, surgical, obstetric, pediatric and geriatric nursing.
 2. Theoretical instruction and clinical experience in both acute and long term care situations.
 3. Theoretical instruction and clinical application of vocational role and function, personal, family and community health concepts, nutrition, human growth and development over the life span, body structure and function, interpersonal relationship skills, mental health concepts, pharmacology and administration of medications, legal aspects of practice and current issues in nursing.
 4. Clinical experiences of at least 50% of the total program.
 - (b) Instructional hours shall include classroom instruction, laboratory practice and clinical experience. Laboratory practice may be included in clinical experience hours when approved by the Board as an adjunct learning experience not to replace clinical experience.
- (4) Permission of the Board must be obtained before implementation of any of these changes:
- (a) Number of credits or clock hours of theoretical or clinical instruction in each course.
 - (b) Sequence of courses in the program.
 - (c) Number of courses in the program.
 - (d) Content alterations between courses.

Specific Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History—New 7-15-80, Amended 11-22-84, Formerly 210-7.25, Amended 2-5-87, 6-8-88, 3-24-91, Formerly 210-7.025, Amended 9-7-93, Formerly 61F7-2.006,

59S-2.006, Amended 12-11-97.

64B9-2.007 Administrative Procedures.

- (1) The structural plan of the nursing program shall be consistent with other educational units within the institution.
- (2) There shall be an organizational plan which shows placement of the nursing program within the organization and demonstrates the lines of authority pertinent to the program.
- (3) There shall be evidence that funds are allocated for provision of sound and effective total operation within the program.
- (4) There shall be a faculty organization which makes provision for regularly scheduled and recorded meetings which provide for faculty involvement in the operation of the program.
- (5) In the interest of the program and the community it serves, it is recommended that an advisory committee be appointed. Committee membership should be representative of the community and serve the program in an advisory capacity to assist in program development and interpretation to the community.
- (6) Educational Facilities:
 - (a) The institution shall provide such classroom space, laboratories, equipment, library, office space, telephones for instructors and other space as necessary to implement and maintain the program.
 - (b) The library shall have holdings of sufficient pertinence, recency, level of content, and quantity as indicated by curriculum to meet the needs of nursing program students and faculty.
 - (c) Teaching materials shall include a variety of current audio-visual aids for both group and self-instructional use.
- (7) Appropriate support personnel shall be provided to meet the needs for secretarial services of the faculty and director.
- (8) Counseling services and remedial assistance should be available to students.
- (9) Reports and Records:
 - (a) The program shall maintain a system of records as prescribed by the controlling institution in terms of the needs of the program.
 - (b) Upon request of a student/graduate the institution shall furnish a copy of the college transcript or the student final record.
 - (c) A copy of the current school bulletin and/or program description shall be filed in the office of the Board.
 - (d) Additional reports as requested by the Board shall be completed and sent to the Board office.
- (10) There shall be clear admission, transfer, readmission, promotion, and retention requirements and procedures which are available upon request.
- (11) The director of the nursing program shall be given time apart from the classroom and clinical responsibilities sufficient to meet the administrative needs of the program.
- (12) Permission of the Board must be obtained prior to increasing the total number of approved full-time student admissions allowed per year; however, a significant change in the number of students per class, number of classes, or starting date of classes will require a demonstration by the school that neither the clinical facilities nor the faculty will be adversely affected by the change. For purposes of this rule and for consideration of faculty and clinical facilities, a nursing program with a part-time component may equate part-time student admission to approved full-time student admissions on a two-to-one basis.

Specific Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History—New 7-15-80, Amended 11-22-84, Formerly 210-7.26, Amended 2-5-87, 6-8-88, 3-28-89, Formerly 210-7.026, 61F7-2.007, 59S-2.007.

64B9-2.008 Clinical Training.

- (1) Clinical learning experiences shall be an integral part of the total curriculum plan and show relationship to concurrent theory.
- (2) Clinical experiences based on program objectives may be planned so that the student shall gain clinical experience on all shifts within the twenty-four (24) hour period.
- (3) The faculty shall select clinical experiences and provide students with effective guidance and supervision in clinical learning.
- (4) Each student providing direct care to patients/clients in a health care agency shall be under the supervision of a faculty member. Faculty shall be responsible for supervising students on no more than two units during one clinical instruction period.
- (5) No more than twelve students shall be assigned to a faculty member for supervision in providing direct care to patients/ clients for any one clinical instruction period.
- (6) Faculty shall be physically present within the health care facility while students are engaged in providing direct care to patients/clients.
- (7) Faculty shall be immediately available by telephone or beeper to all students engaged in an observational experience and students assigned to clinical experiences in community agencies.
- (8) Students assigned to clinical experience in a community agency shall be under the direct supervision of a Registered Nurse with the faculty member available by phone or beeper.
- (9) Clinical facilities and community-based agencies utilized for clinical training by students of approved programs shall provide evidence satisfactory to the Board that they meet the following requirements:
 - (a) Current state licensure/certification.
 - (b) The director of nurses or person responsible for nursing services is a registered nurse currently licensed in Florida.
 - (c) The number and variety of patients are sufficient to meet clinical learning objectives of the nursing program.
 - (d) There is nursing personnel, sufficient in number, currently licensed and appropriately qualified, to ensure that patients receive safe and effective care at all times.
 - (e) There are written job descriptions for all categories of nursing personnel which are used as a basis for assigning responsibilities.
 - (f) Appropriate references and current practice and procedure manuals are available where students receive clinical experience.
- (10) Prior approval of the nursing program director is required for any agency/facility utilized for student clinical learning experiences. A completed report of the site survey conducted by the nursing program shall be maintained for board review if requested.
- (11) It shall be the responsibility of the nursing program to obtain and maintain current contractual agreements with each agency and facility utilized for student clinical training to ensure that the nursing program can provide the appropriate clinical experiences necessary to fulfill the requirements of these rules.
- (12) When more than one nursing program is using an agency or a facility for student clinical experience, there shall be written documentation of cooperative planning among the programs and the agency or facility.
- (13) An approved program which includes preceptorships must demonstrate to the Board upon application for approval or upon application for approval of a curriculum change it meets all of the following requirements:
 - (a) Written objectives are specified and given to the preceptor prior to the experience.
 - (b) The preceptor is approved by the faculty of the program and the facility or agency.
 - (c) The preceptor shall have clinical expertise and competence in the area where serving as a preceptor.
 - (d) The preceptor shall be physically present in the unit and available to the student at all times the student is performing in a nursing capacity with patients and clients.
 - (e) The student's preceptorship experiences shall be evaluated by the faculty, in collaboration with the preceptor.
- (14) Level One Preceptorships included in practical or professional nursing programs must meet the requirements of subsection (13), and the following:
 - (a) The preceptor shall be assigned no more than two (2) students for any preceptor experience, but a student may have multiple preceptors.

- (b) The student shall be enrolled in the course of the program in which the preceptor experience is a part and shall not be reimbursed for nursing services from the agency in which the experience is received.
- (c) Each student shall have a designated program faculty member who supervises the student and is readily available on site to the student during the time the student is performing in a nursing capacity with patients and clients.
- (d) Faculty shall be responsible for supervising the preceptor experiences for up to twelve students in any one facility.
- (15) Level Two Preceptorships included in a professional nursing program must meet all the criteria of subsection (13) and the following:
- (a) The student shall have received clinical and theoretical instruction in all areas of nursing specified in subsection 64B9-2.006(2), F.A.C., for the professional nursing program and in subsection 64B9-2.006(3), F.A.C., for the practical nursing program prior to beginning any preceptor Level Two experience.
- (b) Only registered nurses may serve as preceptors for professional nursing students.
- (c) Each designated preceptor may have one alternate preceptor who meets the requirements of subsection 64B9-2.008(14), F.A.C. When the designated preceptor is unable to supervise the student due to unforeseen circumstances, the alternate supervisor may supervise the student.
- (d) The student may practice at multiple sites if approved by the faculty and the facilities, but may not practice unless the designated preceptor or alternate preceptor is available at each site.
- (e) The preceptor may have two assigned students for any preceptorship.
- (f) The supervising faculty member must be available to the student and the preceptor and may be reachable by telephone or beeper rather than on site.
- (g) The faculty student ratio may be up to 1:18.
- (16) Community based learning experiences may be included as clinical experiences in a nursing curriculum prior to the completion of nursing courses when they meet the following requirements:
- (a) There shall be outcome criteria which clearly state the purpose(s) for the community-based learning experience selected, within the overall framework of the specific nursing course within the nursing program's curriculum.
- (b) Clinical experiences in community-based learning shall not be the majority of a curriculum's total clinical hours, and shall be consistent with the terminal objectives of the program.
- (c) Each student shall have a designated program faculty member who supervises the student. The faculty member supervising and available to the student may be reachable by telephone, beeper, or other portable communication technology rather than being physically on site.
- (d) The student faculty ratio may be up to 1:12.
- (e) Students shall have documented skills appropriate to the experiences planned.
- (f) Nurse faculty shall retain the responsibility for the selection and guidance of student community-based learning experiences and for the evaluation of student performance in collaboration with the student's preceptor(s).
- (g) Students may not participate in invasive or complex nursing activities in a community agency without direct supervision of a faculty member or an approved RN preceptor.
- (h) Only registered nurses may serve as preceptors for professional nursing students.
- (i) The preceptor shall be approved by the faculty and the agency.
- (j) The preceptor shall be physically present and available at all times the student is engaged in nursing care.
- (k) In community-based experiences, appropriately prepared preceptors may assist in teaching students. The preceptor to student ratio shall not exceed 1:8 and shall be based on the student's level of education and experience, the acuity level of the patients and the type of nursing interventions performed.

Specific Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History—New 7-15-80, Amended 11-22-84, Formerly 210-7.27, Amended 6-8-88, 2-15-90, 3-12-91, 3-24-91, Formerly 210-7.027, Amended 9-7-93, 5-1-94, Formerly 61F7-2.008, Amended 11-16-95, Formerly 59S-2.008, Amended 12-11-97, 9-5-00, 10-19-06.

64B9-2.009 Performance of Graduates on the Licensing Examination.

Minimal acceptable performance for each graduating class on the licensing examination shall be determined by the Board. Board requirements shall not exceed the national average as published by the testing service of the National Council of State Boards of Nursing, Inc.

Specific Authority 464.006 FS. Law Implemented 464.019(2) FS. History—New 7-15-80, Formerly 210-7.28, 210-7.028, 61F7-2.009, 59S-2.009.

64B9-2.010 Variance.

No institution shall deviate from these rules unless it has received permission from the Board beforehand, and can show that the variance is necessary, appropriate, and is otherwise consistent with the purposes and application of this chapter.

Specific Authority 464.006, 464.019 FS. Law Implemented 464.019 FS. History—New 11-22-84, Formerly 210-7.29, 210-7.029, 61F7-2.010, 59S-2.010.

64B9-2.011 Approval of Nursing Education Programs.

(1) Statement of Intent for Approval: Before a nursing education program is permitted to admit students, the program shall submit evidence of the ability to meet the standards for nursing education. A parent institution desiring to initiate a nursing education program shall, at least one year in advance of the expected opening date, submit to the Department:

(a) A Statement of Intent to establish a nursing education program accompanied by a nonrefundable program fee per subsection 64B9-7.001(14), F.A.C.;

(b) A proposal that includes the following information:

1. Needs assessment and feasibility study for intended location of the program;
2. Rationale for the establishment of the program;
3. Potential effects on other nursing programs;
4. Organizational structure of the parent institution documenting the relationship of the nursing education program within the institution and defining the lines of authority;
5. Accreditation status of the parent institution;
6. Purpose, mission of sponsoring institution and level of the program;
7. A qualified administrator and nursing program developer. This individual can be the identified qualified nursing education director and/or a qualified nursing education consultant;
8. Source and description of adequate clinical resources for the level of the program;
9. Documentation of adequate academic facilities and staff to support the program;
10. Evidence of financial resources adequate for the planning, implementation, and continuation of the program with a budget projection for 3-5 years;
11. Evidence of concurrent approval from the Department of Education;
12. An advisory committee whose membership shall include consumers and representatives from the local healthcare industry.

(c) The Statement of Intent will be approved by the Board when all requirements have been met.

(2) Provisional Approval: Once the Statement of Intent has been approved, an application for Provisional approval shall be made. The first class of nursing students may not be admitted until provisional approval has been granted.

(a) The Board will grant provisional approval when the following conditions have been met and submitted to the Board for approval:

1. A qualified nursing education director/administrator has been appointed and there is sufficient qualified faculty to conduct the first level nursing courses.
2. A written total proposed program plan, developed and sequenced, in accordance with the standards of nursing education.
3. Complete course outlines with course and clinical objectives/outcomes for the first level nursing courses. For nursing education programs that are one calendar year or less in length, all course material must be submitted at the Provisional approval stage.
4. Contractual agreements with facilities and agencies to be used for the first level nursing courses.
5. Evidence of compliance with the Standards of Nursing Education except paragraph 64B9-2.015(12)(a), F.A.C.
6. If the parent institution is not accredited by a body recognized by the U.S. Department of Education, a site visit has been conducted.

(b) Under Provisional Approval and prior to the admission of succeeding classes:

1. Sufficient qualified Faculty shall be employed and in residence to implement the total nursing program.
2. Detailed course outlines with objectives/outcomes for the total curriculum will be completed.
3. Contractual agreements with facilities and agencies to be used for clinical experiences in the total program shall be in force.
4. Evidence of compliance with all rules in this chapter shall be demonstrated.

(c) During provisional approval, annual survey visits will be conducted.

(3) Probationary Status: If a program which has received provisional or full approval fails to maintain compliance with the standards of nursing education, the program will be permitted to continue operations only under conditions set by the Board.

(4) Full Approval: Upon graduation of the first nursing class, full approval will be granted. Full approval will only be granted if the program has demonstrated compliance with all standards of nursing education and with paragraph 64B9-2.015(12)(a), F.A.C.

(5) An out-of-state nursing program that plans to provide both didactic and clinical instruction for initial nursing licensure in Florida shall comply with the application requirements in this rule.

(6) A nursing program that delivers didactic instruction by distance learning methods shall ensure that the methods of instruction are compatible with the program curriculum plan and enable a student to meet the goals, competencies, and objectives of the educational program and standards of the Board.

(a) A distance learning nursing program shall establish a means for assessing individual student outcomes, and program outcomes as required in Rule 64B9-2.015, F.A.C.

(b) For out-of-state nursing programs, the program shall be accredited by a national nursing accrediting body recognized by the U. S. Department of Education, and approved within the jurisdiction of and regulated by an equivalent nursing regulatory authority in the state from which the program originates, unless also providing clinical experience in Florida which then requires the program to apply for approval in Florida.

(c) Faculty shall be licensed in the state of origination of a distance learning nursing program or in Florida. Clinical preceptors providing clinical experiences within Florida shall have an active Florida license and meet requirements in subsection 64B9-2.008(13), F.A.C.

(d) A distance learning nursing program shall provide students with supervised/precepted clinical and laboratory experiences so that program objectives are met and didactic learning is validated by supervised, land-based clinical and laboratory experiences.

(e) A distance-learning nursing program shall provide students with access to technology, resources, technical support, and the ability to interact with peers, preceptors, and faculty.

(7) A nursing program, located in another state or territory of the United States that wishes to provide clinical experiences leading to initial nursing licensure in Florida shall obtain Board approval before offering or conducting a clinical session. To obtain approval, the program shall submit a proposal package that contains:

(a) A self study describing the program's compliance with the standards in Chapter 64B9-2, F.A.C.; and

(b) A statement regarding the anticipated effect on clinical placements for students currently enrolled in a Florida-approved nursing programs.

(8) A nursing program which has full approval per subsection 64B9-2.011(4), F.A.C., and is also accredited by a national nursing accrediting body recognized by the U. S. Department of Education may establish a campus in another geographical location by prior notification to the board at least 3 months in advance, payment of the fee required in subsection 64B9-7.001(14), F.A.C., and completion of a site visit by board staff which demonstrates compliance with the standards in Chapter 64B9-2, F.A.C.

Specific Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History—New 5-2-02, Amended 10-19-06.

64B9-2.013 Program Changes Requiring Board Approval.

(1) A written request with rationale for permission of the Board must be obtained before implementation of any of these changes:

(a) A change in geographical location of the nursing education program or expansion of the program to a non-approved geographical location, changing the level of education preparation provided, transferring the nursing program from one institution to another, a significant change in the number of students per class by more than 20%, number of classes, or starting date of classes and requires demonstration by the nursing education program that the change does not adversely affect the clinical facilities/ agencies/sites, the faculty, or other nursing education programs in the same region.

(b) Number of credits or clock hours of theoretical or clinical instruction in each course.

(c) Sequence of courses or content alteration between courses that affect subsections 64B9-2.015(6) and (7), F.A.C.

(d) A change in clinical ratio requires formal documentation from the nursing education program and the healthcare facility/ agency/site to include the affected clinical site, level of students, type of clinical experience, the facility/agency/site's contractual experience, staffing ratios, patient/client population, program and curricular objectives/outcomes, and the faculty's teaching experience, and provide the assurance that the safety of patients, nursing faculty, and students can be assured.

(2) When there is any change in information provided to meet standards of nursing education, written notification must be provided to the Board.

Specific Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History—New 1-28-02, Amended 10-19-06.

64B9-2.014 Closure of Nursing Education Programs and Storage of Records.

(1) Voluntary Closure.

(a) When the parent institution decides to close a nursing education program, it shall notify the Board in writing, stating the reason for closure, the plan for discontinuation and the intended date of closing.

(b) The parent institution may choose one of the following closing procedures:

1. Continue the program until the last class enrolled is graduated.

2. Assist in the transfer of students to other approved programs.

(c) The nursing education program shall continue to meet the Standards for Nursing Education until all of the enrolled students are graduated or until the last student is transferred.

(d) The date of closure is the date on the degree, diploma, or certificate of the last graduate or the date on which the last student was transferred.

(2) Closing as a result of withdrawal of approval.

(a) When the Board withdraws approval of a nursing education program, the parent institution shall comply with the following procedures:

1. The parent institution shall prepare a written plan for termination of the program and shall submit the plan to the Board within 60 days of receipt of the notice of withdrawal of approval.

2. The parent institution shall present a plan for the transfer of students to other approved programs within a timeframe established by the Board.

(b) The date on which the last student was transferred will be the date of closure.

(3) Storage of Records. The Board shall be advised for the arrangements for storage of permanent records.

Specific Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History—New 1-28-02.

64B9-2.015 Standards of Nursing Education.

(1) Nursing Education programs shall have consistent organization and administrative procedures as follows:

- (a) The parent institution shall be approved by the appropriate accrediting agency.
- (b) There shall be an organizational chart for the nursing education program, which clearly delineates the lines of authority, responsibility and channels of communication.
- (c) There shall be statements of purpose, philosophy and objectives/outcomes, which are consistent with those of the parent institution and Standards of Nursing Education.
- (d) There shall be written policies on admission, transfer, readmission, promotion, and retention, congruent with the parent institution, which are periodically reviewed and available upon request.
- (e) There shall be evidence of financial support and resources to meet the goals of the nursing education program. Financial resources include adequate educational facilities, equipment and qualified administrative, instructional and support personnel.
- (f) There shall be a system of records within the parent institution for the maintenance and issuance of student transcripts and final records.

(2) Resources. The parent institution shall provide financial and administrative support and resources to the nursing program that includes:

- (a) Classroom space, laboratories, and office space for the nursing program.
- (b) Nursing resource library holdings to include textbooks, journals and instructional media that are pertinent, recent, and have appropriate content and reading level.

- 1. A regular schedule for evaluation and deletion of outdated books and instructional media.
- 2. Teaching materials to include a variety of current technological aids for both group and self-instruction.

- (c) Secretarial, clerical, and other support personnel services.
- (d) Counseling services and remedial assistance for students.

(3) Nursing Program Director Qualifications.

(a) The director of any nursing program shall be a currently licensed registered nurse in Florida (which may include practice under the terms of Rule 64B9-3.009, F.A.C.). Notification of the appointment must be submitted to the Board.

(b) The director of a professional nursing program shall have a bachelor's degree in nursing plus a masters or doctoral degree in nursing; and preparation in education and administration, 5 years of experience in academic, clinical, or administrative nursing, or any combination thereof. Past August 2006, incumbent directors will be exempted from meeting this standard.

(c) The director of a practical nursing program shall have a minimum of a Bachelor's degree in nursing; and preparation in education and administration, 3 years of experience in academic, clinical, or administrative nursing, or any combination thereof. Past August 2006, incumbent directors will be exempted from meeting this standard.

(d) The director of the nursing program shall not be assigned curriculum instructional duties that would impair program administration.

(e) The director of the nursing program shall have authority to administer the program in accordance with the policies of the parent institution and in relation to:

- 1. Development and maintenance of an environment conducive to the teaching/learning process;
- 2. Leadership within the faculty for the development and implementation of the curriculum;
- 3. Faculty recruitment, development, and evaluation;
- 4. Liaison with the Board;
- 5. Establishment of clinical sites.

(4) Faculty.

(a) There shall be sufficient faculty with educational preparation and nursing expertise to meet the objectives and purposes of the nursing education program.

(b) Nursing faculty shall have the following qualifications:

- 1. Each nurse faculty member shall be currently licensed to practice professional nursing in Florida (which shall include practice under the terms of Rule 64B9-3.009, F.A.C.).
- 2. By August 2009, sixty percent (60%) or more of the nursing faculty in a professional nursing program shall hold a

bachelor's degree in nursing plus a masters or doctoral degree in nursing. Each nursing faculty member who does not meet this requirement shall have a bachelor's degree in nursing and meet one of the following requirements:

- a. Have the equivalent of at least three years of full time experience in clinical practice as a registered nurse.
- b. Be actively engaged in studies leading to the next highest degree for which eligible. The degree must be in nursing or a related field.
- c. Have current certification as an A.R.N.P. in Florida.
- d. Have at least two years of full time experience as a nurse educator.

3. Fifty percent (50%) or more of the nursing faculty in a practical nursing program shall hold a bachelor's degree in nursing. Each faculty member who does not meet this requirement shall meet two of the following requirements:

- a. Have the equivalent of at least two years of full-time experience in clinical practice as a registered nurse;
- b. Be actively engaged in studies leading to the next highest degree for which eligible. This degree must be in nursing or a related field;
- c. Have the equivalent of at least two full-time years of experience as a nurse educator;
- d. Have current certification as an A.R.N.P. in Florida.

4. Faculty shall demonstrate theoretical and clinical competence for each assigned area of instruction.

5. Variances or waivers to the academic qualifications for nursing faculty shall be justified and must be approved by the Board in accordance with Section 120.452, F.S.

a. For practical nursing program faculty, an individual who is a RN but is not enrolled in a bachelors or higher degree in nursing program is limited to a maximum of three calendar years.

b. For professional nursing program faculty, a BSN prepared individual who is not enrolled in a masters or higher degree in nursing or related field program is limited to a maximum of three calendar years.

c. For professional nursing faculty, a BSN prepared individual who is enrolled in a masters in nursing or related field program shall be approved annually on an individual basis and is limited to a maximum of five calendar years.

d. The number of faculty variances shall not exceed 20 percent of the number of full time nurse faculty employed (not FTE) by the program.

(c) Nursing Faculty Responsibilities:

1. Developing, implementing, evaluating, and updating the purpose, philosophy, objectives/outcomes, and organizational framework of the nursing program.

2. Developing, implementing and evaluating the curriculum.

3. Developing, evaluating, and revising student admission, progression, retention, and graduation policies within the policies of the institution.

4. Participating in academic advising and guidance of students.

5. Providing theoretical instruction and clinical or practicum experiences.

6. Monitoring instruction provided by preceptors.

7. Evaluating student achievement of curricular objectives/outcomes related to nursing knowledge and practice.

8. Providing for evaluation of teaching effectiveness in accordance with parent institution policy.

9. Participating in activities which facilitate maintaining the faculty member's own nursing competence and professional expertise in the area of teaching responsibility and maintaining clinical competence through clinical experience, workshops, and/or continuing education.

10. Participating in a faculty organization, which meets regularly at scheduled and recorded meetings, and provides for faculty involvement in the operation of the program.

(d) Faculty policies and procedures shall be available in writing and shall include qualifications, rights, and responsibilities of faculty members, the criteria for evaluation of performance, and promotion and retention policies.

(e) Clinical preceptors may be used to enhance clinical learning experiences.

1. Clinical preceptors shall be Florida licensed nurses (which may include practice under the terms of Rule 64B9-3.009, F.A.C.).

2. There shall be written guidelines for the use of clinical preceptors that include the following:

a. Criteria for selecting preceptors.

b. The functions and responsibilities of the clinical preceptor shall be clearly delineated in a written agreement between

the clinical agency, the preceptor and the nursing education program.

- c. The preceptor shall have clinical expertise and competence in the area where serving as a preceptor.
- d. The preceptor is approved by the program faculty and the facility/agency.
- e. The preceptor shall be physically present and available to the student at all times while the student is performing in a nursing capacity with patients or clients.
- f. The faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and student for the purposes of monitoring and evaluating learning experiences.
- g. Written clinical objectives are specified and given to the preceptor prior to the preceptorship experience.

(5) Students.

(a) A nursing student shall practice nursing as a student within the meaning of Chapter 464, F.S., only within the courses of an approved program in which the student is enrolled and under the supervision of program faculty.

(b) The nursing program shall admit students to the program based upon the number of faculty, available educational facilities and resources, and the availability of clinical learning experiences for the student.

(c) The program shall provide written policies for admission, readmission, transfer, advanced placement, promotion, graduation, withdrawal, or dismissal to the student shall be consistent with those for students in the parent institution and acceptable educational standards.

(d) The program or parent institution shall provide accurate records of scholastic achievement to each student.

(6) Curriculum for a Professional Nursing Education Program: To ensure the preparation of nurses capable of competent practice, the curriculum for a professional nursing education program shall be implemented by the program director and faculty as written and shall include at least the following, regardless of educational delivery method:

(a) A philosophy or list of assumptions, organizing frame-work, program objectives/outcomes, course objectives/outcomes, teaching strategies, and evaluation methods which are:

- 1. Developed and written by the faculty;
- 2. Consistent with the law regulating the practice of nursing as a registered nurse;
- 3. Internally consistent;
- 4. Implemented as written; and
- 5. Distributed to each nursing student.

(b) A curriculum plan showing the sequence of courses, skills lab, and clinical experiences, and the units of credit or number of clock hours allotted to theory, skills laboratory, and clinical experiences to ensure sufficient preparation for the safe and effective practice of nursing as a registered nurse.

(c) A curriculum content that:

- 1. Includes courses or content in three major areas;

a. Physical, biological, technological sciences, and mathematics,

b. Social and behavioral sciences, which shall include concepts that assist a student in the development of a foundation for:

(i) Understanding and communicating with individuals or groups across the life span, and their interactions in society;

(ii) Understanding the effect of economic, political, religious, cultural, and growth and developmental experiences upon human behavior;

(iii) Understanding of content for any required continuing education courses in Chapter 64B9-5, F.A.C.

c. Nursing science related to nursing practice in a variety of settings where health care can occur and which shall include the following content:

(i) The nursing process, critical thinking, problem solving, and decision-making related to meeting the nursing care needs of individuals or groups across the life span;

(ii) Physiological and psychosocial nursing needs of individuals or groups across the life span with commonly occurring acute and chronic physical and mental health problems, illnesses, and adaptations;

(iii) Promotion, maintenance, and restoration of health across the life span including methods of dealing with end of life issues;

(iv) Theoretical and clinical instruction must clearly reflect content in medical surgical, obstetric/maternal-child, pediatric, geriatric, and psychiatric/mental health nursing;

- (v) Management, delegation, coordination, and evaluation of safe, effective nursing care;
- (vi) The role of the registered nurse in the health care system, including health teaching and counseling, legal aspects, and ethics;
- (vii) Nursing history and nursing trends;
- (viii) The law regulating the practice of nursing as set forth in Chapters 456 and 464, F.S. and Chapter 64B9, F.A.C.
- (d) Curriculum specific to Baccalaureate degree nursing programs shall additionally include:
 1. Preparation as change agent;
 2. Research and statistical methods;
 3. Theoretical and clinical instruction in community/public health nursing.
- (e) Program shall provide information for credits and hours of instruction such that:
 1. The ratio of credit hours to clock hours of theory, skills laboratory and clinical experience shall be specified for each nursing course. These ratios shall be consistent for all nursing courses and conform to parent institutional requirements.
 2. The total hours for graduation from the nursing program shall be at least consistent with those required for graduation from other programs of the parent institution.
- (7) Curriculum for a Practical Nursing Education Program: To ensure the preparation of nurses capable of competent practice the curriculum for a practical nursing education program shall be implemented by the program director and faculty as written and shall include the following, regardless of educational delivery method:
 - (a) A philosophy or list of assumptions, organizing framework or theme, program objectives/outcomes, course objectives/ outcomes, teaching strategies, and evaluation methods which are:
 1. Developed and written by the faculty;
 2. Consistent with the law regulating the practice of nursing, as a licensed practical nurse;
 3. Internally consistent;
 4. Implemented as written; and
 5. Distributed to nursing students.
 - (b) A curriculum plan showing the sequence of courses, skills lab, and clinical experiences and the units of credit or number of clock hours allotted to theory, skills laboratory, and clinical experiences to ensure sufficient preparation for the safe and effective practice of nursing as a licensed practical nurse.
 - (c) A curriculum content that:
 1. Spans a minimum length of one academic or calendar year of full-time study. If the program is offered as part of a high school curriculum, the program shall be implemented no earlier than the beginning of the student's junior year.
 2. Includes courses or content in three major areas, which may be integrated, combined, or presented as separate courses and shall include:
 - a. Basic biological, physical, technological sciences and mathematics which shall include an understanding and application of wellness and disease concepts, safety and security procedures, emergency response, infection control, computer skills medical terminology, blood borne diseases including mandatory instruction on HIV/AIDS under Section 456.033, F.S., mandatory instruction on domestic violence under Section 456.031, F.S., nutrition, and body structure and function.
 - b. Basic social and behavioral sciences that shall include concepts that assist a student in the development of a foundation for:
 - (i) Understanding and communicating with individuals or groups across the life span.
 - (ii) Understanding the effect of economic, political, religious, cultural, and growth and developmental experiences upon human behavior.
 - (iii) Understanding legal and ethical responsibilities in the role of the licensed practical nurse.
 - c. Basic nursing science related to nursing practice in a variety of structured settings where health care can occur and which shall include the following content:
 - (i) The nursing process as appropriate to the role of the practical nurse in meeting the basic nursing care needs of individuals or groups across the life span in the promotion of health.
 - (ii) Basic physiological and psychosocial nursing needs of individuals with commonly occurring acute and chronic physical and mental health problems, illnesses, and adaptations with predictable outcomes.

- (iii) Promotion, maintenance, and restoration of health across the life span including methods of dealing with end of life issues.
 - (iv) Theoretical and clinical instruction must clearly reflect content in medical, surgical, obstetric/maternal-child, pediatric and geriatric nursing.
 - (v) Provision of safe, effective nursing care.
 - (vi) Pharmacology and medication administration to include calculation of medication dosages.
 - (vii) Nursing history and nursing trends.
 - (viii) The law regulating the practice of nursing as set forth in Chapters 455 and 464, F.S., and Chapter 64B9, F.A.C.
- (d) Program shall provide information for credits and hours of instruction.
1. The ratio of credit hours to clock hours of theory, skills laboratory and clinical experience shall be specified for each nursing course. These ratios shall be consistent for all nursing courses and conform to institutional requirements.
 2. Clinical experiences shall make up at least 50% of the total program.
- (8) Clinical Experiences. All clinical experiences shall:
- (a) Be an integral part of the total curriculum plan and show a relationship to concurrently taught theory.
 - (b) Require that faculty plan for the student's learning experiences in cooperation with agency personnel.
 - (c) Have Board approval secured prior to the time a facility/agency or community-based site is utilized for student clinical experience by submitting a request on Board approved forms.
 - (d) Have contractual agreements between the program and the facility/agency or community-based site in writing, state rights and responsibilities of each party, include a termination clause and be reviewed annually.
 - (e) Provide written notification to the Board by the program director when a clinical facility/agency being used for students' clinical practice loses accreditation or approval status.
 - (f) Meet established course objectives/outcomes.
 - (g) Provide the student with the opportunity to practice cognitive, psychomotor and affective skills in the performance of a variety of nursing functions with individuals or groups across the life span.
 - (h) Occur appropriately in a variety of settings to include healthcare facilities/agencies and community-based sites.
 - (i) Simulated clinical experiences using the Human Patient Simulator © or its substantial equivalent may be substituted for no more than 25% of direct care experiences provided that:
 1. Specific clinical objective-based scenarios are presented, providing the student with appropriate cognitive, affective, and psychomotor development.
 2. Faculty is physically present to guide the simulation experience.
 3. Permission is requested and received from the Board to substitute simulated clinical experiences for direct care experiences.
 - (j) Include a minimum of 675 hours supervised by appropriate faculty or preceptor for practical nursing programs and a minimum of 600 hours supervised by appropriate faculty or preceptor for professional nursing programs.
 - (k) Be provided within the state by board approved nursing programs only. Out-of-state programs that are fully approved by another state board of nursing may apply to the board per subsection 64B9-2.011(7), F.A.C. The board may add requirements for maintaining such approval.
- (9) Healthcare Facility/Agency Experiences:
- (a) Healthcare facilities and agencies used for clinical experiences shall be currently licensed/certified by the State of Florida.
 - (b) All healthcare facilities and agencies shall provide proof of accreditation or approval by a recognized accrediting or approving agency.
 - (c) Facilities/Agencies shall have:
 1. A registered nurse licensed under Chapter 464, F.S., who is administratively responsible for nursing services.
 2. A sufficient number of patients/clients to provide learning experiences to meet the objectives of the course.
 3. An environment in which the student is recognized as a learner.
 4. A sufficient number of nursing personnel, currently licensed under Chapter 464, F.S., and appropriately qualified, to ensure that patients receive safe, effective care at all times, and to serve as role models.
 5. Established standards for nursing care congruent with the Board's legal standards for nursing care.

6. Written job competencies for all categories of nursing personnel and criteria for making patient assignments.
 7. Appropriate references and current practice/procedure manuals available to students.
 8. A means of communication between faculty and facility/agency administrative personnel and between faculties of all nursing education programs that use the agency.
 9. Evidence that the agency's personnel understand their relationship to faculty and students and that the responsibility for coordination is specifically identified.
 10. Designated conference areas on, or in close proximity to clinical learning sites.
 - (d) Clinical experiences based on program objectives shall be planned so that the student is able to gain clinical experience within the operational hours of the healthcare facility/agency or community based site.
 - (e) When clinical experiences are supplemented by observational experiences, those hours of observational experience shall constitute 20% or less of total clinical hours for that specific clinical course into which the observational experience has been incorporated.
 - (f) Faculty shall be responsible for supervising students on no more than two units of a healthcare facility during one clinical instruction period.
 - (g) Faculty-student ratio shall be at a maximum ratio of 1:12 in healthcare facilities/agencies.
 - (h) Faculty shall be physically present within the healthcare facility/agency while students are providing direct care to patients/ clients.
 - (10) Community-Based, Learning Experiences.
 - (a) The community-based learning experience shall be developed with clearly defined outcomes specific to concurrently taught theory.
 - (b) Community-based learning experiences may not comprise the majority of clinical experience hours of the total curriculum.
 - (c) Faculty-student ratio shall be at a maximum ratio of 1:12 in community-based learning experience setting.
 - (d) Faculty shall be accessible by two-way communication, able to respond to an inquiry when made, and readily available for consultation to students in a community-based setting.
 - (e) Faculty will retain the responsibility for the selection and guidance of the student community-based learning experiences and for the evaluation of the student performance.
 - (f) The community-based learning experience is only appropriate for the Professional Nursing program preceptorships.
 - (11) Preceptorship Experiences.
 - (a) The student shall be enrolled in the course of the program in which the preceptor experience is a part and shall not be reimbursed for nursing services from the agency in which the experience occurs.
 - (b) Each designated preceptor may have one alternate preceptor who meets the requirements of paragraph 64B9-2.015(4)(e), F.A.C. When the designated preceptor is unable to supervise the student due to unforeseen circumstances, this alternate preceptor will supervise the student.
1. Practical Nursing Preceptorships.
 - a. A Practical Nursing preceptorship can occur in any course of the nursing curriculum, which includes concurrent theory.
 - b. Faculty shall supervise up to twelve students in any one facility and be readily available on site during the student preceptorship.
 - c. The preceptor shall be assigned no more than two (2) students for any preceptor experience.
 2. Professional Nursing Preceptorships.
 - a. The supervising faculty member must be available to the student and the preceptor by telephone or beeper.
 - b. With faculty approval, the preceptor or the designed alternate may have students accompany them to multiple practice sites for student clinical experience.
 - c. The preceptor may have a maximum of two (2) students assigned for preceptorship.
 - d. The Professional Nursing preceptorship can occur in any course of the nursing curriculum, which includes concurrent theory, and is beyond the fundamental, introductory nursing clinical course and has a maximum ratio of instructor to students of 1:12.
 - e. The Professional Nursing preceptorship may also occur as a culminating experience at the end of the program when

the student has completed all nursing theory and clinical experiences in the program and has a maximum ratio of instructor to students of 1:18.

(12) Program Evaluation.

(a) The minimal acceptable level of performance as required by the Board on the National Council of State Boards of Nursing licensing examination for graduates of a nursing education program during the fiscal year of the Department shall be 10% below the national or state average, whichever is lowest, as published by the contract testing service of the National Council of State Boards of Nursing.

(b) The nursing program shall have a written plan for the systematic evaluation of the total program and its outcomes for the purpose of determining competency, adequacy and effectiveness. The plan shall include the methodology, frequency of evaluation, assignment of responsibility, and evaluative criteria. The following areas shall be evaluated:

1. Organization and administration of the program;
2. Philosophy, conceptual framework, and objectives/outcomes;
3. Curriculum;
4. Educational facilities, resources, and services;
5. Clinical resources;
6. Students theoretical and clinical performance;
7. Graduates' performance on the licensing examination;
8. Graduates' nursing competence;
9. Performance of the faculty;
10. Protection of patient safety;
11. The methods and instruments used for evaluation purposes.

(c) There shall be evidence that the evaluation plan is being implemented and that faculty review evaluative data and take corrective action as needed.

Specific Authority 464.006, 464.019(2) FS. Law Implemented 464.019 FS. History—New 1-28-02, Amended 10-19-06.

CHAPTER 64B9-3 REQUIREMENTS FOR LICENSURE

64B9-3.001 Definitions.

- (1) Approved Programs – a nursing program conducted in a school, college or university which is approved by the Board pursuant to Section 464.019, F.S., for the education of nurses, and includes integrated clinical and theoretic education.
- (2) Approved Program Equivalent – nursing program conducted in a school, college or university outside the State of Florida which has been approved by the Board of Nursing in the jurisdiction in which it is located, if such Board exists, and which demonstrates that it meets the education criteria in Chapter 64B9-2, F.A.C. rules.
- (3) Board – as used herein means Florida Board of Nursing.
- (4) Department – as used herein means Department of Health.
- (5) Direct Supervision – as used herein means the physical presence within the patient care unit of a registered professional nurse who assumes legal responsibility for the nursing practice of the graduate nurse or graduate practical nurse being supervised and who provides direction and consultation for the nursing actions of such graduate or graduate practical nurse.
- (6) First examination for which eligible – as used in these rules means the first nursing licensure examination which an applicant is eligible to take within six months following completion of the requirements for the licensure level for which the application is submitted.
- (7) High School Diploma Equivalent
 - (a) Passing of the General Education development test,
 - (b) Graduation from a college or university,
 - (c) Successful completion of a nursing licensing examination,
 - (d) Graduation from an approved school of nursing, or
 - (e) Courses of study recognized by the Board as being equivalent to a high school diploma in this country.
- (8) Practical Nursing Education Equivalency – professional nursing courses of study, successfully completed with a grade of “C-” or better, which meet the standards of practical nursing education required in approved practical nursing programs in Florida.
- (9) Proof of graduation – a certificate, diploma, degree, official transcript, or other official document which indicates that an applicant has met all educational and institutional requirements.

Specific Authority 464.006, 464.022(4) FS. Law Implemented 464.008(1)(b), 464.015(4), 464.019, 464.022(4) FS. History–New 4-27-80, Amended 7-11-83, Formerly 21O-8.20, Amended 3-3-87, Formerly 21O-8.020, 61F7-3.001, Amended 7-5-95, 11-15-95, Formerly 59S-3.001, Amended 11-2-98, 1-22-01, 2-17-02.

64B9-3.0015 Application for Licensure.

- (1) Any application submitted for licensure may not be used for more than one year from the date of the original submission of the application. A new application and new fee shall be required for any applicant who still seeks to be licensed.
- (2) Courses in HIV/AIDS and domestic violence required by Sections 456.031 and 456.033, F.S., for initial licensure must be taken within two years preceding the application for licensure.

Specific Authority 120.53, 456.013, 456.031, 456.033, 464.006, 464.008, 464.009, 464.012 FS. Law Implemented 120.53, 456.013, 456.031, 456.033, 464.006, 464.008, 464.009, 464.012 FS. History–New 9-25-96, Formerly 59S-3.0015, Amended 1-22-01.

64B9-3.002 Qualifications for Examination.

(1) An applicant seeking certification to take the licensure examination shall submit, on forms provided by the Department, evidence that he or she meets the qualifications prescribed by the Nurse Practice Act, Chapter 464, F.S. Such evidence shall consist of:

(a) Certification by a physician licensed pursuant to Chapter 458 or 459, F.S., physician's assistant licensed pursuant to Chapter 458 or 459, F.S., or A.R.N.P. certified pursuant to Chapter 464, F.S., that the applicant is in good mental and physical health.

(b) A high school diploma, or a high school diploma equivalent.

(c) For graduates of an approved nursing program, a notice of graduation or of completion of the requirements for graduation. For graduates of an approved program equivalent, an official transcript or equivalent documentation which identifies all courses completed with a minimum acceptable passing score established by the institution or program at which each course was completed that meet graduation requirements. If the applicant is seeking to qualify to write the examination on the basis of education received in a country other than the United States, the applicant must obtain a report by a credentialing agency that meets the requirements of Rule 64B9-3.014, F.A.C.

(d) For an applicant writing the examination for practical nurses on the basis of practical nursing education equivalency, documentation from the professional nursing school which states the number of completed clock hours or theoretical and clinical instruction comparable to practical nursing program requirements as set forth in Rule Chapter 64B9-2, F.A.C., or an official certified transcript which sets forth graduation from an approved professional program.

(e) Successful completion of any one of the approved English competency examinations with:

1. A minimum score of 540 (207 on computerized version) on the Test of English as a Foreign Language (TOEFL) Examination;

2. A minimum score of 79% on the Michigan English Language Assessment Battery (MELAB);

3. A minimum MELAB converted score of 79% on the Michigan Examination for the Certificate of Proficiency in English (ECPE Examination);

4. A minimum score of 725 on Test of English for International Communication (TOEIC);

5. A minimum score of 6.5 overall with a 7.0 on the spoken portion on the academic version of International English Language Testing System (IELTS);

6. Completion of a nursing program given in English in another country;

7. A passing score on a nursing licensing examination which is given in English;

8. A certificate from the Commission on Graduates from Foreign Nursing Schools or other agency which indicates successful completion of TOEFL, TOEIC, or IELTS;

9. Completion of a college level course for academic credit in a U.S. institution; or

(f) Prior to application for examination, convicted felons must obtain a restoration of their civil rights or they are ineligible to sit for the examination.

(2) If an applicant has been convicted or found guilty of, or has entered a plea of nolo contendere to, regardless of adjudication, any offense other than minor traffic violation, the applicant shall submit arrest and certified court records stating the nature of the offense and final disposition of the case so that a determination can be made by the Board whether the offense relates to the practice of nursing or the ability to practice nursing.

(3) Documents in a foreign language must be accompanied by a certified translation in the English language.

(4) The applicant shall notify the Board in writing of any change in the information provided on the application which occurs prior to licensure.

(5) The applicant must submit proof of graduation before the license will be issued.

Specific Authority 464.006 FS. Law Implemented 112.011(1)(b), 456.013, 464.008 FS. History—New 4-27-80, Amended 3-16-81, 8-2-81, 7-11-83, Formerly 210-8.21, Amended 3-3-87, 12-8-87, 6-8-88, Formerly 210-8.021, Amended 1-30-94, Formerly 61F7-3.002, Amended 9-25-96, Formerly 59S-3.002, Amended 7-27-98, 4-19-00, 5-8-01, 9-23-03, 1-29-07.

64B9-3.0025 Remedial Courses for Reexamination.

To meet the requirements of Section 464.008(3), F.S., remedial courses must be approved by the Board, and must meet the following requirements:

(1) The education objectives, faculty qualifications, administrative procedures and clinical training shall comply with the standards in Rules 64B9-2.004, 64B9-2.005, 64B9-2.007 and 64B9-2.008, F.A.C.

(2) The curriculum shall:

(a) Comply with the guidelines in paragraphs 64B9-2.006(1)(a), (b), (c), (d) and (e), F.A.C.;

(b) Meet the content requirements in subparagraphs 64B9-2.006(2)(c)3. and (3)(a)3., F.A.C.;

(c) Include a minimum of 80 hours didactic education and 96 hours clinical experience in a medical-surgical setting.

1. Content for professional nurse remedial course must include medical, surgical, obstetric, pediatric, geriatric and psychiatric nursing

2. Content of practical nurse remedial course must include medical, surgical, obstetric, pediatric and geriatric nursing

Specific Authority 464.008(3) FS. Law Implemented 464.008(3) FS. History—New 3-23-00.

64B9-3.003 Practice of Nursing by Applicant for Licensure by Examination.

(1) No applicant for licensure by examination will be permitted to practice nursing unless:

(a) The applicant has submitted the required application and fee to the Department for the first licensing examination for which eligible, and

(b) The applicant has been authorized by the Board to practice as a graduate nurse or graduate practical nurse, and has been authorized to test by the examination vendor.

(2) Any applicant who is a graduate nurse, or a graduate practical nurse, shall practice nursing only under the direct supervision of a registered professional nurse. The Board may require periodic reports from the supervisor or employers of a graduate nurse or graduate practical nurse whom the Board finds has violated the provisions of Section 464.018(1), F.S. Such a finding shall be made at the time of consideration of the application.

(3) An applicant who fails the first, or any subsequent examination, shall not practice nursing until such time as the applicant passes a nursing licensing examination.

(4) Any applicant who fails to appear for the first examination for which eligible shall not practice nursing until such time as the applicant passes a licensing examination.

(5) An applicant who is eligible to write the professional examination but elects to write the practical examination on the basis of practical nursing education equivalency and fails the practical examination shall not be granted Graduate Nurse status when the applicant applies to write the professional examination.

Specific Authority 464.006 FS. Law Implemented 464.015(3), (4), 464.022(4) FS. History—New 4-27-80, Amended 3-16-81, 8-2-81, 7-11-83, Formerly 210-8.22, Amended 3-3-87, 12-8-87, Formerly 210-8.022, 61F7-3.003, Amended 9-19-94, 5-9-95, Formerly 59S-3.003, Amended 1-22-01.

64B9-3.007 Examination Security.

In addition to those security and monitoring procedures implemented by the Department of Health pursuant to Rule 64B-1.010, F.A.C., the Department, when administering a licensing examination to applicants for nursing licensure, shall comply with and implement those security measures set out in the examination contract negotiated between the Department and the National Council of State Boards of Nursing, Inc.

Specific Authority 456.017(1)(d) FS. Law Implemented 456.017(1)(d) FS. History—New 10-6-82, Formerly 210-17.01, 210-17.001, 61F7-3.007, 59S-3.007, Amended 4-28-99.

64B9-3.008 Licensure by Endorsement.

(1) An applicant for licensure by endorsement must apply to the Department on prescribed forms, including verification of licensure forms from the original state or territory in which licensure was obtained and from a state or territory in which the applicant holds an active license, and pay the required fee. If the applicant:

(a) Has been convicted or found guilty of, or has entered a plea of nolo contendere to, regardless of adjudication, any offense, other than a minor traffic violation, the applicant shall furnish certified court records stating the nature of the offense and the disposition of the case so that a determination may be made by the Board whether the conviction related to the practice of nursing or the ability to practice nursing.

(b) Has ever had disciplinary action taken against a license (including relinquishment or denial of licensure) in another state, territory, or country, the applicant shall submit to the Board documentation pertaining to such action and its final disposition.

(2) To apply for endorsement pursuant to Section 464.009(1)(a), F.S., an applicant shall be required to show current licensure in another state of the United States and the licensure requirements of the original state of licensure at the time of original licensure. For the purpose of determining if the requirements in the original state of licensure were substantially equivalent to or more stringent than the requirements in Florida at that time, the applicant must demonstrate a passing score on one of the following:

(a) The NCLEX examination for professional or practical nurses;

(b) The State Board Test Pool Examination for Professional Nurses given between 1951 and 1981, if the applicant passed with a score of 350 in each subject or a total score of 1800;

(c) The State Board Test Pool Examination for Practical Nurses given between 1952 and 1981, if the applicant passed with a score of 350;

(d) A state licensing examination for professional nurses given prior to 1951 or a state licensing examination for practical nurses given prior to 1952;

(e) Any licensing examination taken as a condition for state licensure by a professional nurse after 1951 or by a practical nurse after 1952, if the examination meets the following standards:

1. The examination was developed using accepted psychometric procedures;

2. The content and passing score of the examination was substantially equivalent to the examination given in Florida at the time;

3. The security of the examination was maintained;

4. At least one of the reliability estimations for the examination is .70 or higher;

5. The examination was revised after each administration to ensure currency of content;

6. For examinations given after 1984, the test plan was based on a job analysis of new nursing graduates.

(3) To apply for endorsement pursuant to Section 464.009(1)(b), F.S., an applicant shall meet all requirements for eligibility to take the licensure examination as provided in Rule 64B9-3.002, F.A.C., and demonstrate a passing score on one of the following:

(a) The National Council Licensure Examination for registered nurses with a minimum score of 1600, or, after 1988, a report of Pass;

(b) The National Council Licensure Examination for practical nurses with a minimum score of 350, or, after 1988, a report of Pass;

(c) A state, regional, or national examination which meets the following minimum requirements:

1. The examination is developed using accepted psychometric procedures.

2. The content and passing score of the examination are substantially equivalent to that of the National Council Licensure Examination.

3. The security of the examination is maintained.

4. At least one of the reliability estimations for the examination is .70 or higher.

5. The examination is revised after each administration to insure currency of content.

Specific Authority 464.006, 464.009 FS. Law Implemented 464.006, 464.009 FS. History—New 4-27-80, Amended 7-12-81, 7-11-83, 7-3-84, Formerly 210-8.26, Amended 3-3-87, 12-8-87, 8-3-89, 11-19-91, Formerly 210-8.026, Amended 9-7-93, Formerly 61F7-3.008, Amended 1-1-96, Formerly 59S-3.008, Amended 2-18-98, 5-8-01, 9-23-03.

64B9-3.009 Practice of Nursing by Applicants for Licensure by Endorsement.

(1) An applicant for licensure by endorsement holding a current license in another state may perform nursing services in Florida for sixty (60) days after furnishing the employer the following:

- (a) Evidence of current licensure in another state,
 - (b) Verification from the Board that the applicant has submitted proper endorsement form and fee.
- (2) If a license by endorsement has not been issued within the 60-day limit, the applicant shall make a written or verbal request of the Board to continue working. The permit shall be extended for 60 days when verification of licensure from the other state has not been received by the Board within the 60-day period, and otherwise, until acted upon by the Board.

Specific Authority 464.006 FS. Law Implemented 464.009, 464.015(1), (2), (3), (4), 464.022(4), (8) FS. History—New 4-27-80, Amended 7-2-81, Formerly 210-8.27, Amended 3-3-87, 12-8-87, 6-8-88, 8-2-90, 1-9-91, Formerly 210-8.027, Amended 9-7-93, Formerly 61F7-3.009, 59S-3.009, Amended 12-30-97, 4-9-98, 1-22-01, 8-15-01.

64B9-3.011 Exemption for Licensure in an Emergency.

The Board construes “case of an emergency” to mean:

- (1) A natural or man-made disaster or accident in which human health or life is in immediate jeopardy.
- (2) A situation in which human life is in immediate jeopardy.
- (3) A formal declaration of a state of emergency by the Governor or appropriate governing body of a county or municipality under the State Emergency Management Act.
- (4) A formal declaration of a State of Emergency by the President of the United States.

Specific Authority 464.006 FS. Law Implemented 464.002(2) FS. History—New 3-23-93, Formerly 210-8.030, 61F7-3.011, 59S-3.011.

64B9-3.013 Renewal of Licenses.

- (1) The licensee shall retain for 4 years certificates of attendance and other records to document the completion of the continuing requirement. The Board will audit at random a number of licensees as is necessary to assure that the continuing education requirements are met.
- (2) Failure to document compliance with the continuing education requirements or the furnishing of false or misleading information regarding compliance shall be grounds for disciplinary action.

Specific Authority 464.006 FS. Law Implemented 464.013, 464.018 FS. History—New 6-8-89, Formerly 210-13.012, Amended 9-20-93, Formerly 61F7-3.013, Amended 1-1-96, 4-29-96, Formerly 59S-3.013, Amended 2-18-98.

64B9-3.014 Criteria for Credentialing Agencies.

In order to be accepted as documentation of the required education, a report must be submitted from a credentialing agency to the Board of Nursing that meets the following criteria:

- (1) The credentialing agency must be a member of a national credentialing organization that sets performance standards for the industry, and must adhere to those standards.
- (2) The credentialing agency's standards must be monitored by an external committee of credentialing experts and nursing educators.
- (3) The credentialing agency must demonstrate the ability to accurately analyze academic and licensure credentials in terms of U.S. comparability, with course-by-course analysis for nursing academic records.
- (4) The credentialing agency must manage the translation of original documents into English.
- (5) The credentialing agency will inform the Board of Nursing in the event applicant documents are found to be fraudulent.
- (6) The credentialing agency must have been in the business of evaluating nursing education for a minimum of 10 years.
- (7) Credentials evaluation report.
 - (a) The references used in the evaluation must be cited in the credentials report.
 - (b) The credentials report must state the language of nursing instruction and the language of textbooks for nursing education.
 - (c) The credentialing agency must use only original source documentation in evaluating nursing education.
 - (d) The report must state the comparability of the foreign education to U.S. and to Florida Board of Nursing standards.
 - (e) The report must detail course clock hours for theory and clinical components of nursing education.

Specific Authority 464.006 FS. Law Implemented 456.013(1), 464.008 FS. History—New 4-19-00, Amended 10-22-07.

CHAPTER 64B9-4 ADMINISTRATION POLICIES PERTAINING TO CERTIFICATION OF ADVANCED REGISTERED NURSE PRACTITIONERS

64B9-4.001 Definitions.

- (1) Advanced Registered Nurse Practitioner (“ARNP”) – a Registered Nurse licensed under Section 464.008 or 464.009, F.S. and duly certified by the Board pursuant to Section 464.012, F.S.
- (2) Alter – adjusting of dosages pursuant to an established protocol.
- (3) Appropriate Specialty Board – a professional or national organization recognized by the Board which certifies or issues credentials to an advanced practice nurse in a specialty area.
- (4) Basic Nursing Education – a nursing program preparing a person for initial licensure to practice professional nursing.
- (5) Board – unless otherwise clearly indicated, is used in this chapter to mean Florida Board of Nursing.
- (6) Category – one of the three statutorily defined types of ARNP certification, which are nurse practitioner, certified nurse midwife, and certified registered nurse anesthetist.
- (7) Clinical Experience – practice under the supervision of a qualified preceptor in the actual care of a consumer of health services.
- (8) Condition – states of being or circumstance that may require remediation. A condition may be construed to include, but is not limited to, a chronic disease, a temporary state of health such as pregnancy, or a symptom complex.
- (9) Initiate – to implement that which has been prescribed by a practitioner licensed under Chapters 458, 459, or 466, F.S., where adherence to established protocol is required.
- (10) Monitor – periodic assessment of a patient’s condition through follow-up procedures commonly held to be acceptable by the profession. Monitoring may include collection of data and interpretation of lab tests and the formulation of a nursing diagnosis based on a patient’s history, physical findings and lab results.
- (11) One Academic Year – shall be construed to mean a program of at least 45 quarter-hour units, 30 semester-hour units, or 32 trimester-hour units or the equivalent thereof. One hour of didactic or 2 hours of clinical instruction shall equal one unit.
- (12) Preceptorship/supervised clinical experience – clinical experience and practice under the supervision of a qualified preceptor for a specified length of time in the actual care and management of a consumer of health care services.
- (13) Qualified Preceptor – a certified practicing advanced registered nurse practitioner, or a duly licensed medical doctor or doctor of osteopathy, or doctor of dental medicine who is responsible for the supervision, teaching and evaluation in the clinical setting of a student enrolled in a nurse practitioner educational program. If the clinical setting is in Florida, the qualified preceptor must be licensed in this state under Chapter 458, 459, 464, or 466, F.S., and the student must be a Registered Nurse licensed under Chapter 464, F.S.
- (14) General Supervision – supervision whereby a practitioner currently licensed under Chapters 458, 459, or 466, F.S., authorizes procedures being carried out but need not be present when such procedures are performed. The ARNP must be able to contact the practitioner when needed for consultation and advice either in person or by communication devices.
- (15) Therapy – a treatment regimen or remedy.

Specific Authority 464.006, 464.012 FS. Law Implemented 464.003(6), 464.012 FS. History–New 8-31-80, Amended 3-16-81, 6-18-85, Formerly 210-11.20, 210-11.020, 61F7-4.001, Amended 5-29-96, Formerly 59S-4.001, Amended 4-5-00.

64B9-4.002 Requirements for Certification.

(1) In accordance with the provisions of Section 464.012, F.S., any person who wishes to be certified as an Advanced Registered Nurse Practitioner shall submit an application to the Department, on forms prescribed by it, as incorporated in subsection 64B9-4.004(1), F.A.C., demonstrating that the applicant holds a current unencumbered license to practice professional nursing in Florida.

(2) Applicant shall submit proof of national advanced practice certification from an approved nursing specialty board. After July 1, 2006, applications for certification as an Advanced Registered Nurse Practitioner pursuant to Section 464.012(3), F.S., shall submit proof of national advanced practice certification from an approved nursing specialty board.

(3) Professional or national nursing specialty boards recognized by the Board include, but are not limited to:

(a) Council on Certification of Nurse Anesthetists, or Council on Recertification of Nurse Anesthetists, or their predecessors.

(b) American College of Nurse Midwives.

(c) American Nurses Association (American Nurses Credentialing Center) Nurse Practitioner level examinations only.

(d) National Certification Corporation for OB/GYN, Neonatal Nursing Specialties (nurse practitioner level examination only).

(e) National Board of Pediatric Nurse Practitioners and Associates (Pediatric Nurse Associate/Practitioner level examinations only).

(4) Those nursing specialty boards seeking recognition by the Board shall meet the following standard:

(a) Attests to the competency of nurses in a clinical specialty area;

(b) Requires a written examination prior to certification;

(c) Requires (and required at the time of original certification) completion of a formal program prior to eligibility of examination;

(d) Maintains a program accreditation or review mechanism that adheres to criteria which are substantially equivalent to requirements in Florida;

(e) Identifies standards or scope of practice statements as appropriate for the specialty.

(5) Pursuant to Section 456.048, F.S., all ARNP's shall carry malpractice insurance or demonstrate proof of financial responsibility. Any applicant for certification shall submit proof of compliance with Section 456.048, F.S. or exemption to the Board office within sixty days of certification or be in violation of this rule. All certificateholders shall submit such proof as a condition of biennial renewal or reactivation. Acceptable coverage shall include:

(a) Professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer under Section 624.09, F.S., a surplus lines insurer under Section 626.914(2), F.S., a joint underwriting association under Section 627.351(4), F.S., a self-insurance plan under Section 627.357, F.S., or a risk retention group under Section 627.942, F.S.; or

(b) An unexpired irrevocable letter of credit as defined by Chapter 675, F.S., which is in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the ARNP as beneficiary. Any person claiming exemption from the financial responsibility law pursuant to Section 455.2456(2), F.S., must timely document such exemption at initial certification, biennial renewal, and reactivation.

(c) Any person claiming exemption from the financial responsibility law pursuant to Section 456.048(2), F.S., must timely document such exemption at initial certification, biennial renewal, and reactivation.

Specific Authority 456.048, 464.006, 464.012 FS. Law Implemented 456.048, 456.072(1)(f), (2), 464.012, 464.018(1)(b), (2) FS. History—New 8-31-80, Amended 3-16-81, 10-6-82, 6-18-85, Formerly 210-11.23, Amended 3-19-87, 4-6-92, Formerly 210-11.023, Amended 3-7-94, 7-4-94, Formerly 61F7-4.002, Amended 5-1-95, 5-29-96, Formerly 59S-4.002, Amended 2-18-98, 11-12-98, 4-5-00, 3-23-06.

64B9-4.0025 Provisional Certification.

- (1) Prior to certification by the appropriate professional or national nursing specialty board, applicants for certification as certified registered nurse anesthetists or certified nurse midwives may apply for provisional state certification.
- (2) Each applicant for provisional state certification must be a graduate of an appropriate educational program pursuant to Rule 64B9-4.002, F.A.C.
- (3) The provisional ARNP certification shall be valid for a period of 12 months.
- (4) The provisional ARNP certification will expire if no specialty board certification is submitted within 12 months of the date granting provisional ARNP certification.

Specific Authority 464.006, 464.012(1)(b) FS. Law Implemented 464.012(1)(b) FS. History—New 2-12-97, Formerly 59S-4.0025, Amended 4-5-00.

64B9-4.003 Program Guidelines.

- (1) The nurse practitioner certificate program which prepares the registered nurse for advanced or specialized nursing practice as an Advanced Registered Nurse Practitioner shall meet the following criteria:
 - (a) The program shall have as its primary purpose the preparation of nurses for advanced and specialized levels of nursing practice in the expanded nursing role.
 - (b) The philosophy, purpose, and objectives of the program shall be clearly defined and available in written form.
 - (c) The objectives reflecting the philosophy shall be stated in behavioral terms and describe the competencies of the graduate.
 - (d) The program shall reflect the following administrative policies:
 1. Admission criteria shall be clearly stated and available in written form. In Florida, admission criteria shall include that the student holds a current unencumbered Registered Nurse license under Section 464.008 or 464.009, F.S.
 2. Admission requirements, philosophy objectives and criteria shall be available to the student.
 3. Policies for withdrawal, dismissal, and readmission shall be available to the student.
 4. The student shall receive official evidence that indicates successful completion of the program.
 5. The program shall be conducted by one of the following:
 - a. An accredited school of nursing that offers a baccalaureate or higher degree in nursing.
 - b. An accredited school of medicine.
 - c. An institution or health care agency approved by the Board.
 - (e) Faculty shall meet the following requirements:
 1. Nursing faculty shall hold current licensure to practice.
 2. Medical faculty shall hold current licensure to practice or current required credentials for teaching.
 3. Faculty shall include currently practicing Advanced Registered Nurse Practitioners.
 4. There shall be an adequate number of qualified faculty in the specialty area available to develop and implement the program and achieve the stated objectives.
 5. Preceptors shall participate in teaching, supervising, and evaluating students.
 - (f) Curriculum of the Advanced Nursing Program shall reflect the following:
 1. The course content, methods of instruction and learning experiences shall be consistent with the philosophy and objectives of the program.
 2. Outlines and descriptions of all learning experiences shall be available in written form.
 3. The program shall be at least one (1) academic year in length and shall include theory in the biological, behavioral, nursing and medical sciences relevant to the area of advanced practice, in addition to clinical experience with a qualified preceptor.
 4. The program shall include, but not be limited, to the following areas:
 - a. Theory and directed clinical experience in comprehensive physical and biopsychosocial assessment.
 - b. Interviewing and communication skills.
 - c. Eliciting, recording, and maintaining a health history.
 - d. Interpretation of laboratory findings.
 - e. Pharmacotherapeutics, to include the initiation, selection, and modification of selected medications.

- f. Initiation and modification of selected therapies.
 - g. Nutrition, including modifications of diet.
 - h. Providing emergency treatments.
 - i. Assessment of community resources and referrals to appropriate professionals or agencies.
 - j. Role realignment.
 - k. Legal implications of the advanced nursing practice nurse practitioner role.
 - l. Health care delivery systems.
 - m. Management of selected diseases and illnesses.
 - n. Differential diagnosis related to specialty problems.
- (g) The program shall provide a minimum of 500 hours of supervised clinical experience in the performance of the specialized diagnostic procedures that are essential to practice in that specialty area.
- (h) Records of the program, philosophy, objectives, administration, faculty, curriculum, students and graduates shall be maintained systematically and be retrievable.
- (i) Provision shall be made for periodic program evaluation by the faculty and students.
- (2) Graduation from a program leading to a master's, a post-masters, a doctoral, or post-doctoral degree, which prepares the nurse for advanced or specialized nursing practice as an Advanced Registered Nurse Practitioner shall meet the following criteria:
- (a) The program shall prepare nurses as nurse practitioners, certified registered nurse anesthetists or nurse midwives.
 - (b) The philosophy, purpose, and objectives of the program shall be clearly defined and available in written form.
 - (c) The objectives shall be stated in behavioral terms and describe the competencies of the graduate.
 - (d) The curriculum shall include, but not be limited to, the following practitioner skills:
 1. Theory and directed clinical experience in physical and biopsychosocial assessment.
 2. Interviewing and communication skills relevant to obtaining and maintaining a health history.
 3. Pharmacotherapeutics, including selecting, prescribing, initiating, and modifying medications in the management of health/ illness.
 4. Selecting, initiating and modifying diets and therapies in the management of health/illness.
 5. Performance of specialized diagnostic tests that are essential to the area of advanced practice.
 6. Differential diagnosis pertinent to the specialty area.
 7. Interpretation of laboratory findings.
 8. Management of selected diseased and illnesses.
 9. Professional socialization/role realignment.
 10. Legal implications of the advanced nursing practice/nurse practitioner role.
 11. Health delivery systems, including assessment of community resources and referrals to appropriate professionals or agencies.
 12. Providing emergency treatments.
 13. A minimum of 500 hours of preceptorship/supervised clinical experience in the performance of the specialized diagnostic procedures that are essential to practice in that specialty area.
 - (e) Faculty shall include currently practicing ARNP's.
 - (f) Records of the program, philosophy, objectives, administration, faculty, curriculum, students and graduates shall be maintained systematically and be retrievable.

Specific Authority 464.006, 464.012 FS. Law Implemented 456.072(1)(f), (2), 464.012, 464.018(1)(b) FS. History—New 8-31-80, Amended 3-16-81, 2-28-82, 6-18-85, Formerly 21O-11.24, 21O-11.024, 61F7-4.003, Amended 5-29-96, 2-12-97, Formerly 59S-4.003, Amended 4-5-00, 3-23-06.

64B9-4.004 Requirements for Documentation.

(1) A Registered Nurse applying for initial certification as an Advanced Registered Nurse Practitioner shall file with the Department an "Initial Application for Certification As An Advanced Registered Nurse Practitioner," Form DOH-NUR 105 (9/97), effective 4-5-00, incorporated herein by reference, and available from the Board office, and provide the Board with the following:

(a) Documentation acceptable to the Board that the educational program attended meets the program guidelines stipulated in subsections 64B9-4.003(1) and (2), F.A.C.

(b) Proof acceptable to the Board of satisfactory completion of the educational program which shall consist of:

1. An official Registrar's copy of the applicant's transcript shall be sent directly to the Board from the school and shall denote successful completion of the formal post-basic program or awarding of the masters' degree in a nursing clinical specialty.

2. A verification form prescribed by the Board submitted by the director of the advanced nursing program indicating successful completion with the official school seal.

3. Such other documentary proof which evidences completion.

(c) If the applicant is required to be nationally certified, one of the following shall also be submitted:

1. A notarized true and correct copy of the original or recertification specialty board certificate.

2. Such other documentary proof which evidences certification by an appropriate specialty board.

3. Verification from the specialty association of certification.

(2) A Registered Nurse applying for certification as an Advanced Registered Nurse Practitioner in the category of certified nurse midwife, shall file the appropriate application form with the Department and provide the Board with the following:

(a) Documentation that the specialty board meets requirements stipulated in Rule 64B9-4.002, F.A.C., or proof of certification by an appropriate specialty board recognized by the Board in subsection 64B9-4.002(4), F.A.C.

(b) Proof of certification by a specialty Board recognized by the Board shall consist of one of the following.

1. The original specialty certificate.

2. A notarized true and correct copy of the current specialty certificate.

3. Such other documentary proof specialty which evidences certification by an appropriate specialty Board.

4. Verification from the specialty association of certification.

(c) Documentation acceptable to the Board as set forth in section (1)(b) of this rule which demonstrates compliance with subsection 64B9-4.003(2), F.A.C.

Specific Authority 464.006, 464.012 FS. Law Implemented 464.012 FS. History—New 8-31-80, Amended 10-6-82, Formerly 210-11.25, Amended 3-19-87, Formerly 210-11.025, 61F7-4.004, Amended 5-29-96, 2-12-97, Formerly 59S-4.004, Amended 4-5-00.

64B9-4.005 Filing of the Application.

Application shall be made on a form prescribed by the Department and submitted together with the appropriate fee. Applications shall be valid for one year from the original date of submission. Failure to provide all required documentation shall result in the application becoming null and void and requiring the applicant to submit a new application and a new application fee.

Specific Authority 464.006 FS. Law Implemented 464.012 FS. History—New 8-31-80, Formerly 210-11.26, 210-11.026, 61F7-4.005, Amended 5-29-96, Formerly 59S-4.005.

64B9-4.006 Certification in More Than One Category.

(1) An applicant who wishes to be certified in more than one ARNP category shall be required to submit separate application in accordance with Section 464.012(1), F.S., and these rules for each category in which certification is desired.

(2) An applicant who wishes to be certified in a second category must be able to document eligibility for certification in

that category. Such eligibility may be determined by meeting at least one of the following criteria:

(a) Content appropriate to the second category was addressed in the initial ARNP educational program and the applicant has passed a national certification examination in the second category, if required.

(b) Content appropriate to the second category was addressed in a formal educational program undertaken after completion of initial ARNP education and the applicant has passed a national certification examination in the second category, if required.

(3) An Advanced Registered Nurse Practitioner Certificate is not transferable from one category to another.

Specific Authority 464.006, 464.012 FS. Law Implemented 464.012 FS. History—New 8-31-80, Amended 6-18-85, Formerly 210-11.29, Amended 3-19-87, Formerly 210-11.029, 61F7-4.006, 59S-4.006, Amended 4-5-00.

64B9-4.008 Purpose.

An Advanced Registered Nurse Practitioner may perform additional acts of medical diagnosis, treatment, and operation in accordance with this rule chapter. Rule 64B9-4.010, F.A.C., sets minimum standards for protocols pursuant to which an ARNP performs medical acts identified and approved by the joint committee pursuant to Section 464.003(3)(c), F.S., or acts set forth in Section 464.012(3) and (4), F.S.

Specific Authority 458.348(2), 464.006 FS. Law Implemented 458.348(2) FS. History—New 4-4-82, Amended 3-13-84, Formerly 210-16.01, 210-16.001, 61F7-4.008, 59S-4.008.

64B9-4.009 Functions of the Advanced Registered Nurse.

All categories of Advanced Registered Nurse Practitioner may perform functions listed in Section 464.012(3), F.S. The scope of practice for all categories of ARNP's shall include those functions which the ARNP has been educated to perform including the monitoring and altering of drug therapies, and initiation of appropriate therapies, according to the established protocol and consistent with the practice setting.

Specific Authority 464.006, 464.012 FS. Law Implemented 464.012 FS. History—New 8-31-80, Amended 12-10-80, 6-18-85, Formerly 210-11.22, 210-11.022, 61F7-4.009, 59S-4.009.

64B9-4.010 Standards for Protocols.

(1) An Advanced Registered Nurse Practitioner shall only perform medical acts of diagnosis, treatment, and operation pursuant to a protocol between the ARNP and a Florida-licensed medical doctor, osteopathic physician, or dentist. The degree and method of supervision, determined by the ARNP and the physician or dentist, shall be specifically identified in the written protocol and shall be appropriate for prudent health care providers under similar circumstances. General supervision by the physician or dentist is required unless these rules set a different level of supervision for a particular act. The number of persons to be supervised shall be limited to insure that an acceptable standard of medical care is rendered in consideration of the following factors:

(a) Risk to patient;

(b) Educational preparation, specialty, and experience of the parties to the protocol;

(c) Complexity and risk of the procedures;

(d) Practice setting; and

(e) Availability of the physician or dentist.

(2) A written protocol signed by all parties, representing the mutual agreement of the physician or dentist and the ARNP, shall include the following, at a minimum:

(a) General Data.

1. Signatures of individual parties to the protocol;

a. Name, address, ARNP certificate number;

b. Name, address, license number, and DEA number of the physician or dentist;

2. Nature of practice, practice location, including primary and satellite sites; and

3. Date developed and dates amended with signatures of all parties.

(b) Collaborative Practice Agreement.

1. A description of the duties of the ARNP.

2. A description of the duties of the physician or dentist (which shall include consultant and supervisory arrangements in case the physician or dentist is unavailable).
3. The management areas for which the ARNP is responsible, including
 - a. The conditions for which therapies may be initiated,
 - b. The treatments that may be initiated by the ARNP, depending on patient condition and judgment of the ARNP,
 - c. The drug therapies that the ARNP may prescribe, initiate, monitor, alter, or order.
4. A provision for annual review by the parties.
5. Specific conditions and a procedure for identifying conditions that require direct evaluation or specific consultation by the physician or dentist. The parties to the protocol, to insure an acceptable standard of supervision and medical care, will decide the detail and scope needed in the description of conditions and treatments, and in doing so will consider the factors listed in subparagraphs (1)(a) through (e) above.

(3) The original of the protocol and the original of the notice shall be filed with the Department yearly, and a copy of the protocol and a copy of the notice required by Section 458.348(1), F.S., shall be kept at the site of practice of each party to the protocol. Any alterations to the protocol or amendments should be signed by the ARNP and a Florida-licensed medical doctor, osteopathic physician, or dentist and filed with the Department within 30 days of the alteration to be kept in the Department for filing purposes only.

After the termination of the relationship between the ARNP and the supervising professional, each party is responsible for insuring that a copy of the protocol is maintained for future reference for a period of four years.

Specific Authority 458.348(2), 464.006 FS. Law Implemented 458.348(2), 464.012 FS. History—New 4-4-82, Amended 3-13-84, Formerly 210-16.02, Amended 5-25-88, Formerly 210-16.002, 61F7-4.010, 59S-4.010.

64B9-4.011 Dispensing Practitioners.

(1) Those ARNP's whose protocols permit them to dispense medications for a fee as contemplated by Section 465.0276, F.S., must register with the Board of Nursing.

(2) The ARNP dispensing practitioner must comply with all state and federal laws and regulations applicable to all dispensing practitioners under Section 465.0276, F.S.

Specific Authority 464.006 FS. Law Implemented 465.0276, 464.012(3), (4) FS. History—New 9-16-91, Formerly 210-16.003, 61F7-4.011, 59S-4.011, Amended 5-14-07.

64B9-4.013 Recertification; Inactive Status.

(1) Upon initial certification, an ARNP shall be issued a certificate in the appropriate category. At the first and subsequent recertifications thereafter, the licensee shall, upon payment of the renewal fee provided in subsection 64B9-7.001(6), F.A.C., receive a dual RN/ARNP license/certificate.

(2) For each recertification cycle, the ARNP shall submit all of the following to the Board:

(a) Proof of malpractice insurance or exemption.

(b) Protocols or exemption.

(c) Proof of current national certification if required.

(3) Failure to recertify as an Advanced Registered Nurse Practitioner within the time period prescribed by the Department will result in the certificate being placed on delinquent status.

(4) An ARNP may apply to place his certificate on inactive status. The application shall be made on forms provided by the Board and shall be accompanied by an application fee for inactive status as specified in subsection 64B9-7.001(7), F.A.C. Applications for inactive status will be considered only during the biennium renewal period. If the licensee seeks to have only the ARNP certificate on inactive status, the licensee will be reissued an R.N. license, provided that said R.N. licensure has been duly renewed.

(5) When the Registered Nurse license of an Advanced Registered Nurse Practitioner is placed on inactive status, the Advanced Registered Nurse Practitioner certificate will also be placed on inactive status.

Specific Authority 464.006, 464.014 FS. Law Implemented 456.036(5), 464.012, 464.014, 455.711(5) FS. History—New 8-31-80, Formerly 210-11.27, Amended 3-19-87, Formerly 210-11.027, 61F7-4.013, 59S-4.013, Amended 2-18-98, 4-5-00.

64B9-4.014 Reactivation of ARNP Certificate.

- (1) No inactive certificate may be reactivated unless the applicant holds a current, active license to practice as a Registered Nurse in this State, and meets the requirements of Rule 64B9-4.002, F.A.C., if applicable.
- (2) Reactivation of an inactive ARNP certificate or dual RN/ARNP license/certificate shall be in the manner as provided in Rule 64B9-6.003, F.A.C.
- (3) Documentation of active practice as a nurse practitioner within the past 5 years or documentation of an ARNP refresher course to include both theoretical and clinical components must be submitted. A current Registered Nurse license under Sections 464.008, 464.009, F.S., is required for the clinical component of a refresher course.

Specific Authority 464.006, 464.012, 464.014 FS. Law Implemented 456.036(9), 464.012, 464.014 FS. History—New 8-31-80, Amended 3-16-81, 6-18-85, Formerly 210-11.28, Amended 3-19-87, 10-21-87, Formerly 210-11.028, Amended 12-27-93, Formerly 61F7-4.014, 59S-4.014, Amended 4-5-00.

CHAPTER 64B9-5 CONTINUING EDUCATION REQUIREMENTS

64B9-5.001 Definitions.

- (1) Appropriate Continuing Education. Planned offerings designed to enhance learning and promote the continued development of knowledge, skills, and attitudes consistent with contemporary standards for nursing practice. the individual's nursing practice.
- (2) Approval Number. Number assigned by the Board to designate an approved provider or offering.
- (3) Approved. Acceptable to the Board of Nursing.
- (4) Contact Hour. One (1) contact hour equals a minimum of fifty (50) minutes. One half (1/2 or .5) contact hour equals a minimum of twenty-five (25) minutes.
- (5) Offering. A planned educational experience dealing with a specific content based on the stated learner objectives.
- (6) Orientation – Standard Agency Operation. The means by which nurses are introduced to the philosophy, goals, policies, procedures, role expectations, physical facilities and special services in a specific work setting. Orientation does not meet the continuing education requirement for the purpose of these rules.
- (7) Participation. Sharing in the learning experience in order to achieve the stated learner objectives.
- (8) Provider. The individual or agency conducting the continuing education offering.
- (9) Self-directed Study. A prior Board approved self-directed learning experience, originated, implemented, and evaluated by the individual and designed with specific objectives to increase knowledge in a given area.

Specific Authority 464.006 FS. Law Implemented 464.013(3) FS. History–New 9-12-79, Amended 10-6-82, Formerly 210-13.08, Amended 3-3-87, Formerly 210-13.008, Amended 9-28-93, Formerly 61F7-5.001, Amended 5-2-95, 1-1-96, Formerly 59S-5.001.

64B9-5.002 Continuing Education Requirement.

- (1) Each licensed nurse shall, upon request, submit proof satisfactory to the Board of participation in appropriate continuing education. During each biennium, one contact hour must be earned for each calendar month of the licensure cycle.
- (2) Those persons licensed by examination within a biennium are exempt from the continuing education requirement for that biennium. This exemption shall apply to a person who is licensed by endorsement during a biennium if such person was licensed in the original state of licensure by successful completion of an acceptable licensure examination during that biennium. A licensee who has endorsed into this State during a biennium or whose license was reactivated or reinstated during a biennium shall be required to accrue one (1) contact hour for each calendar month remaining in the biennium after licensure, reactivation, or reinstatement (however, no hours are required if the time remaining in the biennium is six months or less). This exemption or limitation shall only apply if the license is timely renewed at the end of the biennium, and does not apply if the license is suspended, revoked, or is (or becomes) inactive at the end of the biennium.
- (3) A registered nurse who also holds a current license as a licensed practical nurse may satisfy the continuing education requirement for renewal of both licenses by completing appropriate continuing education for a registered nurse. A registered nurse who also holds a current ARNP certificate may satisfy the continuing education requirement for both licenses by completing appropriate continuing education for a registered nurse, or may satisfy up to 50% of the continuing education requirement by completing continuing medical education coursework equivalent to the contact hours required by these rules.
- (4) A licensee is exempt from continuing education requirements at the time of renewal if the licensee was on active duty with the Armed Forces within 6 months of the renewal date. However, this exemption will not arise on the basis of the performance of short periods of active duty (such as summer or weekend drills) by a member of the Armed Forces Reserves. Duty in the United States Public Health Service is not considered duty in the Armed Forces.
- (5) A nurse who is the spouse of a member of the Armed Forces and was caused to be absent from Florida due to the spouse's duties with the Armed Forces shall be exempt from continuing education requirements. The licensee must show satisfactory proof of the absence and the spouse's military status.

Specific Authority 464.006, 464.013 FS. Law Implemented 456.024, 464.013 FS. History–New 9-12-79, Amended 11-

27-80, 10-8-81, 10-6-82, 11-24-83, 2-27-84, Formerly 210-13.07, Amended 3-3-87, 10-21-87, Formerly 210-13.007, 61F7-5.002, Amended 5-2-95, 7-5-95, 1-1-96, 4-29-96, 11-13-96, Formerly 59S-5.002, Amended 2-18-98.

64B9-5.003 Standards for Continuing Education.

(1) Learner Objectives. Objectives shall describe expected learner outcomes in behavioral terms, can be evaluated, are attainable, and are relevant to current nursing practice. Objectives shall determine the content, teaching methodology and plan for evaluation.

(2) Subject Matter. The Content shall be specifically designed to meet the objectives and the stated level and learning needs of the participants. The content shall be planned in logical order and reflect input from experts in the subject matter. Appropriate subject matter for continuing education offering shall reflect the professional educational needs for the learner in order to meet the health care needs of the consumer and consist of content from one or more of the following:

(a) Nursing practice areas and special health care problems.

(b) Biological, physical, behavioral and social sciences.

(c) Legal aspects of health care.

(d) Management/administration of health care personnel and patient care.

(e) Teaching/learning process of health care personnel and patients.

(f) Subjects which are taken at an accredited educational institution as verified by an official transcript, that meet any one of the criteria in paragraphs 64B9-5.003(2)(a)-(e), F.A.C., and are advanced beyond that completed for original licensure may be approved for continuing education under this rule.

(g) Personal development subject matter must include application of content as it relates to improved patient care.

(3) Faculty Qualifications.

(a) The faculty shall provide evidence of academic preparation and/or experience in the subject matter. Evidence concerning faculty qualifications shall be presented to the Board upon request.

(b) When the subject matter of an offering includes nursing practice, a nurse with expertise in the content area must be involved in the planning and instruction.

(c) Nurse faculty other than those exempted in Section 464.022(7), F.S., supervising learning experiences in a clinical area in this State shall be currently licensed in the State of Florida.

(d) When an offering includes clinical nursing practice in Florida, a Florida licensed nurse competent in the practice area shall provide supervision.

(4) Materials and Methods. Evidence satisfactory to the Board shall be presented that:

(a) Learning experiences and teaching methods are appropriate to achieve the objectives.

(b) Time allotted for each activity shall be sufficient for the learner to meet the objectives.

(c) Principles of adult education are utilized in determining teaching strategies and learning activities.

(5) Evaluation. Evidence satisfactory to the Board shall be presented that participants are given an opportunity to evaluate learning experiences, instructional methods, facilities and resources used for the offering. Self-directed learning experiences, including but not limited to home study, computer programs, internet or web-based courses, are required to evaluate learner knowledge at the completion of the learning experience. The evaluation must include a minimum of 10 questions. The learner must achieve a minimum score of 70% on the evaluation to receive the contact hours. The evaluation must be graded by the provider.

(6) Contact Hour Criteria.

(a) All offerings shall be at least 50 minutes in length or one (1) contact hour.

(b) Increments of 25 minutes will be accepted when the offering extends beyond the one (1) contact hour.

(c) Contact hours shall be awarded for clinical as well as classroom education.

(7) Self-directed Learning – Standards for Self-directed Learning.

(a) Construction of the learning experience shall be developed, implemented and evaluated by the licensee requesting contact hours.

(b) Specific learning needs must be related to nursing practice and shall be identified.

(c) Objectives shall state expected outcomes of the learning experience.

(d) Preceptors must meet qualifications as identified in subsection (3), F.A.C., above.

- (e) The proposal shall state an explanation of expected length and plan for documenting contact hours.
- (8) Standards for Continuing Education Providers. Providers seeking Board approval shall meet each of the Standards outlined herein:
 - (a) All educational offerings conducted by the provider shall meet the Standards for Continuing Education Offerings as outlined in these rules.
 - (b) Providers shall adhere to guidelines as established by the Board.
 - (c) There shall be a designated person assuming responsibility for continuing education offerings for nurses. If the contact person is not a nurse, provision should be made for insuring nursing input in overall program planning and evaluation.
 - (d) Target audience will be identified for each offering.
 - (e) Currency and accuracy of subject matter will be documented by references/bibliography.
 - (f) Program shall have stated, long term, coordinated plan for providing continuing education offerings based on data related to specific characteristics of its learner population including learner needs and methods of assessing these needs. There shall be a tangible plan for ongoing evaluation of the program content, faculty, learning process and evaluation tools. Evaluation data will be analyzed and the conclusions utilized in program planning, design, and continuity.
 - (g) Providers shall establish written policies and procedures for implementation of the continuing education program.
 - (h) Providers shall maintain a system of record-keeping which provides for storage of individual offering information.
 - (i) Records of individual offerings shall be maintained for four years for inspection by the Board.
 - (j) Providers shall furnish each participant with an authenticated individual Certificate of Attendance.
 - (k) Providers shall maintain security of attendance records and certificates.

Specific Authority 464.006 FS. Law Implemented 464.013(3) FS. History—New 9-12-79, Amended 10-6-82, Formerly 21O-13.09, Amended 8-18-88, 3-28-89, Formerly 21O-13.009, 61F7-5.003, Amended 5-2-95, Formerly 59S-5.003, Amended 7-30-00, 2-22-04.

64B9-5.004 Procedure for Approval of Attendance at Continuing Education Courses.

- (1) Procedure Relating to the Nurse.
 - (a) When the license is audited, each licensed nurse shall submit proof of all contact hours of continuing education claimed for the biennium. Transcripts and/or dated legible grade reports from accredited institutions of higher learning are appropriate documentation of attendance at credit courses.
 - (b) Offerings presented by other than approved providers need not be submitted to the Board for approval unless the licensee is selected for audit. Contact hours shall be awarded if the information submitted by the licensee documents that the offerings attended are equivalent in quality to offerings presented by approved providers.
 - (c) All licensees may be awarded contact hours for attendance at offerings that are approved by a state or national organizations empowered to accredit nursing continuing education.
 - (d) Satisfactory proof of attendance shall be submitted to the Board, when required for audit purposes.
- (2) Self-directed Learning.
 - (a) Prior approval to undertake Self-directed Learning must be requested from the Board.
 - (b) The number of clock hours claimed shall be based on the time spent completing the activity and shall be subject to review by the Board.
 - (c) Contact hours will be awarded upon submission of documentation evidencing adherence to the Standards for Self-directed Learning.
 - (d) Copy of contract for preceptor will be submitted with application.
- (3) The licensee shall retain records of the following information from offerings not presented by approved providers for four years in case of audit: title, provider, description, dates, contact-hours, objectives, teaching methods, evaluation method, faculty qualifications, explanation of why appropriate for learner's continuing education. There shall be no guaranteed retroactive approval for courses under this section which were not preapproved but they may be considered under extreme hardship or exceptional circumstances.

Specific Authority 464.006, 464.013(3), 464.014 FS. Law Implemented 464.013(3) FS. History—New 9-12-79, Amended

10-6-82, Formerly 210-13.10, 210-13.010, Amended 9-28-93, Formerly 61F7-5.004, Amended 5-2-95, Formerly 59S-5.004, Amended 2-18-98.

64B9-5.005 Procedure Relating to the Provider.

Provider seeking approval shall:

- (1) Make application on forms provided by the Board and allow a minimum of ninety (90) days prior to the date the offering begins to allow for processing.
- (2) Submit a minimum of three (3) offerings which evidence adherence of the Standards for Continuing Education as set forth in these rules.
- (3) Present evidence, satisfactory to the Board, if requested, that all offerings meet the Standards for Continuing Education as set forth in these rules.
- (4) Notify the Board of change of contact person and any significant alterations or changes which may affect the maintenance of standards within 30 days.
- (5) Determine whether or not partial credit is appropriate for participants failing to complete the total number of hours for which a specific offering is planned and approved. Determine criteria for "successful completion" of course and make this information available to participants prior to offering.
- (6) Provider approval may be granted for a period of time established by the Board, not to exceed sixty (60) months.
- (7) Provider approval shall be subject to periodic review and may be withdrawn if the Board determines that adherence to the Standards outlined herein is not maintained, or if information submitted to the Board by the provider is found to be a material misrepresentation of fact.
- (8) The Board may approve, under special circumstances, other selected single offerings.
- (9) The Board may utilize a representative, expert groups, or individuals as appropriate in implementing these rules.

Specific Authority 464.013(3), 464.014 FS. Law Implemented 464.013(3) FS. History—New 9-12-79, Amended 10-6-82, Formerly 210-13.11, 210-13.011, Amended 9-28-93, Formerly 61F7-5.005, 59S-5.005, Amended 3-23-00.

64B9-5.006 Procedure Relating to the Faculty/Authors.

- (1) Each licensed nurse who is presenting a continuing education course as either the lecturer of the offering or as author of the course materials may earn a maximum 12 contact hours of continuing education credit per biennium. Each licensed nurse who is either participating as a lecturer of a continuing education course or an author of a continuing education program may receive credit for the portion of the offering he/she presented or authored to the total hours awarded for the offering.
- (2) Continuing education credit may be awarded to a lecturer or author for the initial presentation of each program only; repeat presentations of the same continuing education course shall not be granted credit.
- (3) In order for a continuing education credit to be awarded to each licensed nurse participating as either faculty or author, the format of the continuing education program must conform with all applicable sections of this rule chapter regarding learner objectives, subject matter of the program, and teaching methods.
- (4) Continuing education credit shall be given for publications of continuing education offerings. Continuing education credit for publications and presentations of scholarly research shall be considered on an individual basis by the Board. In order to obtain credit, licensees must meet all standards for self-directed learning in subsections 64B9-5.003(7) and 64B9-5.004(2), F.A.C.
- (5) The number of contact hours to be awarded to each licensed nurse who participates in a continuing education program as either a lecturer or author is based on the 50 minute contact hour employed within this rule chapter.

Specific Authority 464.006, 464.013(4) FS. Law Implemented 464.013(4) FS. History—New 6-8-89, Formerly 210-13.013, Amended 9-28-93, Formerly 61F7-5.006, 59S-5.006.

64B9-5.007 Continuing Education for Expert Witnesses and Probable Cause Panel Members.

- (1) Each licensed nurse who serves as a volunteer expert witness in providing written expert witness opinions citing references of current, prevailing practice and relevant standards of practice for cases being reviewed pursuant to Chapter 464, F.S., shall receive 2.5 hours of continuing education credit per case for performing a literature survey of at

least two articles in conjunction with the review of cases for the Agency, probable cause panel, or Board.

(2) Each former board member who serves on a probable cause panel at least twice in a biennium shall receive 8 hours of continuing education credit.

Specific Authority 464.006, 464.013(3) FS. Law Implemented 464.013(3) FS. History–New 9-28-93, Formerly 61F7-5.007, 59S-5.007, Amended 9-10-07.

64B9-5.009 Continuing Education on HIV/AIDS.

- (1) All licensees shall submit confirmation to the Board, on a form provided by the Board, that they have successfully completed an approved course on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) as mandated by the Legislature.
- (2) Licensees who prior to July 1, 1989 complied with the HIV/AIDS course requirement must complete a one hour HIV/AIDS course under this rule. Such confirmation shall be submitted with the licensee's biennial licensure renewal.
- (3) Applicants for licensure who graduated from schools of nursing whose curriculum included a course on HIV/AIDS may submit verification of completion of such course to the Board for compliance with this rule.
- (4) Applicants for initial licensure must submit proof of completion of a three hour HIV/AIDS course under this rule.
- (5) Persons reactivating an inactive or lapsed license or seeking reinstatement of a suspended or revoked license must submit proof of completion of a three hour HIV/AIDS course under this rule prior to licensure. However, if the person submits proof of completion of the HIV/AIDS course equivalent to the requirements prior to July 1, 1989, and taken prior to the 1989 biennial renewal cycle, only a one hour course shall be required.
- (6) To receive Board approval, each course on HIV/AIDS shall consist of at least one hour of classroom instruction or an equivalent home study program and shall include the following subject areas:
 - (a) Modes of transmission;
 - (b) Infection control procedures;
 - (c) Clinical management;
 - (d) Prevention;
 - (e) Florida law on AIDS and the impact on testing, confidentiality, and treatment.
- (7) Applicants for initial licensure, upon showing of good cause by affidavit, shall be given six months from the date of licensure to complete the HIV/AIDS course. Good cause includes applicants for endorsement or examination who have been residing outside of Florida or have been on active military service.

Specific Authority 456.033, 464.006 FS. Law Implemented 456.033 FS. History—New 4-6-92, Amended 9-22-92, Formerly 210-19.002, Amended 9-13-93, Formerly 61F7-5.009, Amended 5-2-95, Formerly 59S-5.009.

64B9-5.010 Continuing Education of Domestic Violence.

All licensees must complete a one hour course on domestic violence, which meets the criteria of Section 456.031(1)(a), F.S. This is in addition to the continuing education hours required for biennial renewal. Applicants for initial licensure, upon showing of good cause by affidavit, shall be given six months from the date of licensure to complete the Domestic Violence course. Good cause includes applicants for endorsement or examination who have been residing outside of Florida or have been on active military service.

Specific Authority 455.587, 456.031, 464.006 FS. Law Implemented 455.587, 456.031 FS. History—New 11-16-95, Formerly 59S-5.010, Amended 10-23-02.

64B9-5.011 Continuing Education on Prevention of Medical Errors.

- (1) All licensees must complete a two hour course on prevention of medical errors, which meets the criteria of Section 456.013, F.S., as part of the total hours of continuing education required for initial licensure and biennial renewal.
- (2) To receive Board approval, each course on prevention of medical errors shall consist of a minimum of at least two (2) hours of classroom or an equivalent home study program and shall include at a minimum the following subject areas:
 - (a) Factors that impact the occurrence of medical errors,
 - (b) Recognizing error-prone situations,
 - (c) Processes to improve patient outcomes,
 - (d) Responsibilities for reporting,
 - (e) Safety needs of special populations,
 - (f) Public education.

Specific Authority 456.013(7) FS. Law Implemented 456.013(7) FS. History—New 5-2-02.

64B9-5.012 Continuing Education on End of Life.

(1) In lieu of completing a course in HIV/AIDS education as required in Section 456.033, F.S., or Domestic Violence as required in Section 456.031, F.S., a licensee may complete a course in end-of-life care or palliative health care.

(2) To receive Board approval, each course on end of life or palliative care shall consist of at least one hour of classroom instruction or an equivalent home study program and shall include, at a minimum, any of the following subject areas:

- (a) Palliative care vs. curative.
- (b) Rights of patients to self determination/decision making.
- (c) Emotional, psycho/social, spiritual, and family issues.
- (d) Pain management/comfort.
- (e) Legal/ethical issues.
- (f) Advanced Directives.
- (g) Available choices/options for care.
- (h) Applicable Florida laws.

Specific Authority 456.031(1)(c), 456.033(3) FS. Law Implemented 456.031(1)(c), 456.033(3) FS. History–New 1-28-02.

CHAPTER INACTIVE STATUS AND REACTIVATION OF INACTIVE LICENSE

64B9-6.001 Delinquent Status; Obtaining Inactive Status.

(1) A license to practice nursing which is not renewed at the end of the biennium prescribed by the Department shall automatically revert to delinquent status. To renew the license, the licensee must demonstrate completion of all continuing education required by Chapter 64B9-5, F.A.C., and must pay the delinquency fee prescribed in Rule 64B9-7.001, F.A.C.

(2) A licensee may apply to the Department to place his license on inactive status. The application shall be made on forms provided by the Board and shall be accompanied by an application fee for inactive status in the amount specified in Rule 64B9-7.001, F.A.C. Applications for inactive status will be considered by the Department only during the biennium license renewal period.

(3) Pursuant to Section 464.016(1)(a), F.S., it is unlawful to practice nursing with an inactive or delinquent license.

Specific Authority 456.036, 464.006, 464.014 FS. Law Implemented 456.036, 464.014, 464.016 FS. History—New 2-5-87, Formerly 210-14.003, 61F7-6.001, Amended 1-1-96, Formerly 59S-6.001, Amended 3-14-00.

64B9-6.002 Biennial Renewal of Inactive Status.

(1) An inactive license must be renewed biennially during the biennium renewal period for active licenses prescribed by the Department. Sixty (60) days prior to the end of the biennium, the Department shall mail a notice of renewal of inactive status to each inactive licensee.

(2) In order to renew an inactive license, the licensee shall remit a fee for renewal of inactive status in the amount specified in Rule 64B9-7.001, F.A.C.

Specific Authority 464.006, 464.014 FS. Law Implemented 464.014 FS. History—New 2-5-87, Formerly 210-14.004, 61F7-6.002, 59S-6.002.

64B9-6.003 Reactivation of Inactive License.

(1) An inactive license may be reactivated upon application to the Department and demonstration of compliance with the following conditions:

(a) A statement by the licensee of any convictions or findings of guilt, regardless of adjudication, within the period the licensee was inactive.

(b) A statement by the licensee of any disciplinary action taken by the licensing authority of a state, territory, or country against his or her license to practice nursing in that state, territory, or country during the period the licensee's Florida nursing license was inactive.

(c) Proof by the licensee of completion of all continuing education required by Chapter 64B9-5, F.A.C., for all biennial licensure periods for which the individual was inactive.

(d) Payment of the reactivation fees prescribed in Rule 64B9-7.001, F.A.C., and renewal fees if applicable.

(2) The Department shall not reactivate a license unless the inactive licensee has paid an inactive application fee, and a reactivation fee.

(3) If a license has been inactive for more than two consecutive biennial licensure cycles, and the licensee has not been practicing nursing in any jurisdiction for the two years immediately preceding the application for reactivation, the applicant for reactivation will be required to complete a nursing refresher course with clinical component appropriate to the licensure level of the licensee. The refresher course must be given at a Board-approved program, and must include at least 60 hours of classroom instruction and 96 hours of clinical experience in medical/surgical nursing and any specialty area of practice of the licensee.

Specific Authority 456.036, 464.006, 464.014 FS. Law Implemented 456.036, 464.014 FS. History—New 2-5-87, Amended 10-21-87, 6-21-88, Formerly 210-14.005, Amended 9-7-93, 1-26-94, Formerly 61F7-6.003, Amended 1-1-96, Formerly 59S-6.003, Amended 3-14-00.

64B9-6.004 Retired Licensure Status.

(1) A licensee wishing to change to retired licensure status during the renewal period must pay the retired license fee. If the change to retired licensure status is outside the renewal period, the change of status fee shall also be paid.

(2) If the licensee holds a Florida retired license eligible for reactivation, the licensee may return the license to active status upon submission of a complete application to the Department, payment of the appropriate fees and compliance with the provisions of Section 456.036(12), F.S.

(3) Any licensee applying for an active status license who has been on retired licensure status for 5 years or more, or if licensed elsewhere and has not been actively practicing nursing during the past 5 years, shall as a condition of licensure demonstrate that he or she is able to practice with the care and skill sufficient to protect the health, safety and welfare of the public by obtaining a passing score on the licensure examination appropriate to the licensure level of the licensee, and

(a) For registered nurses or licensed practical nurses, completing a nursing refresher course with clinical component appropriate to the licensure level of the licensee. The refresher course must be given at a Board-approved program, and must include at least 60 hours of classroom instruction and 96 hours of clinical experience in medical/surgical nursing and any specialty area of practice of the licensee;

(b) For certified nursing assistants, completing a Board-approved training program.

Specific Authority 456.036(10), (15) FS. Law Implemented 456.036(2), (4)(b), (10), (12), (15) FS. History—New 9-4-06.

CHAPTER 64B9-7 FEES

64B9-7.001 Fees.

The following fees are prescribed by the Board.

(1) For application to sit for the examination as provided in Section 464.008, F.S.:

(a) For registered nurse and licensed practical nurse ninety dollars (\$90.00) of which \$23 is specifically earmarked to pay the fee charged by the Department of Law Enforcement for the criminal background check mandated by Section 464.008(1)(b), F.S.

(b) Applicants for the NCLEX-CAT examination must pay the fee for sitting for the examination directly to the examination vendor.

(2) For application for licensure without examination by endorsement as provided in Section 464.009, F.S.:

For registered nurse and licensed practical nurse ninety dollars (\$90.00) of which \$23 is specifically earmarked to pay the fee charged by the Department of Law Enforcement for the criminal background check mandated by Section 464.008(1)(b), F.S.

(3) Initial license as a registered nurse or a licensed practical nurse eighty dollars (\$80.00).

(4) For application for ARNP certification as provided in Section 464.012, F.S., one hundred dollars (\$100.00).

(5) For ARNP registration as a dispensing practitioner pursuant to Section 465.0276, F.S., one hundred dollars (\$100.00).

(6) For renewal of RN or LPN license as provided in Section 464.013, F.S., eighty dollars (\$80.00).

(7) For renewal of a dual RN/ARNP license certificate, one hundred thirty dollars (\$130.00).

(8) Pursuant to Section 240.4075(6), F.S., the Department shall collect a five dollar (\$5.00) fee upon initial licensure or renewal of all LPNs, RNs, and dual RN/ARNP licenses for the Student Loan Trust Fund.

(9) For application to change from active to inactive status as provided in Section 464.014, F.S.:

(a) For registered nurse fifty five dollars (\$55.00).

(b) For licensed practical nurse fifty five dollars (\$55.00).

(c) For dual RN/ARNP license certificate seventy-five dollars (\$75.00).

(10) For renewal of an inactive license as provided in Section 464.014, F.S.:

(a) For registered nurse fifty five dollars (\$55.00).

(b) For licensed practical nurse fifty five dollars (\$55.00).

(c) For dual RN/ARNP license certificate seventy-five dollars (\$75.00).

(11) For reactivation or change of status of an inactive or delinquent license, as provided in Sections 456.036(8) and 464.014, F.S.:

(a) For registered nurse fifty five dollars (\$55.00).

(b) For licensed practical nurse fifty-five dollars (\$55.00).

(c) For dual RN/ARNP license certificate seventy-five dollars (\$75.00).

(12) A delinquent status licensee shall pay a delinquency fee of fifty-five dollars (\$55.00) when the licensee applies for inactive status or for reactivation.

(13) The inactive status biennial renewal fee shall be fifty-five dollars (\$55.00).

(14) The continuing education provider application and renewal fees shall each be two hundred fifty dollars (\$250.00).

(15) The application fee for approval of a nursing program shall be one thousand dollars (\$1,000.00).

(16) The biennial renewal fee for certified nursing assistant shall be twenty dollars (\$20) as provided in Section 464.203, F.S.

(17) The initial retired status license fee shall be fifty dollars (\$50.00).

Specific Authority 456.013(2), 456.017, 456.025, 456.036, 464.006, 464.014(1) FS. Law Implemented 119.07(1)(a), 456.013(2), 456.017(1)(c), 456.025, 456.036, 464.008, 464.009, 464.012, 464.013, 464.014 FS. History—New 9-12-79, Amended 3-5-81, 12-28-82, 11-17-83, Formerly 210-15.01, Amended 9-23-86, 2-5-87, 10-21-87, 11-19-89, 3-13-90, 1-1-92, 6-24-93, Formerly 210-15.001, 61F7-7.001, Amended 9-13-94, 11-6-94, 4-12-95, Formerly 59S-7.001, Amended 8-18-98, 11-2-98, 6-20-00, 7-7-02, 9-26-05, 9-4-06, 5-20-07.

64B9-7.002 Duplicate License Fee.

(1) If a licensee wishes to request the Board provide a duplicate license for replacement of a lost or destroyed license, the Board will issue the duplicate if the request is in writing and accompanied by a payment of \$25.00.

(2) If a licensee who was licensed prior to July 1, 1998, wishes to request the Board provide a wall certificate pursuant to Section 456.013(2), F.S., the Board will provide the wall certificate if the request is in writing and accompanied by a payment of \$25.00.

Specific Authority 456.025(2), (7), 464.006 FS. Law Implemented 456.025(2), (7) FS. History—New 1-1-92, Formerly 21O-15.002, 61F7-7.002, 59S-7.002, Amended 6-20-00.

CHAPTER 64B9-8 HEARINGS, PROCEEDINGS, CONFERENCES, DISCIPLINE

64B9-8.001 The Probable Cause Panel.

(1) The determination as to whether probable cause exists shall be made by a majority vote of a probable cause panel of the Board.

(a) The Board establishes three probable cause panels of two persons each to be appointed by the Chairman of the Board. Each panel may have one former Board member serve, and at least one member of each panel must be an active licensee of the Board. No more than one member of each panel shall be a consumer member. One member of each panel shall be designated chairman. The Board may designate one panel to review the cases closed by the Department.

(b) One panel shall be designated as the North Florida probable cause panel and shall consist of members residing in the northern part of the state. Cases arising from the southern part of the state shall be referred to the North Florida panel.

(c) One panel shall be designated as the Central Florida probable cause panel and shall consist of members residing in the middle part of the state. Cases arising from the northern part of the state shall be referred to the Central Florida panel.

(d) One panel shall be designated as the South Florida probable cause panel and shall consist of members residing in the southern part of the state. Cases arising from the central part of the state shall be referred to the South Florida panel.

(e) It is the Board's intent to distribute the workload equitably among the three panels and to conduct meetings in a geographically convenient and economical manner for the panel members. A panel may refuse to consider a case that clearly belongs to another panel. However, it is not the intent of the Board to require mathematical and geographic precision. That one panel acted on a case which arguably should have been considered by another shall not be grounds to invalidate that panel's action.

(f) If a case needs to be reconsidered by the probable cause panel for any reason, the case must be taken to the panel which initially considered it.

(2) The panel shall:

(a) Suggest penalties for inclusion in any stipulations between the Department and the licensee, based on the material submitted by the Department, the Board's past treatment of similar cases, and the Board's disciplinary guidelines. All stipulations and terms shall be subject to approval or rejection by the full Board.

(b) Receive interim reports from the probation supervisor to consider referring potential problem probationers to the full Board or for further investigation and a probable cause determination.

(3) The panel may consider and recommend rules concerning disciplinary actions, procedures, and penalties to the full Board.

Specific Authority 456.073(1), (3), 464.006 FS. Law Implemented 456.073(4) FS. History—New 11-28-79, Amended 11-22-84, Formerly 210-10.04, Amended 4-8-92, 9-22-92, Formerly 210-10.004, 61F7-8.001, Amended 5-1-95, Formerly 59S-8.001, Amended 8-18-98, 4-28-99.

64B9-8.003 Citations.

(1) "Citation" means an instrument which meets the requirements set forth in Section 456.077, F.S., and which is served upon a licensee for the purpose of assessing a penalty in an amount established by this rule;

(2) In lieu of the disciplinary procedures contained in Section 456.073, F.S., the Agency may issue a citation to the subject within six months after the filing of the complaint which is basis for the citation. All citations will include a requirement that the respondent correct the violation, if remediable, within a specified period of time and impose whatever obligations will remedy the offense.

(3) The Board designates the following as citation violations, which shall result in a penalty of (\$100.00):

(a) False, deceptive or misleading advertising in violation of Section 464.018(1)(g), F.S., provided no criminal prosecution resulted and no practice issue was involved.

(b) Issuance of a worthless bank check to the Department or to the Board in violation of Section 464.018(1)(a), F.S., provided the licensee does not continue to practice on an inactive license or the check was not in payment of a Board ordered administrative fine.

(c) Failure to report address change in violation of Rule 64B9-1.013, F.A.C., provided the licensee was not ordered to do so in a Board disciplinary order.

(d) Improper use of a nursing title under Section 464.015, F.S., provided no practice issue was involved or no criminal prosecution resulted.

(e) Failure to pay a Board ordered administrative fine by the time ordered, provided payment had been made by the time the citation issues.

(f) Failure to complete a Board ordered continuing education course by the time ordered, provided the course had been completed by the time the citation issues.

(g) Failure when requested to document full compliance with the continuing education requirements, provided that all continuing education courses had been timely completed.

(h) Unprofessional conduct as defined in paragraph 64B9-8.005(2)(p), F.A.C., using abusive, threatening or foul language in front of a patient or directing such language toward a patient.

(4) The Board designates the following a citation violation, which shall result in a penalty of \$250.00: First-time failure to complete continuing education hours within the biennium. In addition to the fine, the licensee will be required to complete the number of hours necessary to meet the biennial requirements not completed within 6 months of the issuance of the citation.

(5) The Board designates the following a citation violation, which shall result in a penalty of \$1,500: Providing to another individual a confidential password, access code, keys, or other entry mechanisms, which results in a violation of, or threatens, the integrity of a medication administration system or an information technology system. In addition to the fine, the licensee will be required to complete a 2-hour continuing education course in legal aspects of nursing within 60 days of the issuance of the citation.

Specific Authority 456.077, 464.006 FS. Law Implemented 456.077 FS. History—New 1-1-92, Amended 7-6-92, Formerly 210-10.015, Amended 12-5-93, 5-24-94, Formerly 61F7-8.003, 59S-8.003, Amended 2-18-98, 3-23-00, 2-22-04, 7-5-06, 12-11-06.

64B9-8.0045 Minor Violations.

For the purposes of Section 456.073(3), F.S., the Board deems the following violations to be minor:

(1) False, deceptive or misleading advertising in violation of Section 464.018(1)(g), F.S., provided no criminal prosecution resulted;

(2) Issuance of a worthless bank check to the Agency or to the Board in violation of Section 464.018(1)(a), F.S., provided the licensee does not continue to practice on an inactive license or the check was not in payment of a Board ordered administrative fine;

(3) Failure to report address change in violation of Rule 64B9-1.013, F.A.C., provided the licensee was not ordered to do so in a Board disciplinary order;

(4) Improper use of a nursing title under Section 464.015, F.S., provided no practice issue was involved or no criminal prosecution resulted.

Specific Authority 120.695, 456.073(3), 464.006 FS. Law Implemented 120.695, 456.073(3) FS. History—New 11-16-95, Formerly 59S-8.0045.

64B9-8.005 Disciplinary Proceedings.

(1) Unprofessional conduct shall include:

- (a) Inaccurate recording; or
- (b) Misappropriating supplies or equipment; or
- (c) Leaving a nursing assignment without advising licensed nursing personnel; or
- (d) Practicing as a registered or practical nurse or as a certified nursing assistant in the State of Florida with a delinquent license for no more than 90 days; or
- (e) Acts of negligence either by omission or commission; or
- (f) Submitting the attestation of 24 hours of continuing education and one hour continuing education on domestic violence for licensure renewal under Rule 64B9-3.013, F.A.C., when the licensee has not attended or completed all such hours in the biennium; or
- (g) Failure of an ARNP dispensing practitioner to comply with the registration and compliance requirements of Rule 64B9-4.011, F.A.C.; or
- (h) Stealing from a patient;
- (i) Violating the integrity of a medication administration system or an information technology system.

(2) Failing to meet or departing from minimal standards of acceptable and prevailing nursing practice shall include, but not be limited to, the following:

- (a) Falsifying or altering of patient records or nursing progress records, employment applications or time records; or
- (b) Administering medications or treatments in negligent manner; or
- (c) Misappropriating drugs; or
- (d) Violating the confidentiality of information or knowledge concerning a patient; or
- (e) Discrimination on the basis of race, creed, religion, sex, age or national origin, in the rendering of nursing services as it relates to human rights and dignity of the individuals; or
- (f) Engaging in fraud, misrepresentation, or deceit in taking the licensing examination; or
- (g) Aiding and abetting the practice of registered nursing or practical nursing by any person not licensed as a registered nurse or a licensed practical nurse; or
- (h) Impersonating another licensed practitioner, or permitting another person to use his certificate for the purpose of nursing for compensation; or
- (i) Acts of gross negligence, either by omission or commission; or
- (j) Exercising influence on a patient in such a manner as to exploit the patient for financial gain of the licensee or a third party; or
- (k) Testing positive for any drugs under Chapter 893, F.S., on any drug screen when the nurse does not have a prescription and legitimate medical reason for using such drug; or
- (l) Violation of a Board order entered in a licensure proceeding; or
- (m) Providing false or incorrect information to the employer regarding the status of the license; or
- (n) Practicing beyond the scope of the licensee's license, educational preparation or nursing experience; or
- (o) Using force against a patient, striking a patient, or throwing objects at a patient; or
- (p) Using abusive, threatening or foul language in front of a patient or directing such language toward a patient.

Specific Authority 464.006 FS. Law Implemented 464.018 FS. History—New 11-28-79, Amended 3-16-81, 10-8-81, 9-11-83, Formerly 210-10.05, Amended 4-21-86, 2-5-87, 8-2-90, 3-12-91, 9-16-91, 4-8-92, 9-29-92, Formerly 210-10.005, Amended 9-7-93, Formerly 61F7-8.005, Amended 11-6-94, 5-1-95, 11-16-95, Formerly 59S-8.005, Amended 2-18-98, 3-23-00, 2-17-02, 7-5-06, 12-11-06.

64B9-8.006 Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances.

(1) The legislature created the Board to assure protection of the public from nurses who do not meet minimum requirements for safe practice or who pose a danger to the public. The suspensions, restrictions of practice, and conditions of probation used by the Board in discharging its duties under Sections 464.018 and 456.072, F.S., shall include, but are not limited to, the following:

- (a) Suspension until appearance before the Board or for a definite time period and demonstration of ability to practice safely.
- (b) Suspension until appearance before the Board, or for a definite time period, and submission of mental or physical examinations from professionals specializing in the diagnosis or treatment of the suspected condition, completion of counseling, completion of continuing education, demonstration of sobriety and ability to practice safely.
- (c) Suspension until fees and fines paid or until proof of continuing education completion submitted.
- (d) Suspension until evaluation by and treatment in the Intervention Project for Nurses. In cases involving substance abuse, chemical dependency, sexual misconduct, physical or mental conditions which may hinder the ability to practice safely, the Board finds participation in the IPN under a stayed suspension to be the preferred and most successful discipline.
- (e) Suspension stayed so long as the licensee complies with probationary conditions.
- (f) Probation with the minimum conditions of not violating laws, rules, or orders related to the ability to practice nursing safely, keeping the Board advised of the nurse's address and employment, and supplying both timely and satisfactory probation and employer/supervisor reports.
- (g) Probation with specified continuing education courses in addition to the minimum conditions. In those cases involving unprofessional conduct or substandard practice, including recordkeeping, the Board finds continuing education directed to the practice deficiency to be the preferred punishment.
- (h) Probation with added conditions of random drug screens, abstention from alcohol and drugs, participation in narcotics or alcoholics anonymous, psychological counseling, the prohibition on agency work, or the requirement that work must be under direct supervision on a regularly assigned unit.
- (i) Personal appearances before the Board to monitor compliance with the Board's order.
- (j) Administrative fine and payment of costs associated with probation or professional treatment.

(2) The Board sets forth below a range of disciplinary guidelines from which disciplinary penalties will be imposed upon practitioners and applicants for licensure guilty of violating Chapters 464 and 456, F.S. The purpose of the disciplinary guidelines is to give notice to licensees and applicants of the range of penalties which will normally be imposed upon violations of particular provisions of Chapters 464 and 456, F.S. The disciplinary guidelines are based upon a single count violation of each provision listed. Multiple counts of violations of the same provision of Chapters 464 and 456, F.S., or the rules promulgated thereto, or other unrelated violations will be grounds for enhancement of penalties. All penalties set forth in the guidelines include lesser penalties, i.e., reprimand and or course-work which may be included in the final penalty at the Board's discretion.

(3) The following disciplinary guidelines shall be followed by the Board in imposing disciplinary penalties upon licensees for violation of the noted statutes and rules:

(a) Procuring, attempting to procure, or renewing a license to practice nursing by bribery, by knowing misrepresentations, or through an error of the department or the board.

(Section 456.072(1)(h) or 464.018(1)(a), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and probation	denial of licensure or revocation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or permanent revocation

(b) Having a license to practice nursing revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.

(Section 464.018(1)(b), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine and same penalty imposed by the other jurisdiction	denial of licensure or \$250 fine and suspension to be followed by probation or revocation
SECOND OFFENSE	\$250 fine and same penalty imposed by the other jurisdiction which at a minimum must include a term of probation	denial of licensure or \$500 fine and revocation
THIRD OFFENSE	\$500 fine and same penalty imposed by the other jurisdiction which at a minimum must include a term of suspension	denial of licensure or \$750 fine and permanent revocation

(c) Having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law.

(Section 456.072(1)(f), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine and same penalty imposed by the other jurisdiction	denial of licensure or \$250 fine and suspension to be followed by probation
SECOND OFFENSE	\$250 fine and same penalty imposed by the other jurisdiction which at a minimum must include a term of probation	denial of licensure or \$500 fine and revocation
THIRD OFFENSE	\$500 fine and same penalty imposed by the other jurisdiction which at a minimum must include a term of suspension	denial of licensure or \$750 fine and permanent revocation

(d) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of nursing or to the ability to practice nursing.

(Section 456.072(1)(c) or 464.018(1)(c), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension to be followed by a term of probation

SECOND OFFENSE	\$500 fine and probation	denial of licensure or \$1,000 fine and revocation
----------------	--------------------------	---

(e) Being found guilty, regardless of adjudication, of a forcible felony as defined in Chapter 776, F.S.
(Section 464.018(1)(d)1., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or \$1,000 fine and revocation

(f) Being found guilty, regardless of adjudication, of a violation of Chapter 812, F.S., relating to theft, robbery, and related crimes.
(Section 464.018(1)(d)2., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension followed by probation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or \$1,000 fine and revocation

(g) Being found guilty, regardless of adjudication, of a violation of Chapter 817, F.S., relating to fraudulent practices.
(Section 464.018(1)(d)3., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or \$1,000 fine and revocation

(h) Being found guilty, regardless of adjudication, of a violation of Chapter 800, F.S., relating to lewdness and indecent exposure.
(Section 464.018(1)(d)4., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine, IPN evaluation, and probation	denial of licensure or \$500 fine, IPN evaluation, and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$750 fine, IPN evaluation, and suspension to be followed by a term of	denial of licensure and \$1,000 fine and permanent revocation

probation

(i) Being found guilty, regardless of adjudication, of a violation of Chapter 784, F.S., relating to assault, battery, and culpable negligence.

(Section 464.018(1)(d)5., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or \$1,000 fine and revocation

(j) Being found guilty, regardless of adjudication, of a violation of Chapter 827, F.S., relating to child abuse.

(Section 464.018(1)(d)6., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or \$1,000 fine and permanent revocation

(k) Being found guilty, regardless of adjudication, of a violation of Chapter 415, F.S., relating to protection from abuse, neglect, and exploitation.

(Section 464.018(1)(d)7., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or \$1,000 fine and permanent revocation

(l) Being found guilty, regardless of adjudication, of a violation of Chapter 39, F.S., relating to child abuse, abandonment, and neglect.

(Section 464.018(1)(d)8., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or

\$1,000 fine and permanent revocation

(m) Having been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under Section 435.03, F.S., or under any similar statute of another jurisdiction; or having committed an act which constitutes domestic violence as defined in Section 741.28, F.S.

(Section 464.018(1)(e), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or \$1,000 fine and permanent revocation

(n) Making or filing a false report or record, which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so. Such reports or records shall include only those which are signed in the nurse's capacity as a licensed nurse.

(Section 464.018(1)(f), or 456.072(1)(l), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation
SECOND OFFENSE	\$500 fine and probation	\$750 fine and suspension to be followed by probation
THIRD OFFENSE	\$750 fine and suspension to be followed by probation	\$1,000 fine and revocation

(o) False, misleading, or deceptive advertising.

(Section 464.018(1)(g), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine	\$250 fine and probation
SECOND OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation
THIRD OFFENSE	\$500 fine and probation	\$750 fine and suspension to be followed by probation

(p) Unprofessional conduct in which case actual injury need not be established.

(Section 464.018(1)(h), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	\$500 fine and probation
SECOND OFFENSE	\$500 fine	\$750 fine and suspension to be followed by probation
THIRD OFFENSE	\$750 fine and probation	\$1,000 fine and suspension to be followed by probation

Unprofessional conduct in which case actual injury has been established.
(Section 464.018(1)(h), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and probation	\$500 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$750 fine and suspension to be followed by a term of probation	\$1,000 fine and revocation

(q) Engaging or attempting to engage in the possession, sale, or distribution of controlled substances as set forth in Chapter 893, F.S., for any other than legitimate purposes authorized by this part.
(Section 464.018(1)(i), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine, IPN evaluation, and probation	denial of licensure or \$500 fine, IPN evaluation, and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$750 fine, IPN evaluation, and suspension to be followed by probation	denial of licensure and \$1,000 fine and permanent revocation
THIRD OFFENSE	\$750 fine and revocation	\$1,000 fine and permanent revocation

(r) Being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition.
(Section 456.072(1)(y) or 464.018(1)(j), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine, IPN evaluation, and probation	denial of licensure or \$500 fine, IPN evaluation, and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$750 fine, IPN evaluation, and suspension to be followed by probation	denial of licensure and \$1,000 fine and permanent revocation
THIRD OFFENSE	\$750 fine and revocation	\$1,000 fine and permanent revocation

(s) Failing to report to the department any person who the licensee knows is in violation of this part or of the rules of the department or the board; however, if the licensee verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the licensee is required to report such person only to an impaired professionals consultant.
(Section 456.072(1)(i) or 464.018(1)(k), F.S.)

	MINIMUM	MAXIMUM
--	---------	---------

FIRST OFFENSE	\$100 fine	\$250 fine and probation
SECOND OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation
THIRD OFFENSE	\$500 fine and probation	\$750 fine and suspension to be followed by probation

(t) Knowingly violating any provision of this part, a rule of the board or the department, or a lawful order of the board or department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.

(Section 456.072(1)(b) or 464.018(1)(l), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and compliance with rule or terms of prior order	\$500 fine and suspension until compliance with rule or terms of prior order
SECOND OFFENSE	\$500 fine and suspension until compliance with rule or terms of prior order	\$750 and suspension until compliance with rule or terms of prior order plus extended probation
THIRD OFFENSE	\$750 fine and suspension until compliance with rule or terms of prior order plus extended probation	\$1,000 fine and revocation

(u) Failing to report to the department any licensee under Chapter 458, F.S., or under Chapter 459, F.S., who the nurse knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under Chapter 395, F.S., or a health maintenance organization certificated under Part I of Chapter 641, F.S., in which the nurse also provides services.

(Section 464.018(1)(m), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine	\$250 fine and probation
SECOND OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation
THIRD OFFENSE	\$500 fine and probation	\$750 fine and suspension to be followed by probation

(v) Making misleading, deceptive, or fraudulent representations in or related to the practice of the licensee's profession.

(Section 456.072(1)(a), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or \$1,000 fine and revocation

(w) Intentionally violating any rule adopted by the board or the department, as appropriate.

(Section 456.072(1)(b), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and compliance with rule or terms of prior order	\$500 fine and suspension until compliance with rule or terms of prior order
SECOND OFFENSE	\$500 fine and suspension until compliance with rule or terms of prior order	\$750 and suspension until compliance with rule or terms of prior order plus extended probation
THIRD OFFENSE	\$750 fine and suspension until compliance with rule or terms of prior order plus extended probation	\$1,000 fine and revocation

(x) Using a Class III or a Class IV laser device or product, as defined by federal regulations, without having complied with the rules adopted pursuant to Section 501.122(2), F.S., governing the registration of such devices.

(Section 456.072(1)(d), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine	\$250 fine and probation
SECOND OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation
THIRD OFFENSE	\$500 fine and probation	\$750 fine and suspension to be followed by probation

(y) Failing to comply with the educational course requirements for human immunodeficiency virus and acquired immune deficiency syndrome.

(Section 456.072(1)(e), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and complete the course	\$500 fine and suspension until the course is completed
SECOND OFFENSE	\$500 fine and complete the course	\$750 and suspension until the course is completed
THIRD OFFENSE	\$750 fine and suspension until the course is completed Plus probation	\$1,000 fine and suspension until the course is completed plus

(z) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee.

(Section 456.072(1)(g), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension to be followed by a term of

SECOND OFFENSE	\$500 fine and probation	probation denial of licensure or \$1,000 fine and revocation
----------------	--------------------------	--

(aa) Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to this chapter, the chapter regulating the profession, or the rules of the department or the board.
(Section 456.072(1)(j), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or \$1,000 fine and revocation

(bb) Failing to perform any statutory or legal obligation placed upon a licensee.
(Section 456.072(1)(k), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and compliance with legal obligation	\$500 fine and suspension until compliance with legal obligation
SECOND OFFENSE	\$500 fine and suspension until compliance with legal obligation	\$750 and suspension until compliance with legal obligation plus extended probation
THIRD OFFENSE	\$750 fine and suspension until compliance with legal obligation plus extended probation	\$1,000 fine and revocation

(cc) Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession.
(Section 456.072(1)(m), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or \$1,000 fine and revocation

(dd) Exercising influence on the patient or client for the purpose of financial gain of the licensee or a third party.
(Section 456.072(1)(n), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and probation	denial of licensure or

SECOND OFFENSE	\$500 fine and probation	revocation denial of licensure or permanent revocation
----------------	--------------------------	--

(ee) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform.
(Section 456.072(1)(o), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and probation	denial of licensure or revocation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or permanent revocation

(ff) Delegating or contracting for the performance of professional responsibilities by a person when the licensee delegating or contracting for performance of such responsibilities knows, or has reason to know, such person is not qualified by training, experience, and authorization when required to perform them.
(Section 456.072(1)(p), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and probation	denial of licensure or revocation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or permanent revocation

(gg) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding.
(Section 456.072(1)(r), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	denial of licensure or \$500 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or \$1,000 fine and revocation

(hh) Failing to comply with the educational course requirements for domestic violence.
(Section 456.072(1)(s), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and complete the course	\$500 fine and suspension until the course is completed
SECOND OFFENSE	\$500 fine and complete the course	\$750 and suspension until the course is completed
THIRD OFFENSE	\$750 fine and suspension until the course is completed plus probation	\$1,000 fine and suspension until the course is completed plus

probation

(ii) Failing to comply with the requirements of Sections 381.026 and 381.0261, F.S., to provide patients with information about their patient rights and how to file a patient complaint.

(Section 456.072(1)(t), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine	\$250 fine and probation
SECOND OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation
THIRD OFFENSE	\$500 fine and probation	\$750 fine and suspension followed by probation

(jj) Engaging or attempting to engage in sexual misconduct as defined and prohibited in Section 456.063(1), F.S.

(Section 456.072(1)(u), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine, IPN evaluation, and probation	denial of licensure or \$500 fine, IPN evaluation, and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$750 fine, IPN evaluation, and suspension to be followed by a term of probation	denial of licensure and \$1,000 fine and permanent revocation

(kk) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application; or failing to verify the profile contents and to correct any factual errors in his or her profile within the 30-day period.

(Section 456.072(1)(v) or 456.041(7), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation
SECOND OFFENSE	\$500 fine and probation	\$750 fine and suspension to be followed by probation

For failure to verify the profile contents and to correct any factual errors in his or her profile within the 30-day period in Section 456.041(7), F.S., a fine of \$50 per day.

(ll) Failing to report to the board, or the department if there is no board, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction. Convictions, findings, adjudications, and pleas entered into prior to the enactment of this paragraph must be reported in writing to the board, or department if there is no board, on or before October 1, 1999.

(Section 456.072(1)(w), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and probation	denial of licensure or

SECOND OFFENSE	\$500 fine and probation	revocation denial of licensure or permanent revocation
----------------	--------------------------	--

(mm) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers or persons involved in accidents pursuant to Section 316.066, F.S., or using information published in a newspaper or other news publication or through a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or any other solicitation whatsoever of the people involved in such accidents.

(Section 456.072(1)(x), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine	\$250 fine and probation
SECOND OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation
THIRD OFFENSE	\$500 fine and probation	\$750 fine and suspension to be followed by probation

(nn) Testing positive for any drug, as defined in Section 112.0455, F.S., on any confirmed preemployment or employer-ordered drug screening when the practitioner does not have a lawful prescription and legitimate medical reason for using such drug.

(Section 456.072(1)(z), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine, IPN evaluation, and probation	denial of licensure or \$500 fine, IPN evaluation, and suspension to be followed by a term of probation
SECOND OFFENSE	\$750 fine, IPN evaluation, and suspension to be followed by a term of probation	denial of licensure and \$1,000 fine and permanent revocation

(oo) Falsifying or altering of patient records or nursing progress records, employment applications or time records.
(paragraph 64B9-8.005(2)(a), F.A.C.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation
SECOND OFFENSE	\$500 fine and probation	\$750 fine and suspension to be followed by probation
THIRD OFFENSE	\$750 fine and suspension to be followed by probation	\$1,000 fine and permanent revocation

(pp) Administering medications or treatments in negligent manner.
(paragraph 64B9-8.005(2)(b), F.A.C.)

MINIMUM	MAXIMUM
---------	---------

FIRST OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation
SECOND OFFENSE	\$500 fine and probation	\$750 fine and suspension to be followed by probation
THIRD OFFENSE	\$750 fine and suspension to be followed by probation	\$1,000 fine and revocation

(qq) Misappropriating drugs.
(paragraph 64B9-8.005(2)(c), F.A.C.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine, IPN evaluation, and probation	denial of licensure or \$500 fine, IPN evaluation, and suspension to be followed by a term of probation
SECOND OFFENSE	\$750 fine, IPN evaluation, and suspension to be followed by a term of probation	denial of licensure and \$1,000 fine and permanent revocation

(rr) Violating the confidentiality of information or knowledge concerning a patient.
(paragraph 64B9-8.005(2)(d), F.A.C.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and probation	denial of licensure or revocation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or permanent revocation

(ss) Discrimination on the basis of race, creed, religion, sex, age or national origin, in the rendering of nursing services as it relates to human rights and dignity of the individuals.
(paragraph 64B9-8.005(2)(e), F.A.C.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation
SECOND OFFENSE	\$500 fine and probation	\$750 fine and suspension to be followed by probation
THIRD OFFENSE	\$750 fine and suspension to be followed by probation	\$1,000 fine and permanent revocation

(tt) Impersonating another licensed practitioner, or permitting another person to use his certificate for the purpose of nursing for compensation.
(paragraph 64B9-8.005(2)(f), F.A.C.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and probation	denial of licensure or revocation

SECOND OFFENSE	\$500 fine and probation	denial of licensure or permanent revocation
----------------	--------------------------	---

(uu) Acts of gross negligence, either by omission or commission. (paragraph 64B9-8.005(2)(g), F.A.C.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation or revocation
SECOND OFFENSE	\$500 fine and probation	\$750 fine and suspension to be followed by probation or revocation
THIRD OFFENSE	\$750 fine and suspension to be followed by probation	\$1,000 fine and revocation

(vv) Testing positive for any drugs under Chapter 893, F.S., on any drug screen when the nurse does not have a prescription and legitimate medical reason for using such drug. (paragraph 64B9-8.005(2)(h), F.A.C.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine, IPN evaluation, and probation	denial of licensure or \$500 fine, IPN evaluation, and suspension to be followed by a term of probation
SECOND OFFENSE	\$750 fine, IPN evaluation, and suspension to be followed by a term of probation	denial of licensure and \$1,000 fine and permanent revocation

(ww) Providing false or incorrect information to the employer regarding the status of the license. (paragraph 64B9-8.005(2)(i), F.A.C.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and probation	denial of licensure or revocation
SECOND OFFENSE	\$500 fine and probation	denial of licensure or permanent revocation

(xx) Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition.

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation
SECOND OFFENSE	\$500 fine and probation	\$750 fine and suspension to be followed

THIRD OFFENSE	\$750 fine and suspension to be followed by probation	by probation \$1,000 fine and revocation
---------------	---	---

(yy) Leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in surgical, examination, or other diagnostic procedures.

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine	\$500 fine and suspension to be followed by probation
SECOND OFFENSE	\$500 fine and probation	\$750 fine and suspension to be followed by probation
THIRD OFFENSE	\$750 fine and suspension to be followed by probation	\$1,000 fine and revocation

(zz) Violating any provision of this chapter, the applicable practice act, or any rules adopted pursuant thereto.

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and compliance with rule or statute	\$500 fine and suspension until compliance with rule or statute
SECOND OFFENSE	\$500 fine and suspension until compliance with rule or statute	\$750 fine and suspension until compliance with rule or statute plus probation
THIRD OFFENSE	\$750 fine and suspension until compliance with rule or statute plus probation	\$1,000 fine and revocation

(aaa) Being terminated from or failing to successfully complete an impaired practitioner treatment program (Section 456.072(1)(gg), F.S.):

Minimum: \$250 fine and suspension until successful completion or receipt of written confirmation from program that further treatment is neither required nor indicated.

Maximum: Permanent revocation or denial of licensure.

(bbb) Failing to comply with the education course requirements for prevention of medical errors (Section 456.013(7), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine and complete the course	\$500 fine and suspension until the course is completed
SECOND OFFENSE	\$500 fine and complete the course	\$750 fine and suspension until the course is completed
THIRD OFFENSE	\$750 fine and suspension until the course is completed plus probation	\$1,000 fine and suspension until the course is completed plus probation

(4) In licensure and disciplinary matters involving impairment, the applicant or licensee may be referred to IPN in addition to the imposition of the above-outlined disciplinary action.

(5)(a) The Board shall be entitled to deviate from the foregoing guidelines upon a showing of aggravating or mitigating

circumstances by clear and convincing evidence, presented to the Board prior to the imposition of a final penalty at informal hearing. If a formal hearing is held, any aggravating or mitigating factors must be submitted to the hearing officer at formal hearing. At the final hearing following a formal hearing, the Board will not hear additional aggravating or mitigating evidence.

(b) Circumstances which may be considered for purposes of mitigation or aggravation of penalty shall include, but are not limited to, the following:

1. The danger to the public.
2. Previous disciplinary action against the licensee in this or any other jurisdiction.
3. The length of time the licensee has practiced.
4. The actual damage, physical or otherwise, caused by the violation.
5. The deterrent effect of the penalty imposed.
6. Any efforts at rehabilitation.
7. Attempts by the licensee to correct or stop violations, or refusal by the licensee to correct or stop violations.
8. Cost of treatment.
9. Financial hardship.
10. Cost of disciplinary proceedings.

(6) In instances when a licensee or applicant is found guilty of any of the above offenses involving fraud or making a false or fraudulent representation, the Board shall impose a fine of \$10,000.00 per count or offense.

Specific Authority 456.072, 456.079 FS. Law Implemented 456.072, 456.079, 464.018 FS. History—New 2-5-87, Amended 8-12-87, 12-8-87, 11-23-89, 7-28-92, Formerly 21O-10.011, Amended 12-5-93, Formerly 61F7-8.006, Amended 5-1-95, Formerly 59S-8.006, Amended 8-18-98, 7-1-99, 3-23-00, 5-8-00, 5-2-02, 1-12-03, 2-22-04, 8-3-05, 7-5-06.

64B9-8.009 Payment of Fines.

Unless stated otherwise in the Final Order, fines are payable within sixty days of the filing of the order.

Specific Authority 456.072(4), 464.006 FS. Law Implemented 456.072(4) FS. History—New 9-11-83, Formerly 21O-10.06, 21O-10.006, 61F7-8.009, 59S-8.009.

64B9-8.011 Reinstatement of Suspended and Revoked Licenses.

(1) When the Board has suspended the license of a nurse or accepted the relinquishment of licensure in lieu of further disciplinary action for a definite period of time, the licensee, by petition, shall demonstrate to the Board, after the expiration of the time period, compliance with all terms and conditions of the final order and must demonstrate the present ability to engage in the safe practice of nursing to obtain reinstatement. If no definite period of time was stated in the final order, the licensee may petition the Board at any time to demonstrate full compliance with the final order and present ability to engage in the safe practice of nursing.

(2) In order to demonstrate the present ability to engage in the safe practice of nursing, the nurse must submit evidence which may include:

(a) Completion of continuing education courses approved by the Board, particularly if the disciplinary action resulted from unsafe practice or the nurse has been out of practice for a number of years.

(b) Participation in nursing programs, including refresher courses, clinical skills courses, and any Board approved nursing education programs leading to licensure in this state, particularly if the nurse has been out of practice for a number of years.

(c) Submission of evaluations of mental or physical examinations by appropriate professionals which attest to the nurse's present ability to engage in safe practice or conditions under which safe practice can be attained.

(d) Completion of treatment within a program designed to alleviate alcohol or other chemical dependencies, including necessary aftercare measures or a plan for continuation of such treatment as appropriate. Current sobriety must be demonstrated.

(e) Other educational achievements, employment background, references, successful completion of criminal sanctions imposed by the courts and restoration of civil rights if a convicted felon, or other factors which would demonstrate rehabilitation and present ability to engage in the safe practice of nursing.

(3) When the Board has revoked the license of a nurse for a definite period of time, that nurse may reapply for licensure under the conditions stated in the final order. If no time period for revocation was stated in the final order, the nurse, if otherwise eligible by law, may reapply for licensure. Depending on the length of time out of nursing, the applicant may be required to undergo additional education and to rewrite the nursing examination. Present ability to engage in the safe practice of nursing as set forth in subsection 64B9-8.011(2), F.A.C., and full compliance with the revocation order must be demonstrated by the applicant.

(4) All persons seeking reinstatement or relicensure under this rule shall submit all documentation supporting their petition prior to the next available Board meeting for which the Board may take action on the request. Unless the final order specifically stated otherwise, the petitioner must personally appear before the Board to answer any additional concerns by the Board related to the nurse's present ability to engage in the safe practice of nursing.

(5) If the Board reinstates the license of the petitioner, it may order reasonable conditions of probation or participation in the Intervention Project for Nurses (IPN), particularly when the nurse has been out of practice for a number of years, when practice problems led to the disciplinary action, or when mental, physical, or substance abuse problems led to the disciplinary action.

Specific Authority 464.006 FS. Law Implemented 464.018, 464.0185, 112.011(1)(b) FS. History—New 1-1-92, Formerly 210-10.013, Amended 1-26-94, Formerly 61F7-8.011, 59S-8.011.

64B9-8.012 Mediation.

The Board finds that mediation is an acceptable resolution of the following violations that are economic in nature or can be remedied by the licensee: failure to respond timely to a continuing education audit.

Specific Authority 456.078 FS. Law Implemented 456.078 FS. History—New 11-6-94, Formerly 59S-8.012.

64B9-8.014 Continuous Sobriety.

For the purpose of establishing continuous sobriety, a licensee shall document that he or she has remained sober for the time period specified by the Board. The documentation shall include a favorable evaluation from an FSAM certified addictionologist who practices in the specialty area of addiction or substance abuse medicine. The licensee shall also document completion of any substance abuse treatment undertaken, provide letters of reference from employers,

document any attendance at support nurse groups, provide letters of reference from treatment providers who specialize in the area of the abused substance(s), and provide a statement setting forth the current recovery program he or she is participating in.

Specific Authority 464.006 FS. Law Implemented 464.008(1)(c), 464.018(1)(j) FS. History—New 6-11-97, Formerly 59S-8.014.

CHAPTER 64B9-9 IMPAIRED NURSE PROGRAM

64B9-9.002 HIV/AIDS: Knowledge of Antibody Status; Action to be Taken.

The Board of Nursing strongly urges all licensees under its jurisdiction who are involved in invasive procedures to undergo testing to determine their HIV status. In the event a licensee tests positive, the licensee should enter and comply with the requirements of the Intervention Project for Nurses.

Specific Authority 456.033, 464.006 FS. Law Implemented 456.033, 464.018(1)(j) FS. History—New 9-22-92, Formerly 21O-18.005, 61F7-9.002, 59S-9.002.

CHAPTER 64B9-11 MAINTENANCE OF MEDICAL RECORDS

64B9-11.001 Medical Records of Deceased Nurse.

(1) Each Registered Nurse (RN) or Advanced Registered Nurse Practitioner (ARNP) engaged in private practice, who maintains possession of client/patient medical records, shall ensure that the executor, administrator, personal representative or survivor of such RN or ARNP shall arrange to maintain those medical records in existence upon the death of the RN or ARNP for a period of at least two (2) years from the date of the death of the RN or ARNP.

(2) Within one (1) month from the date of death of the RN or ARNP, the executor, administrator, personal representative or survivor shall cause to be published in the newspaper of greatest general circulation in the county where the RN or ARNP practice, a notice indicating to the clients/patients of the deceased RN or ARNP that the nurse's medical records are available to the clients/ patients or their duly constituted representative from a specific person at a certain location.

(3) At the conclusion of a 22-month period of time from the date of death of the RN or ARNP or thereafter the executor, administrator, personal representative or survivor shall cause to be published once during each week for four (4) consecutive weeks, in the newspaper of greatest general circulation in the county where the RN or ARNP practiced, a notice indicating to the clients/patients of the deceased nurse that client/patient records will be disposed of or destroyed one (1) month or later from the last day of the fourth week of publication of notice.

Specific Authority 456.058 FS. Law Implemented 456.058 FS. History—New 2-14-90, Formerly 21O-22.001, 61F7-11.001, 59S-11.001.

64B9-11.002 Medical Records of Nurses Relocating or Terminating Practice.

(1) The Board of Nursing and the Legislature recognize the need for maintenance and retention of medical records in order to protect and serve clients/patients. For that reason, the Legislature has directed the Board of Nursing to promulgate rules setting standards that will provide a minimum requirement for retention and disposition of client/patient records of nurses relocating and terminating practice. However, the Board of Nursing is concerned that the promulgation of these rules may mislead the licensed nurses. Paragraph (2) of this rule sets forth standards which, if not met, will constitute a violation of Sections 456.058 and 464.018, Florida Statutes, and will subject the nurse to disciplinary proceedings. Nurses should retain medical records as long as needed not only to serve and protect clients/patients, but also to protect themselves against adverse actions. The times specified in paragraph (2) below may well be less than the length of time necessary for protecting the nurses. Furthermore, the times stated may fall below the community standards for retention in specific communities and practice settings and for specific client/patient needs. For these purposes, nurses may wish to seek advice from private legal counsel or their insurance carrier.

(2) Each Registered Nurse (R.N.) or Advanced Registered Nurse Practitioner (A.R.N.P.) engaged in private practice, who maintains possession of client/patient medical records, shall, when terminating or relocating practice in such a manner as to no longer be reasonably available to clients/patients, notify each client/patient of such termination or

relocation and unavailability. Such notification shall consist of at least causing to be published, in the newspaper of greatest general circulation in each county in which the nurse practices or practiced, a notice which shall contain the date of termination or relocation and an address at which medical records may be obtained. Such notice shall be published no less than 4 times over a period of at least 4 weeks. In addition, the nurse shall place in a conspicuous location in or on the facade of the nurse's office, a sign, announcing the termination or relocation of the practice. The sign shall be placed at least thirty (30) days prior to the termination or relocation and shall remain until the date of termination or relocation. Both the notice and the sign shall advise the clients/patients of their opportunity to transfer or receive their medical records. Furthermore, each such licensee shall see that client/patient records are maintained and may be obtained by the client/patient for a minimum of 2 years after the termination or relocation of practice.

Specific Authority 456.058 FS. Law Implemented 456.058 FS. History—New 6-6-90, Formerly 210-22.002, 61F7-11.002, 59S-11.002.

CHAPTER 64B9-12 ADMINISTRATION OF INTRAVENOUS THERAPY BY LICENSED PRACTICAL NURSES

64B9-12.001 Statement of Intent and Purpose.

(1) The “practice of practical nursing” as defined by Section 464.003(3)(b), Florida Statutes, includes the “administration of treatments and medication,” under direction, and holds the licensed practical nurse “responsible and accountable for making decisions . . . based upon the individual’s educational preparation and experience in nursing.” As medical science advances and the demands for health care in Florida grow, the scope of nursing practice, in general, and of the practice of practical nursing, in particular, is expanding. It has become necessary that the licensed practical nurse, when qualified by training and education and when approved by the institution at which the licensed practical nurse is employed, engage in the limited administration of intravenous therapy both to serve the public and to allow the professional nurse to better perform those acts requiring professional nursing specialized knowledge, judgment and skill.

(2) The purpose of this rule is to protect the public by ensuring the availability of intravenous therapy and its competent administration in the care of the ill, injured or the infirm. In keeping with the purpose, this rule authorizes the qualified licensed practical nurse to administer those aspects of intravenous therapy within the scope of practice of the licensed practical nurse, enumerates those aspects of intravenous therapy outside the scope of practice of the licensed practical nurse, and sets out the educational and/or competency verification necessary to administer, under direction, limited forms of intravenous therapy.

Specific Authority 464.006 FS. Law Implemented 464.003(3)(b) FS. History—New 1-16-91, Formerly 210-21.001, 61F7-12.001, 59S-12.001.

64B9-12.002 Definitions.

(1) “Administration of Intravenous Therapy” is the therapeutic infusion and/or injection of substances through the venous peripheral system, consisting of activity which includes: observing, initiating, monitoring, discontinuing, maintaining, regulating, adjusting, documenting, planning, intervening and evaluating.

(2) “Under the direction of a registered professional nurse” means that the registered professional nurse has delegated intravenous therapy functions to a qualified licensed practical nurse. The registered professional nurse does not in all instances have to be on the premises in order for the licensed practical nurse to perform the delegated functions.

(3) “Direct supervision” means on the premises and immediately physically available.

Specific Authority 464.006 FS. Law Implemented 464.003(3)(b) FS. History—New 1-16-91, Formerly 210-21.002, 61F7-12.002, 59S-12.002.

64B9-12.003 Aspects of Intravenous Therapy Outside the Scope of Practice of the LPN.

(1) Aspects of intravenous therapy which are outside the scope of practice of the licensed practical nurse unless under the direct supervision of the registered professional nurse or physician and which shall not be performed or initiated by licensed practical nurses without direct supervision include the following:

- (a) Initiation of blood and blood products;
- (b) Initiation or administration of cancer chemotherapy;
- (c) Initiation of plasma expanders;
- (d) Initiation or administration of investigational drugs;
- (e) Mixing IV solution;
- (f) IV pushes, except heparin flushes and saline flushes.

(2) Although this rule limits the scope of licensed practical nurse practice, it is appropriate for licensed practical nurses to care for patients receiving such therapy.

Specific Authority 456.013(2), 490.004(4) FS. Law Implemented 456.013(2) FS. History—New 1-16-91, Formerly 210-21.003, 61F7-12.003, 59S-12.003, Amended 4-9-98.

64B9-12.004 Authority for the LPN to Administer Limited Forms of Intravenous Therapy.

(1) With the exception of those aspects of intravenous therapy deemed outside the scope of practice of the licensed practical nurse by Rule 64B9-12.003, F.A.C., above, and subject to the approval of the institution at which the licensed practical nurse is employed, any licensed practical nurse who meets the competency knowledge requirements of Rule 64B9-12.005, F.A.C., below, is authorized to administer intravenous therapy under the direction of a registered professional nurse.

(2) Individuals who have completed a Board approved prelicensure practical nursing education program, professional nursing students who qualify as graduate practical nurses, or licensed practical nurses who have not completed the specified course under Rule 64B9-12.005, F.A.C., may engage in a limited scope of intravenous therapy under the direction of a registered nurse, physician or dentist. This scope includes:

- (a) Perform calculation and adjust flow rate;
- (b) Observe and report subjective and objective signs of adverse reactions to IV administration;
- (c) Inspect insertion site, change dressing, and remove intravenous needle or catheter from peripheral veins.
- (d) Hanging bags or bottles of hydrating fluid.

Specific Authority 464.006 FS. Law Implemented 464.003(3)(b) FS. History—New 1-16-91, Formerly 21O-21.004, 61F7-12.004, 59S-12.004.

64B9-12.005 Competency and Knowledge Requirements Necessary to Qualify the LPN to Administer IV Therapy.

(1) Contents. The board endorses the Intravenous Therapy Course Guidelines issued by the Education Department of the National Federation of Licensed Practical Nurses, November, 1983. The intravenous therapy education must contain the following components:

- (a) Policies and procedures of both the Nurse Practice Act and the employing agency in regard to intravenous therapy. This includes legalities of both the Licensed Practical Nurse role and the administration of safe care. Principles of charting are also included.
- (b) Psychological preparation and support for the patient receiving IV therapy as well as the appropriate family members/ significant others.
- (c) Site and function of the peripheral veins used for veinpuncture.
- (d) Procedure for veinpuncture, including physical and psychological preparation, site selection, skin preparation, palpation of veins, and collection of equipment.
- (e) Relationship between intravenous therapy and the body's homeostatic and regulatory functions, with attention to the clinical manifestations of fluid and electrolyte imbalance.
- (f) Signs and symptoms of local and systemic complications in the delivery of fluids and medications and the preventive and treatment measures for these complications.
- (g) Identification of various types of equipment used in administering intravenous therapy with content related to criteria for use of each and means of troubleshooting for malfunction.
- (h) Formulas used to calculate fluid and drug administration rate.
- (i) Methods of administering drugs intravenously and advantages and disadvantages of each.
- (j) Principles of compatibility and incompatibility of drugs and solutions.
- (k) Nursing management of the patient receiving drug therapy, including principles of chemotherapy, protocols, actions, and side effects.
- (l) Nursing management of the patient receiving blood and blood components, following institutional protocol. Include indications and contraindications for use; identification of adverse reactions.
- (m) Nursing management of the patient receiving parenteral nutrition, including principles of metabolism, potential complications, and physical and psychological measures to ensure the desired therapeutic effect.
- (n) Principles of infection control in IV therapy, including aseptic technique and prevention and treatment of iatrogenic infection.
- (o) Nursing management of special IV therapy procedures that are commonly used in the clinical setting, such as heparin lock, central lines, and arterial lines.

(p) Glossary of common terminology pertinent to IV fluid therapy.

(q) Performance check list by which to evaluate clinical application of knowledge and skills.

(2) Central Lines. The Board recognizes that through appropriate education and training, a Licensed Practical Nurse is capable of performing intravenous therapy via central lines under the direction of a registered professional nurse as defined in subsection 64B9-12.002(2), F.A.C. Appropriate education and training requires a minimum of four (4) hours of instruction. The requisite four (4) hours of instruction may be included as part of the thirty (30) hours required for intravenous therapy education specified in subsection (4) of this rule. The education and training required in this subsection shall include, at a minimum, didactic and clinical practicum instruction in the following areas:

(a) Central venous anatomy and physiology;

(b) CVL site assessment;

(c) CVL dressing and cap changes;

(d) CVL flushing;

(e) CVL medication and fluid administration;

(f) CVL blood drawing; and

(g) CVL complications and remedial measures.

Upon completion of the intravenous therapy training via central lines, the Licensed Practical Nurse shall be assessed on both theoretical knowledge and practice, as well as clinical practice and competence. The clinical practice assessment must be witnessed by a Registered Nurse who shall file a proficiency statement regarding the Licensed Practical Nurse's ability to perform intravenous therapy via central lines. The proficiency statement shall be kept in the Licensed Practical Nurse's personnel file.

(3) Providers: The LPN/IV education must be sponsored by a provider of continuing education courses approved by the Board pursuant to Rule 64B9-5.005, F.A.C. To be qualified to teach any such course, the instructor must be a currently licensed registered nurse in good standing in this state, have teaching experience, and have professional nursing experience, including IV therapy. The provider will be responsible for issuing a certificate verifying completion of the requisite number of hours and course content.

(4) Educational Alternatives. The cognitive training shall include one or more of the following:

(a) Post-graduate Level Course. In recognition that the curriculum requirements mandated by subsection 64B9-2.006(3), F.A.C., for practical nursing programs are extensive and that every licensed practical nurse will not administer IV Therapy, the course necessary to qualify a licensed practical nurse to administer IV therapy shall be not less than a thirty (30) hour post-graduate level course teaching aspects of IV therapy containing the components enumerated in subsection 64B9-12.005(1), F.A.C.

(b) Credit for Previous Education. The continuing education provider may credit the licensed practical nurse for previous IV therapy education on a post-graduate level, providing each component of the course content of subsection 64B9-12.005(1), F.A.C., is tested by and competency demonstrated to the provider.

(c) Nontraditional Education. Continuing education providers may select nontraditional education alternatives for acquisition of cognitive content outlined in Rule 64B9-12.005, F.A.C. Such alternatives include:

1. Interactive videos;

2. Self study;

3. Other nontraditional education that may be submitted to the Board for consideration and possible approval. Any continuing education providers using nontraditional education must make provisions for demonstration of and verification of knowledge.

(5) Clinical Competence. The course must be followed by supervised clinical practice in intravenous therapy as needed to demonstrate clinical competence. Verification of clinical competence shall be the responsibility of each institution employing a licensed practical nurse based on institutional protocol. Such verification shall be given through a signed statement of a Florida licensed registered nurse.

Specific Authority 464.006 FS. Law Implemented 464.003(3)(b) FS. History—New 1-16-91, Formerly 210-21.005, 61F7-12.005, Amended 7-15-96, Formerly 59S-12.005.

64B9-12.006 Effective Date of this Chapter.

To allow institutions time to evaluate the competency and knowledge of or to train the licensed practical nurses who may want to engage in intravenous therapy, the provisions of this rule chapter shall become operable in 180 days from the date this rule chapter is effective. Nothing shall prohibit those individuals who meet the requirements specified in this rule chapter at the time of its adoption from engaging in the intravenous therapy as delineated in this rule chapter.

Specific Authority 464.006 FS. Law Implemented 464.003(3)(b) FS. History—New 1-16-91, Formerly 210-21.006, 61F7-12.006, 59S-12.006.

CHAPTER 64B9- 13 HOME HEMODIALYSIS TREATMENTS**64B9-13.001 Purpose.**

Pursuant to Section 464.022(11), F.S., unlicensed persons may provide hemodialysis treatments to a patient in the patient's home when such unlicensed persons: are chosen by the patient; have completed the training set forth below; and maintain immediate telephonic access with a registered nurse who is licensed pursuant to Chapter 464, F.S., and who has training and experience in dialysis treatment.

Specific Authority 464.022(11), 464.006 FS. Law Implemented 464.022(11) FS. History—New 1-10-89, Formerly 210-20.001, 61F7-13.001, 59S-13.001.

64B9-13.002 Training Requirements.

Persons wishing to provide hemodialysis treatments to a patient in the patient's home, excepting those providing such treatment pursuant to Section 464.022(1), F.S., must successfully complete a minimum of three months training in providing dialysis treatment in a hospital, educational facility, or treatment center, which either teaches the providing of or provides dialysis treatments to patients. Successful completion of the training shall be certified by the person responsible for providing the training and must be approved by the patient's primary physician or primary nephrologist prior to the providing of any dialysis treatments in the home to the patient by the person trained to provide the treatment. Persons responsible for providing training in home hemodialysis must meet the qualifications set forth in 42 C.F.R. 405.2102(d).

Specific Authority 464.022(11), 464.006 FS. Law Implemented 464.022(11) FS. History—New 1-10-89, Formerly 210-20.002, 61F7-13.002, 59S-13.002.

64B9-13.003 Components of Hemodialysis.

The three month period of training shall provide instruction and an opportunity for assessment of skills in the performance of the initiation, monitoring, and termination of hemodialysis treatments and shall provide as well an overview of hemodialysis treatments. At a minimum, the period of training shall include the following components:

- (1) Anatomy.
- (2) Functions of Normal Kidneys and Renal Failure.
- (3) Chronic and Acute Renal Failure.
- (4) Complications of Renal Failure.
- (5) Functions of the Artificial Kidney.
- (6) Circulatory Access.
- (7) Diet.
- (8) Monitoring.
- (9) Aseptic and Sterile Technique.
- (10) Dialysis Medication Preparation.
- (11) Medications.
- (12) Blood Chemistries.
- (13) The Hemodialysis System.
- (14) Machine Set-up.
- (15) Venipuncture.

- (16) Dialysis Initiation, Monitoring, and Termination.
- (17) Medical Problems During and Following Dialysis.
- (18) Emergency Procedures.
- (19) Mechanical Problems.
- (20) Infection Control with Emphasis on Blood Transmitted Diseases.

Specific Authority 464.022(11), 464.006 FS. Law Implemented 464.022(11) FS. History—New 1-10-89, Formerly 21O-20.003, 61F7-13.003, 59S-13.003.

CHAPTER 64B9-14 DELEGATION TO UNLICENSED ASSISTIVE PERSONNEL

64B9-14.001 Definitions.

As used in this chapter, the following mean:

- (1) "Unlicensed assistive personnel" (UAP) are persons who do not hold licensure from the Division of Health Quality Assurance of the Department of Health but who have been assigned to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse.
- (2) "Assignments" are the normal daily functions of the UAP's based on institutional or agency job duties which do not involve delegation of nursing functions or nursing judgment.
- (3) "Competency" is the demonstrated ability to carry out specified tasks or activities with reasonable skill and safety that adheres to the prevailing standard of practice in the nursing community.
- (4) "Validation" is ascertaining the competency including psychomotor skills of the UAP, verification of education or training of the UAP by the qualified individual delegating or supervising the task based on preestablished standards. Validation may be by direct verification of the delegator or assurance that the institution or agency has established and periodically reviews performance protocols, education or training for UAP's.
- (5) "Delegation" is the transference to a competent individual the authority to perform a selected task or activity in a selected situation by a nurse qualified by licensure and experience to perform the task or activity.
- (6) "Delegator" is the registered nurse or licensed practical nurse delegating authority to the UAP.
- (7) "Delegate" is the UAP receiving the authority from the delegator.
- (8) "Supervision" is the provision of guidance by a qualified nurse and periodic inspection by the nurse for the accomplishment of a nursing task or activity, provided the nurse is qualified and legally entitled to perform such task or activity. The supervisor may be the delegator or a person of equal or greater licensure to the delegator.
- (9) "Direct supervision" means the supervisor is on the premises but not necessarily immediately physically present where the tasks and activities are being performed.
- (10) "Immediate supervision" means the supervisor is on the premises and is physically present where the task or activity is being performed.
- (11) "Indirect supervision" means the supervisor is not on the premises but is accessible by two way communication, is able to respond to an inquiry when made, and is readily available for consultation.
- (12) "Nursing judgment" is the intellectual process that a nurse exercises in forming an opinion and reaching a conclusion by analyzing data.
- (13) "Education" means a degree or certification of the UAP in a specific practice area or activity providing background and experience in theoretical or clinical aspects of that practice or activity.
- (14) "Training" is the learning of tasks by the UAP through on the job experience or instruction by a nurse who has the education or experience to perform the task or activity to be delegated.

Specific Authority 464.006 FS. Law Implemented 464.003(3)(a), (b), (d), (e), 464.018(1)(h) FS. History—New 1-1-96, Amended 4-29-96, Formerly 59S-14.001.

64B9-14.002 Delegation of Tasks or Activities.

In the delegation process, the delegator must use nursing judgment to consider the suitability of the task or activity to be delegated.

(1) Factors to weigh in selecting the task or activity include:

(a) Potential for patient harm.

(b) complexity of the task.

(c) Predictability or unpredictability of outcome including the reasonable potential for a rapid change in the medical status of the patient.

(d) Level of interaction required or communication available with the patient.

(e) Resources both in equipment and personnel available in the patient setting.

(2) Factors to weigh in selecting and delegating to a specific delegate include:

(a) Normal assignments of the UAP.

(b) Validation or verification of the education and training of the delegate.

(3) The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision.

(4) Initial allocation of the task or activity to the delegate, periodic inspection of the accomplishment of such task or activity, and total nursing care responsibility remains with the qualified nurse delegating the tasks or assuming responsibility for supervision.

Specific Authority 464.006 FS. Law Implemented 464.003(3)(a), (b), (d), (e), 464.018(1)(h) FS. History—New 1-1-96, Formerly 59S-14.002.

64B9-14.003 Delegation of Tasks Prohibited.

The registered nurse or licensed practical nurse, under direction of the appropriate licensed professional as defined in Section 464.003(3)(b), F.S., shall not delegate:

(1) Those activities not within the delegating or supervising nurse's scope of practice.

(2) Nursing activities that include the use of the nursing process and require the special knowledge, nursing judgment or skills of a registered or practical nurse, including:

(a) The initial nursing assessment or any subsequent assessments;

(b) The determination of the nursing diagnosis or interpretations of nursing assessments;

(c) Establishment of the nursing care goals and development of the plan of care; and

(d) Evaluation of progress in relationship to the plan of care.

(3) Those activities for which the UAP has not demonstrated competence.

Specific Authority 464.006 FS. Law Implemented 464.003(3)(a), (b), (d), (e), 464.018(1)(h) FS. History—New 1-1-96, Amended 4-29-96, Formerly 59S-14.003.

CHAPTER 64B9-15 CERTIFIED NURSING ASSISTANTS

64B9-15.001 Definitions.

- (1) "Governing body" means a group of three or more individuals appointed, elected, or otherwise designated, to be ultimately responsible for a certified nursing assistant training program.
- (2) "Nursing home" means a long-term care facility or a nursing home facility as defined in Chapter 400, Part II, F.S.
- (3) "Professional nursing" means nursing functions performed by an individual licensed as a registered nurse or advanced registered nurse practitioner.
- (4) "Department of Education" means the applicable agency in the Department of Education which licenses the educational unit (Chapter 6F-2, F.A.C.), i.e. Board of Education (Chapter 1003 or 1004, F.S.) or Commission on Independent Education (Chapter 1005, F.S.).
- (5) "Indirect care" for training and testing purposes means behaviors that are common threads throughout all skills, such as communication with the resident, resident rights, providing for the safety and comfort of the resident, and delivering care following infection control practices/standard precautions.
- (6) "General Supervision" means a registered nurse or a licensed practical nurse currently licensed under Chapter 464, F.S., to the extent allowed under Section 400.23(3), F.S., authorizing procedures being carried out by a certified nursing assistant but who need not be present when such procedures are performed. The certified nursing assistant must be able to contact the registered nurse or licensed practical nurse acting in accordance with Section 400.23(3), F.S., when needed for consultation and advice either in person or by communication devices. This definition is not applicable to a certified nursing assistant providing services in accordance with Section 400.506(10)(b) and (c), F.S., or Part III of Ch. 400, F.S.
- (7) "Direct Supervision" means the physical presence within the patient care unit of a healthcare facility or physical presence within a healthcare agency of a program instructor who assumes responsibility for the practice of the certified nursing assistant.

Specific Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History—New 8-31-03, Amended 9-21-06.

64B9-15.002 Certified Nursing Assistant Authorized Duties.

- (1) A certified nursing assistant shall provide care and assist residents with the following tasks related to the activities of daily living only under the general supervision of a registered nurse or licensed practical nurse:
 - (a) Tasks associated with personal care:
 1. Bathing;
 2. Dressing;
 3. Grooming;
 4. Shaving;
 5. Shampooing and caring for hair;
 6. Providing and assisting with oral hygiene and denture care;
 7. Caring for the skin;
 8. Caring for the feet;
 9. Caring for the nails;
 10. Providing pericare;
 11. Bed making and handling linen;
 12. Maintaining a clean environment.
 - (b) Tasks associated with maintaining mobility:
 1. Ambulating;
 2. Transferring;
 3. Transporting;
 4. Positioning;
 5. Turning;

6. Lifting;
 7. Performing range of motion exercises;
 8. Maintaining body alignment.
- (c) Tasks associated with nutrition and hydration:
1. Feeding and assisting the resident with eating;
 2. Assisting the resident with drinking.
- (d) Tasks associated with elimination:
1. Toileting;
 2. Assisting with the use of the bedpan and urinal;
 3. Providing catheter care;
 4. Collecting specimens;
 5. Emptying ostomy bags, or changing bags that do not adhere to the skin;
 6. Bowel and bladder training.
- (e) Tasks associated with the use of assistive devices:
1. Caring for dentures, eyeglasses, contact lenses, and hearing aids;
 2. Applying established prosthetic and orthotic devices;
 3. Applying braces;
 4. Applying antiembolus stockings;
 5. Assisting with wheelchairs, walkers, or crutches;
 6. Using comfort devices such as pillows, cradles, footboards, wedges, and boots;
 7. Assisting with and encouraging the use of self-help devices for eating, grooming, and other personal care tasks;
 8. Utilizing and assisting residents with devices for transferring, ambulation, alignment, and positioning;
 9. Using restraints.
- (f) Tasks associated with maintaining environment and resident safety, including handling of blood and body fluid and cleaning resident care areas.
- (g) Tasks associated with data gathering:
1. Measuring temperature, pulse, respiration, and blood pressure;
 2. Measuring height and weight;
 3. Measuring and recording oral intake;
 4. Measuring and recording urinary output, both voided and from urinary drainage systems;
 5. Measuring and recording emesis;
 6. Measuring and recording liquid stool.
- (h) Recognition of and reporting of abnormal resident findings, signs, and symptoms.
- (i) Post mortem care.
- (j) Tasks associated with resident socialization, leisure activities, reality orientation, and validation techniques.
- (k) Tasks associated with end of life care.
- (l) Tasks associated with basic first aid, CPR skills, and emergency care.
- (m) Tasks associated with compliance with resident's/patient's rights.
- (n) Tasks associated with daily documentation of certified nursing assistant services provided to the resident.
- (2) A certified nursing assistant shall perform all tasks with knowledge of and awareness of a resident's/patient's rights and developmental level.
- (3) A certified nursing assistant shall not perform any task which requires specialized nursing knowledge, judgment, or skills.
- (4) A certified nursing assistant may receive additional training beyond that required for initial certification and upon validation of competence in the skill by a registered nurse may perform such skills as authorized by the facility.
- (5) A certified nursing assistant shall not work independently without the supervision of a registered nurse or a licensed practical nurse.

Specific Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History-New 9-21-06.

64B9-15.003 Eligibility for Certification.

(1) An applicant for initial certification as a certified nursing assistant shall apply to the vendor approved by the department to administer the certified nursing assistant examination.

(2) An applicant for certification as a certified nursing assistant shall meet the requirements of Section 464.203, F.S.

(3) An applicant for initial certification must demonstrate competency to read and write if the applicant passes the clinical skills portion of the certified nursing assistant examination given in English only.

Specific Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History–New 10-22-07.

64B9-15.004 Certified Nursing Assistant Registry.

(1) Definition: The Certified Nursing Assistant Registry is a listing of certified nursing assistants who receive certification pursuant to Section 464.203, F.S., and maintain an active certificate pursuant to Sections 464.203(5) and (8), F.S.

(2) The registry is available through the Internet and contains the name and address of the certified nursing assistant.

(3) Records of certified nursing assistants in the registry who have been disciplined for any crime, or for any abuse, neglect, or exploitation as provided under Chapter 435, F.S., or for any violation of Chapters 456 and 464, F.S., or rules of the board, are so indicated on the Internet look up screen, which is accessible on the Internet at <http://ww2.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP>.

(4) A certified nursing assistant may be removed from the registry if the certified nursing assistant fails to maintain an active certificate pursuant to Sections 464.203(5) and (8), F.S., or by an order of the board.

Specific Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History–New 8-23-07.

64B9-15.005 Standards for Certified Nursing Assistant Training Programs.

(1) Each training program shall have a governing body which has authority to conduct the certified nursing assistant training program, determine general policy, and assure adequate financial support.

(a) A certified nursing assistant training program shall have a written description of the program that includes purpose, goals, and objectives/outcomes, and meets applicable federal and state requirements. The program description must be consistent with the purpose, goals, and objectives/outcomes of the parent institution, if any.

(b) A certified nursing assistant training program utilizing external clinical facilities shall have a written agreement between the program and each external clinical facility. The agreement shall define the rights and responsibilities of the program and the clinical facility, including the role and authority of the governing bodies of both the clinical facility and the program.

(c) A certified nursing assistant training program shall include clinical experiences in health care facilities with a standard license or a conditional license without class I or class II deficiency.

(d) A certified nursing assistant training program shall have written policies and procedures that are consistent with its parent institution. The program shall provide a regularly scheduled review of the policies and procedures governing the following areas:

1. Student attendance;
2. Student grading, including program progression and completion criteria;
3. Student record maintenance;
4. Student fees and financial aid;
5. Student rights and responsibilities; and
6. Student grievance.

(2) Each certified nursing assistant training program shall appoint a certified nursing assistant training program coordinator who shall be responsible and accountable for compliance with these rules.

(a) A program coordinator shall hold an active, clear Florida license to practice professional nursing, two years of professional nursing experience, and one year of experience in nursing home services, i.e., care of the elderly or chronically ill of any age including supervision of certified nursing assistants.

(b) A director of nursing in a nursing home-based program may assume the administration and accountability for a program as the program coordinator but shall not engage in classroom or clinical teaching in that program.

(c) A program coordinator assumes overall accountability for the following:

1. Acting as liaison with the Board related to the program's continuing compliance;
 2. Participating in preparing and administering a financial plan;
 3. Developing, implementing, and evaluating the training program;
 4. Arranging for educational facilities, clinical resources, and faculty development;
 5. Recruiting, supervising, and evaluating qualified instructors who meet criteria in subsection 64B9-15.005(4), F.A.C., and ensuring there are sufficient instructors to meet clinical ratios and instructional needs;
 6. Providing admission and program completion requirements in written form to students prior to admission to the program;
 7. Developing and implementing written policies necessary for the operation of the program;
 8. Ensuring that instructors provide classroom instruction and clinical supervision to students at all times during scheduled program hours; and
 9. Providing documentation of program completion to a student within 10 days of program completion.
- (3) Each certified nursing assistant training program shall have one or more program instructors who shall be responsible and accountable for the instructional aspects of the certified nursing assistant training program.
- (a) A program instructor shall hold a clear, active Florida license to practice professional nursing, have at least 1 year of clinical experience, and one of the following:
1. Have completed a course in teaching adults; or
 2. Have at least 1 year of experience in teaching adults; or
 3. Have at least 1 year of experience in supervising nursing assistants.
- (b) A program instructor's responsibilities for classroom and clinical instruction include:
1. Participating in the planning of each learning experience;
 2. Ensuring that course objectives/outcomes are accomplished;
 3. Requiring a grade of 70% or greater on all theoretical examinations;
 4. Requiring a passing grade for satisfactory completion of all skills evaluations;
 5. Ensuring that students do not perform activities for which they have not received instruction and in which they have not been found competent;
 6. Supervising and evaluating students giving care to clients in clinical areas;
 7. Providing direct supervision in the classroom and in clinical experiences; and
 8. Monitoring health care professionals who assist in providing program instruction.
- (c) A program coordinator may be an instructor but must meet the standards established in paragraph (a) above.
- (d) Other personnel from the health professions may supplement the program instructor; these supplemental personnel must have at least one year of experience in their field.
- (4) The certified nurse assistant training program shall have sufficient staff, finances, resources, materials, space, and supplies to meet the purpose of the program and the needs of students, faculty, administration, and staff.
- (a) Classrooms and skill laboratories shall meet requirements in Chapter 1013, F.S., and Chapter 6-2, F.A.C.
- (b) Current reference materials shall be appropriate to the level of the student population and the curriculum.
- (c) A training program shall provide a minimum clinical instruction ratio for professional nurse to student of 1 to 15 for students caring directly for residents or clients.
- (d) A training program shall provide the standardized curriculum under Rule 64B9-15.006, F.A.C., in compliance with federal guidelines.
- (e) A training program shall plan and schedule clinical experiences according to the course curriculum.
- (f) The training program shall include clinical experience for each certified nursing assistant student.
- (g) The training program shall ensure that certified nursing assistant students are identified and treated as students and not utilized as staff during the instructional and clinical hours the students are enrolled in a certified nursing assistant training program.
- (h) A training program shall provide instructional and education materials adequate to meet the needs of the program, the number of students, and the instructional staff. There shall be an adequate number of instructional tools and equipment for simulating resident care to provide ample opportunity for students to develop skill competency prior to direct care experiences.

(5) If the Board, through an investigation by the department, finds that an approved program no longer meets the required standards, it shall place the program on probationary status until such time as the standards are restored. If a program fails to correct these conditions within 90 days, the Board shall rescind the approval.

(6) A training program must maintain a passing rate on certified nursing assistant examination for its graduates of not less than 10% below the state average as reported annually. If a program's passing rate drops below the standard for 12 months, the program must be reviewed by the Board. The Board shall place the program on probation, and if the passing rate does not meet the standard within one year, the Board shall rescind the program approval.

(7) A training program shall permit the Board to conduct an on-site evaluation for initial Board approval and renewal of approval.

(8) The certified nursing assistant training program must report to the Board any changes in program coordinator or program location within 60 days.

(9) Certified nursing assistant training program approval shall not be transferred with a change of ownership. The new owner must apply per Rule 64B9-15.007, F.A.C.

(10) A certified nursing assistant training program shall notify the Board of any name change within thirty (30) days of the change.

(11) All Certified Nursing Assistant training programs with current approval from the Department of Education will maintain approval until 180 days after the effective date of these rules. A renewal application with the Board of Nursing demonstrating compliance with these rules will be required. Programs will be approved for a two-year period.

Specific Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History—New 5-25-03.

64B9-15.006 Standardized Curriculum.

(1) The standardized curriculum content for a certified nursing assistant training program shall follow the curriculum framework established by the Department of Education (Rule 6A-1.09417, F.A.C.) and shall include material that will provide a basic level of both knowledge and demonstrable skills for each student completing the program.

(2) The standardized curriculum shall require a minimum of 80 hours of classroom and 40 hours clinical instruction.

(3) Prior to any direct contact with a resident, a training program shall require that a student receive a minimum of 16 hours of classroom instruction in communication and interpersonal skills; infection control; safety/emergency procedures, including the Heimlich maneuver; promoting residents' independence; and respecting residents' rights.

(4) Clinical experience shall be provided under the direct supervision of the program instructor.

Specific Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History—New 4-8-03.

64B9-15.007 Approval of New Certified Nursing Assistant Training Programs.

(1) Certified nursing assistant training programs shall be approved by the Board prior to being offered. Retroactive approval shall not be granted.

(2) The application for initial program approval shall include:

(a) Program name, sponsoring organization, address and campus location;

(b) Name and qualifications of program coordinator;

(c) Name and qualifications of program instructors;

(d) Evidence of current academic accreditation, if any;

(e) Program outline with objectives/outcomes, curriculum content divided into number and sequence of didactic and clinical hours, teaching methodology, textbooks, clinical skills checklist, copy of certificate of completion, and tentative calendar schedule for the program;

(f) Medicare certification status, if any;

(g) Evidence of sufficient financial and other resources to provide the required elements of the training program;

(h) Information on the availability of clinical facilities; and

(i) Evidence of compliance with Rule 64B9-15.005, F.A.C.

(3) A training program shall not enroll students prior to receiving program approval.

Specific Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History—New 8-31-03.

64B9-15.008 Testing and Competency Evaluation.

(1) The Certified Nursing Assistant Examination shall consist of the Written Exam and the Clinical Skills Test. Both the Written Exam and the Clinical Skills Test must be passed within a two-year period in order to achieve certification. Results on either the Written Exam or the Clinical Skills Test which are over two years old are invalid and both the Written Exam and the Clinical Skills Test must be repeated.

(2) The general areas of competency of the Written Exam are as follows:

- (a) Role of the Nursing Assistant;
- (b) Promotion of Health and Safety;
- (c) Promotion of Function and Health of Residents;
- (d) Basic Nursing Skills; and
- (e) Providing Specialized Care.

(3) The minimum passing level of the Written Exam varies depending on the difficulty of the items for each form of the examination and will be established by the Board.

(4) The Clinical Skills Test includes three of the following tasks in addition to hand washing and indirect care:

(a) Personal Care:

- 1. Perineal Care-Male and Female;
- 2. Catheter Care;
- 3. Dressing;
- 4. Partial Bed Bath;
- 5. Toileting – Bedpan;
- 6. Mouth Care – Brushing Teeth;
- 7. Mouth Care – Care of Dentures;
- 8. Grooming – Hair and Nail Care; and
- 9. Feeding.

(b) Promoting Function, Health, and Safety:

- 1. Change of Position;
- 2. Transfer;
- 3. Range of Motion for Upper Extremities; and
- 4. Range of Motion for Lower Extremities.

(c) Environmental Activities – Changing an Occupied Bed.

(d) Reporting and Recording:

- 1. Measure and Record Vital Signs;
- 2. Measure and Record Weight; and
- 3. Measure and Record Content of Urinary Drainage Bag.

(5) The recommended minimum passing level for each task is 3 Standard Errors of Measure below the mean. The minimum passing level of the Clinical Skills Test varies depending on the difficulty of the items selected by the testing service for each form of the examination and will be established by the testing service for each form of the examination based on its testing expertise. The candidate must have a minimum passing score on each of the five tasks on an examination form to pass the Clinical Skills Test.

(6) If an applicant fails to pass the nursing assistant competency examination in three attempts, the applicant is not eligible for reexamination unless the applicant completes an approved training program.

(7) The Clinical Skills Observers for the Clinical Skills Test must meet the following criteria:

- (a) Be a registered nurse with a minimum of two years of nursing experience;
- (b) Have at least one year of experience in the provision of long-term care;
- (c) Be currently licensed as a registered nurse in the state of Florida; and
- (d) Shall not have any personal or professional relationship to any examinee taking the Clinical Skills Test.

Specific Authority 464.202, 464.203 FS. Law Implemented 464.202, 464.203, 464.2085 FS. History–New 5-25-03, Amended 6-26-05.

64B9-15.009 Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances.

(1) The Board is authorized by law to protect the public from certified nursing assistants (CNAs) who do not meet minimum requirements for safe practice or who pose a danger to the public. The suspensions, restrictions of practice, and conditions of probation used by the Board in discharging its duties under Sections 456.072 and 464.204, F.S., shall include, but are not limited to, the following:

- (a) Suspension until appearance before the Board or for a definite time period and demonstration of ability to practice safely.
- (b) Suspension until appearance before the Board, or for a definite time period, and submission of mental or physical examinations from professionals specializing in the diagnosis or treatment of the suspected condition, completion of counseling, completion of continuing/in-service education, demonstration of sobriety and ability to practice safely.
- (c) Suspension until fees and fines paid or until proof of Board mandated continuing/in-service education completion submitted.
- (d) Suspension until evaluation by and treatment in the Intervention Project for Nurses. In cases involving substance abuse, chemical dependency, sexual misconduct, physical or mental conditions which may hinder the ability to practice safely, the Board finds participation in the IPN under a stayed suspension to be the preferred and most successful discipline.
- (e) Suspension stayed so long as the registrant complies with probationary conditions.
- (f) Probation with the minimum conditions of not violating laws, rules, or orders related to the ability to practice as a CNA safely, keeping the Board advised of the CNA's address and employment, and supplying both timely and satisfactory probation and employer/supervisor reports.
- (g) Probation with specified continuing/in-service education courses in addition to the minimum conditions. In those cases involving unprofessional conduct or substandard practice, including recordkeeping, the Board finds continuing/in-service education directed to the practice deficiency to be the preferred punishment.
- (h) Probation with added conditions of random drug screens, abstention from alcohol and drugs, participation in narcotics or alcoholics anonymous, psychological counseling, the prohibition on agency work, or the requirement that work must be under direct supervision on a regularly assigned unit.
- (i) Personal appearances before the Board to monitor compliance with the Board's order.
- (j) Administrative fine and payment of costs associated with probation or professional treatment.

(2) The Board sets forth below a range of disciplinary guidelines from which disciplinary penalties will be imposed upon practitioners and applicants for licensure guilty of violating Chapters 456 and 464, F.S. The purpose of the disciplinary guidelines is to give notice to registrants and applicants of the range of penalties which will normally be imposed upon violations of particular provisions of Chapters 456 and 464, F.S. The disciplinary guidelines are based upon a single count violation of each provision listed. Multiple counts of violations of the same provision of Chapters 456 and 464, F.S., or the rules promulgated thereto, or other unrelated violations will be grounds for enhancement of penalties. All penalties set forth in the guidelines include lesser penalties, i.e., reprimand and or course-work which may be included in the final penalty at the Board's discretion.

(3) The following disciplinary guidelines shall be followed by the Board in imposing disciplinary penalties upon registrants for violation of the noted statutes and rules:

- (a) Being found guilty, regardless of adjudication, of a forcible felony as defined in Chapter 776, F.S. (Section 464.018(1)(d)1., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	\$150 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$1000 fine and revocation

- (b) Being found guilty, regardless of adjudication, of a violation of Chapter 812, F.S., relating to theft, robbery, and

related crimes.
(Section 464.018(1)(d)2., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(c) Being found guilty, regardless of adjudication, of a violation of Chapter 817, F.S., relating to fraudulent practices.
(Section 464.018(1)(d)3., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(d) Being found guilty, regardless of adjudication, of a violation of Chapter 800, F.S., relating to lewdness and indecent exposure.
(Section 464.018(1)(d)4., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine, and probation	denial of certification or \$100 fine, IPN evaluation, and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine, IPN evaluation, and suspension to be followed by a term of probation	denial of certification and \$150 fine and permanent revocation

(e) Being found guilty, regardless of adjudication, of a violation of Chapter 784, F.S., relating to assault, battery, and culpable negligence.
(Section 464.018(1)(d)5., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine, and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(f) Being found guilty, regardless of adjudication, of a violation of Chapter 827, F.S., relating to child abuse.
(Section 464.018(1)(d)6., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension followed by a term

SECOND OFFENSE	\$100 fine and probation	of probation or revocation denial of certification or \$150 fine and permanent revocation
----------------	--------------------------	---

(g) Being found guilty, regardless of adjudication, of a violation of Chapter 415, F.S., relating to protection from abuse, neglect, and exploitation.
(Section 464.018(1)(d)7., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and permanent revocation

(h) Being found guilty, regardless of adjudication, of a violation of Chapter 39, F.S., relating to child abuse, abandonment, and neglect.
(Section 464.018(1)(d)8., F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and permanent revocation

(i) Having been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under Section 435.03, F.S., or under any similar statute of another jurisdiction; or having committed an act which constitutes domestic violence as defined in Section 741.28, F.S.
(Section 464.018(1)(e), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and permanent revocation

(j) False, misleading, or deceptive advertising.
(Section 464.018(1)(g), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$25 fine	\$100 fine and probation
SECOND OFFENSE	\$100 fine	\$125 fine and suspension to be followed by probation
THIRD OFFENSE	\$125 fine and probation	\$150 fine and suspension to be followed by probation

(k) Engaging or attempting to engage in the possession, sale, or distribution of controlled substances as set forth in Chapter 893, F.S., for any other than legitimate purposes authorized by this part.
(Section 464.018(1)(i), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$25 fine, IPN evaluation, and probation	denial of certification or \$50 fine, IPN evaluation and suspension to

		be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine, IPN evaluation, and suspension to be followed by probation	denial of certification and \$125 fine and permanent revocation
THIRD OFFENSE	\$125 fine and revocation	\$150 fine and permanent revocation

(l) Failing to report to the department any person who the registrant knows is in violation of this part or of the rules of the department or the board; however, if the registrant verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the registrant is required to report such person only to an impaired professionals consultant.

(Section 464.018(1)(k) or 456.072(1)(i), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$25 fine	\$25 fine and probation
SECOND OFFENSE	\$50 fine	\$100 fine and suspension to be followed by probation
THIRD OFFENSE	\$75 fine and probation	\$150 fine and suspension to be followed by probation

(m) Making misleading, deceptive, or fraudulent representations in or related to the practice of the registrant's profession.

(Section 456.072(1)(a), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(n) Knowingly violating any provision of this part, a rule of the board or the department, or a lawful order of the board or department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.

(Sections 456.072(1)(b) & 464.018(1)(n), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and compliance with rule or terms of prior order	\$100 fine and suspension until compliance with rule or terms of prior order
SECOND OFFENSE	\$100 fine and suspension until compliance with rule or terms of prior order	\$125 fine and suspension until compliance with rule or terms of prior order plus extended probation
THIRD OFFENSE	\$125 fine and suspension until compliance with rule or terms of prior order plus extended probation	\$150 fine and revocation

(o) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of a certified nursing assistant or to the ability to practice as a certified nursing assistant.

(Section 456.072(1)(c), F.S.)

	MINIMUM	MAXIMUM
--	---------	---------

FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(p) Having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure or certification, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law.
(Section 456.072(1)(f), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and same penalty imposed by the other jurisdiction	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and same penalty imposed by the other jurisdiction which at a minimum must include a term of probation	denial of licensure or \$150 fine and revocation
THIRD OFFENSE	\$150 fine and same penalty imposed by the other jurisdiction which at a minimum must include a term of suspension	denial of licensure or \$150 fine and permanent revocation

(q) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another registrant.
(Section 456.072(1)(g), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(r) Procuring, attempting to procure, or renewing certification to practice as a CNA by bribery, by knowing misrepresentations, or through an error of the department or the board.
(Section 456.072(1)(h), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and probation	denial of certification or revocation
SECOND OFFENSE	\$150 fine and probation	denial of certification or permanent revocation

(s) Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to this chapter, the chapter regulating the profession, or the rules of the department or the board.
(Section 456.072(1)(j), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine

and revocation

(t) Failing to perform any statutory or legal obligation placed upon a registrant.

(Section 456.072(1)(k), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and compliance with legal obligation	\$100 fine and suspension until compliance with legal obligation
SECOND OFFENSE	\$100 fine and suspension until compliance with legal obligation	\$125 fine and suspension until compliance with legal obligation plus extended probation
THIRD OFFENSE	\$125 fine and suspension until compliance with legal obligation plus extended probation	\$150 fine and revocation

(u) Making or filing a report which the registrant knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, or willfully impeding or obstructing another person to do so.

(Section 456.072(1)(l), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	\$75 fine and suspension to be followed by probation
SECOND OFFENSE	\$75 fine and probation	\$100 fine and suspension to be followed by probation
THIRD OFFENSE	\$125 fine and suspension to be followed by probation	\$150 fine and revocation

(v) Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession.

(Section 456.072(1)(m), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$100 fine and probation	denial of certification or \$150 fine and revocation

(w) Exercising influence on the patient or client for the purpose of financial gain of the registrant or a third party.

(Section 456.072(1)(n), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$75 fine and probation	denial of certification or revocation and \$125 fine
SECOND OFFENSE	\$125 fine and probation	denial of certification or permanent revocation and \$150 fine

(x) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the registrant knows, or has reason to know, the registrant is not competent to perform.

(Section 456.072(1)(o), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$75 fine and probation	denial of certification or revocation and \$125 fine
SECOND OFFENSE	\$125 fine and probation	denial of certification or permanent

revocation and \$150 fine

(y) Delegating or contracting for the performance of professional responsibilities by a person when the registrant delegating or contracting for performance of such responsibilities knows, or has reason to know, such person is not qualified by training, experience, and authorization when required to perform them.

(Section 456.072(1)(p), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$75 fine and probation	denial of certification or revocation and \$125 fine
SECOND OFFENSE	\$125 fine and probation	denial of certification or permanent revocation and \$150 fine

(z) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding.

(Section 456.072(1)(r), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	denial of certification or \$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$125 fine and probation	denial of certification or \$150 fine and revocation

(aa) Engaging or attempting to engage in sexual misconduct as defined and prohibited in Section 456.063(1), F.S.

(Section 456.072(1)(u), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$100 fine, IPN evaluation, and probation	denial of certification or \$125 fine, IPN evaluation, and suspension to be followed by a term of probation or revocation
SECOND OFFENSE	\$125 fine, IPN evaluation, and suspension to be followed by a term of probation	denial of certification and \$150 fine and permanent revocation

(bb) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application.

(Section 456.072(1)(v), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	\$100 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$125 fine and probation	\$150 fine and suspension to be followed by a term of probation

(cc) Failing to report to the board, or the department if there is no board, in writing within 30 days after the registrant has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction. Convictions, findings, adjudications, and pleas entered into prior to the enactment of this paragraph must be reported in writing to the board, or department if there is no board, on or before October 1, 1999.

(Section 456.072(1)(w), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine and probation	denial of certification or revocation and \$100 fine

SECOND OFFENSE	\$100 fine and probation	denial of certification or permanent revocation and \$150 fine
----------------	--------------------------	--

(dd) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers or persons involved in accidents pursuant to Section 316.066, F.S., or using information published in a newspaper or other news publication or through a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or any other solicitation whatsoever of the people involved in such accidents.

(Section 456.072(1)(x), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	\$75 fine and probation
SECOND OFFENSE	\$75 fine	\$100 fine and suspension to be followed by probation
THIRD OFFENSE	\$100 fine and probation	\$150 fine and suspension to be followed by probation

(ee) Being unable to practice as a CNA with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition.

(Section 456.072(1)(y), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine, IPN evaluation, and probation	denial of certification or \$100 fine, IPN evaluation, and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine, IPN evaluation, and suspension to be followed by probation	denial of certification and \$125 fine and permanent revocation
THIRD OFFENSE	\$125 fine and revocation	\$150 fine and permanent revocation

(ff) Testing positive for any drug, as defined in Section 112.0455, F.S., on any confirmed preemployment or employer-ordered drug screening when the practitioner does not have a lawful prescription and legitimate medical reason for using such drug.

(Section 456.072(1)(z), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine, IPN evaluation, and probation	denial of certification or \$100 fine, IPN evaluation, and suspension to be followed by a term of probation
SECOND OFFENSE	\$100 fine, IPN evaluation, and suspension to be followed by a term of probation	denial of certification and \$150 fine and permanent revocation

(gg) Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition.

(Section 456.072(1)(aa), F.S.)

	MINIMUM	MAXIMUM
FIRST OFFENSE	\$50 fine	\$75 fine and suspension to be followed by a term of probation
SECOND OFFENSE	\$75 fine and a term of probation	\$100 fine and suspension to be followed by a term of probation
THIRD OFFENSE	\$125 fine and suspension to be followed by a term of probation	\$150 fine and permanent revocation

(hh) Being terminated from or failing to successfully complete an impaired practitioner treatment program (Section 456.072(1)(gg) F.S.):

Minimum: \$150 fine and suspension until successful completion or receipt of written confirmation from program that further treatment is neither required nor indicated.

Maximum: Permanent revocation or denial of licensure.

(4) In licensure and disciplinary matters involving impairment, the applicant or registrant may be referred to IPN in addition to the imposition of the above-outlined disciplinary action.

(5)(a) The Board shall be entitled to deviate from the foregoing guidelines upon a showing of aggravating or mitigating circumstances by clear and convincing evidence, presented to the Board prior to the imposition of a final penalty at informal hearing. If a formal hearing is held, any aggravating or mitigating factors must be submitted to the hearing officer at formal hearing. At the final hearing following a formal hearing, the Board will not hear additional aggravating or mitigating evidence.

(b) Circumstances which may be considered for purposes of mitigation or aggravation of penalty shall include, but are not limited to, the following:

1. The danger to the public.
2. Previous disciplinary action against the registrant in this or any other jurisdiction.
3. The length of time the registrant has practiced.
4. The actual damage, physical or otherwise, caused by the violation.
5. The deterrent effect of the penalty imposed.
6. Any efforts at rehabilitation.
7. Attempts by the registrant to correct or stop violations, or refusal by the registrant to correct or stop violations.
8. Cost of treatment.
9. Financial hardship.
10. Cost of disciplinary proceedings.

(6) In instances when a registrant or applicant is found guilty of any of the above offenses involving fraud or making a false or fraudulent representation, the Board shall impose a fine of \$10,000.00 per count or offense.

(7) Unless stated otherwise in the Final Order, fines are payable within sixty days of the filing of the order.

Specific Authority 464.204 FS. Law Implemented 456.079, 464.204 FS. History—New 10-28-02, Amended 8-12-07.

64B9-15.011 In-Service Training Requirements for Certified Nursing Assistants.

(1) Each certified nursing assistant must complete a minimum of 12 hours of in-service training each calendar year. For candidates certified during the calendar year, the minimum in-service hours required shall be prorated at the rate of 1.0 hours per month from the month of initial certification to the end of the calendar year.

(2) Every 2 years, in-service training hours shall include, but are not limited to, the following areas:

(a) HIV/AIDS, Infection Control;

(b) Domestic Violence;

(c) Medical Record Documentation and Legal Aspects Appropriate to Nursing Assistants;

(d) Resident Rights;

(e) Communication with Cognitively Impaired Clients;

(f) CPR Skills; and

(g) Medical Error Prevention and Safety.

(3) After meeting the requirement in subsection (2), health care career/technical courses in a college, university, or approved nursing program may be used to meet the hour requirement in subsection (1).

(4) A certified nursing assistant is exempt from the in-service education requirement in subsection (1) if the certified nursing assistant was on active duty with the Armed Forces for 6 months or more during the calendar year, and was in good standing with the Board at the time active duty began. However, this exemption will not arise on the basis of the performance of short periods of active duty (such as summer or weekend drills) by a member of the Armed Forces Reserves. Duty in the United States Public Health Service is not considered duty in the Armed Forces.

(5) A certified nursing assistant who is the spouse of a member of the Armed Forces and was caused to be absent from Florida due to the spouse's duties with the Armed Forces shall be exempt from in-service hour requirements. The certified nursing assistant must show satisfactory proof of the absence and the spouse's military status.

(6) Each certified nursing assistant must retain in-service compliance records for a period of 4 years and submit records to the Board if required for auditing.

Specific Authority 464.202, 464.203 FS. Law Implemented 456.024, 464.203, 464.2085 FS. History—New 5-25-03, Amended 9-26-05.

CHAPTER 64B9-16 LPN SUPERVISION IN NURSING HOME FACILITIES

64B9-16.001 Definitions.

As used in this chapter, the following mean:

- (1) "Certified nursing assistant" (CNA) is a person certified pursuant to Chapter 464, Part II, F.S.
- (2) "Unlicensed personnel" (UP) are persons who do not hold licensure from the Division of Health Quality Assurance of the Department of Health but who have been assigned to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse. Unlicensed personnel do not include certified nursing assistants.
- (3) Nursing services are acts that require knowledge and skill based on biological, social, behavioral, and nursing science. Only specified nursing acts can be performed by CNAs and UPs. RNs and LPNs can perform nursing acts as stated in Section 464.003, F.S.
- (4) "Supervision" is the provision of guidance and periodic inspection by the nurse for the accomplishment of a nursing task or activity, provided the nurse is qualified and legally entitled to perform such a task or activity. Supervision may be provided by an LPN to another LPN, CNA, or unlicensed personnel.
- (5) "General supervision" means the registered nurse is not on the premises but accessible by two-way communication, is able to respond to an inquiry when made, and is readily available for consultation.
- (6) "Immediate supervision" means the supervisor is on the premises and is physically present where the tasks and activities are being performed.
- (7) "Indirect supervision" means the registered nurse is not on the premises but is accessible by two way communication, is able to respond to an inquiry when made, and is readily available for consultation.
- (8) "Nursing home" means a facility licensed under Chapter 400, Part II, F.S.
- (9) "Hospital" means a facility licensed pursuant to Chapter 395, F.S.
- (10) "Delegation" is the transference to a competent individual the authority to perform a selected task or activity in a selected situation by a nurse qualified by licensure and experience to perform the task or activity.

Specific Authority 400.23(3)(c) FS. Law Implemented 400.23(3)(c) FS. History—New 3-26-02.

64B9-16.002 Supervision by Licensed Practical Nurses in Nursing Home Facilities.

- (1) The licensed practical nurse working in a nursing home shall qualify to supervise by meeting all of the following requirements:
 - (a) Completing a minimum thirty (30) hour post-basic, Board approved licensed practical nurse supervisory education course prior to accepting any supervisory assignments. The course may be provided by a Board approved continuing education provider or an approved school of nursing.
 - (b) Demonstrating a work history of no less than six (6) months of full-time clinical nursing experience in a hospital or nursing home.
- (2) In lieu of the thirty (30) hour post-basic nurse supervisory education course referenced above, licensed practical nurses may qualify to supervise if the nurse has successfully completed a supervisory course on a post-graduate level and a provider credits the nurse for such course, providing each component of the course content of paragraphs 64B9-15.003(3)(a)-(m), F.A.C., is tested by and competency demonstrated to the provider.
- (3) There shall be a registered nurse providing supervision of the licensed practical nurse.
- (4) Tasks and activities shall be delegated by the LPN to the CNA or UP based on the following:
 - (a) The task/activity is within the area of responsibility of the nurse delegating the task.
 - (b) The task/activity is within the knowledge, skills, and ability of the nurse delegating the task.
 - (c) The task/activity is of a routine, repetitive nature and shall not require the CNA or UP to exercise nursing knowledge, judgment, or skill.
 - (d) The CNA or UP can and will perform the task/activity with the degree of care and skill that would be expected of the nurse.

Specific Authority 400.23(3)(c) FS. Law Implemented 400.23(3)(c) FS. History—New 3-26-02.

64B9-16.003 Competency and Knowledge Requirements Necessary to Qualify the LPN to Supervise in Nursing Home Facilities.

- (1) The licensed practical nurse supervisory course must be sponsored by an approved nursing education program or an approved provider of nursing continuing education pursuant to Chapter 64B9-5, F.A.C.
- (2) The course instructor must be a currently licensed registered nurse in good standing with this state, have nursing education experience, and have professional nursing experience involving delegation and supervision.
- (3) The minimum thirty (30) hour post-basic licensed practical nurse supervisory education course shall include:
 - (a) An overview of Chapter 464, F.S., the Nurse Practice Act, Sections 456.031, 456.033, F.S., and Chapter 64B9, F.A.C., Rules and Regulations for Nursing,
 - (b) The scope of practice for the licensed practical nurse is defined in Section 464.003(3)(b), F.S.,
 - (c) The supervisory role of the licensed practical nurse as defined in Section 400.23(3)(b), F.S., including limits of authority and appropriate documentation in patient records,
 - (d) Supervisory role transition,
 - (e) Strategies for directing the practice of others,
 - (f) Principles of delegation,
 - (g) Effective communication,
 - (h) Team building and conflict resolution,
 - (i) Work performance accountability,
 - (j) Employee evaluation,
 - (k) Interpersonal relationship skills,
 - (l) Assignment development, and
 - (m) Recognition and resolution of inappropriate delegation.
- (4) Nursing homes utilizing licensed practical nurses in a supervisory role shall provide at least sixteen (16) hours supervisory experience with direct supervision by a registered nurse prior to the licensed practical nurse assuming supervisory responsibilities. Documentation by the registered nurse of the licensed practical nurse's supervisory competence shall be maintained in the licensed practical nurse's personnel file.
- (5) Once a licensed practical nurse with at least five (5) years of full-time clinical nursing experience completes the sixteen (16) hours of supervisory experience as outlined above in (4), he or she may immediately begin supervisory duties and have until August 31, 2002, to complete the requirements outlined above in (1) and (2).

Specific Authority 400.23(3)(c) FS. Law Implemented 400.23(3)(c) FS. History—New 3-26-02.

64B9-16.004 Delegation of Tasks Prohibited.

The licensed practical nurse, under the direction of the appropriate licensed professional as defined in Section 464.003(3)(b), F.S. shall not delegate:

- (1) Any activity that is outside the scope of practice of the LPN; or in which the Nurse Practice Act stipulates that the LPN must have direct supervision of a Registered Nurse in order to perform the procedure.
- (2) Those activities for which the licensed practical nurse, certified nursing assistant or UP has not demonstrated competence.

Specific Authority 400.23(3)(c) FS. Law Implemented 400.23(3)(c) FS. History—New 3-26-02.