

CANSECO SCHOOL OF NURSING
TEXAS A&M INTERNATIONAL UNIVERSITY

Master of Science in Nursing
PRECEPTOR HANDBOOK



Revised December, 2011

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INTRODUCTION

The purpose of this preceptor handbook is to assist the preceptor in arranging appropriate clinical experiences designed to provide learning opportunities that will meet the clinical objective of each course. It is important that preceptors be clear on the expectations of them and be in agreement regarding the importance of the experience in the preparation of knowledgeable, safe family nurse practitioners.

Included in the handbook are copies of forms required to set up the preceptorships as well as those the students will use to document their clinical activities and those the preceptor, faculty and student will use to evaluate the student as well as the overall experience.

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**CRITERIA FOR SELECTION OF AFFILIATE AGENCIES
AND CLINICAL PRACTICE SITES**

In order to provide a precepted Family Nurse Practitioner (FNP) clinical experience that prepares students to meet the full range of clinical competencies of the FNP, agencies and clinical settings will meet the following criteria:

1. Hold accreditation as appropriate
2. Provide qualified preceptor(s)
3. Provide clients that meet specific course objectives
4. Provide support for progression of student learning experiences
5. Sign affiliation or preceptor agreement
6. Meet approval of course faculty

**TEXAS A&M INTERNATIONAL UNIVERSITY
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QUALIFIED CLINICAL PRECEPTOR GUIDELINES**

QUALIFIED PRECEPTOR:

An advanced practice nurse, physician or other health care professional acceptable to the board of nursing who meets the following requirements:

- A. Holds an active, unencumbered* license (where licensure is required),
- B. Is in current practice in the advanced specialty area,
- C. Is committed to the concept of the advanced practice nurse, and
- D. Functions as a supervisor and teacher and evaluates the student's performance in the clinical setting.

* Unencumbered license – A professional license that does not have stipulations against it.

JOB DESCRIPTION:

Clinical preceptors collaborate directly with a faculty member to determine student learning needs, assignments, and to guide, facilitate, supervise and monitor the student in achieving clinical objectives. The clinical preceptor will supervise the student's performance of skills and other nursing activities to assure safe practice.

FUNCTION AND RESPONSIBILITIES:

When clinical preceptorships are used in an advanced education program, the following conditions shall be met:

1. Written agreements between the program, clinical preceptor and the affiliating agency, when applicable, shall delineate the functions and responsibilities of the parties involved.
2. Criteria for selecting clinical preceptors shall be developed in writing. Competent clinicians can be considered qualified to be preceptors if they are: A) Authorized to practice as advanced practice nurses in the state in which they practice, or B) A currently licensed health care professional who can provide supervision and teaching in clinical settings appropriate for advanced practice nursing.
3. Written clinical objectives shall be specified and shared with the clinical preceptor prior to the experience.
4. The designated faculty member shall be responsible for the student's learning experiences and shall communicate regularly with the clinical preceptor and student for the purpose of monitoring and evaluating learning experiences. If site visits are not feasible, communication and evaluation are managed by alternatives such as telephone, written communications, or clinical simulations.

Reference: Board of Nursing for the State of Texas, Rule and Regulations § 219.10. Management of Clinical Learning Experiences and Resources. Accessed September 6, 2004 at <http://www.bne.state.tx.us/rr219.htm#219.10>

**TEXAS A&M INTERNATIONAL UNIVERSITY
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PRECEPTOR AGREEMENT**

The preceptor agreement permits Texas A&M International Canseco School of Nursing students to participate in a student preceptorship in your facility, _____. Conditions of this agreement are as follows:

- a. The affiliation period will be from the following date: _____ to _____.
- b. The student, _____, will be under the supervision of _____, acting as the preceptor.
- c. The Canseco School of Nursing Faculty member, _____, serves as the liaison with your facility.

Preceptor Responsibilities:

1. Participate in a preceptor orientation.
2. Participate in the written agreements between the program, affiliating agency, and preceptor to specify the responsibility of the program to the agency and the responsibility of the preceptor and agency to the program.
3. Orient the student(s) to the clinical agency.
4. Facilitate the learning needs of the student.
5. Collaborate with faculty to review the progress of the student toward meeting clinical learning objectives.
6. Provide continuous feedback to the student regarding clinical performance.
7. Contact the faculty if assistance is needed or if any problem with student performance occurs.
8. Discuss with faculty/student arrangements for appropriate coverage for supervision of the student should the preceptor be absent.
9. Give feedback to the Nursing faculty regarding the clinical experience with the student and suggestions for program development.

Nursing Program/Faculty Responsibilities:

1. Responsible and accountable for managing clinical learning experiences of students.
2. Supervise no more than six students in the clinical agencies.
3. Develop criteria for the selection of affiliate agencies or clinical practice settings that address the need to students to observe and practice safe, effective primary care.
4. Select and evaluate affiliate agencies or clinical practice settings that provide students with opportunities to achieve the goals of the program.
5. Provide written agreements between the program and the affiliating agencies and specify the responsibility of the program to the agency and the responsibility of the agency to the program.
6. Develop written agreements jointly with the affiliating agency, review them periodically according to the policies of the program and the affiliating agency, and include provisions for adequate notice of termination.
7. Provide the preceptor an orientation to the philosophy, curriculum, course, and clinical objectives of the nursing program. Discuss student expectations, student's skills, student guidelines for performance of procedures, and methods of evaluation.
8. Assume overall responsibility for teaching and evaluation of the student.
9. Assure student compliance with standards on immunization, screening, OSHA standards, CPR, and current liability insurance coverage.

10. Work cooperatively with the preceptor and the agency to determine student learning needs and appropriate assignments.
11. Meet regularly with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
12. Receive evaluation from the preceptor regarding student performance.
13. Receive evaluation from student regarding whether preceptor and agency met their learning needs/clinical objectives.
14. Provide recognition to the preceptor for participation as a preceptor, for example, with a plaque or certificate.

Agency Responsibilities:

1. Maintain ultimate responsibility for the care of clients.
2. Retain responsibility for preceptor's salary, benefits, and liability.
3. Arrange preceptor's work schedule so they are available for students.
4. Interpret the preceptor program and expectations of students to other agency personnel who are not directly involved with the preceptorship.

Student Responsibilities:

1. Maintain open communication with the preceptor and faculty.
2. Maintain accountability for own learning activities.
3. Prepare objectives for each clinical experience as needed.
4. Be accountable for own nursing actions while in the clinical setting.
5. Arrange for preceptor's supervision when performing procedures.
6. Contact faculty if faculty assistance is necessary.
7. Respect the confidentiality of all information obtained during the clinical experience.
8. Wear appropriate professional attire and university name tags when in the clinical agency.

Signatures below confirm that the above conditions reflect correctly your understanding of and agreement to this affiliation.

TAMIU Canseco School of Nursing

Student: _____

Date of approval: _____

Faculty: _____

Date of approval: _____

Facility/Preceptor

Preceptor Name/Title: _____

Date of approval: _____

Agency Name/Title: _____

Date of approval: _____

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GENERAL EXPECTATIONS FOR ADVANCED PRACTICE STUDENTS

The following are general expectations for the student in the advanced practice preceptorship. The student will do the following:

1. Use the following steps in diagnostic reasoning and critical thinking skills to identify abnormal findings from the client's history, physical, and diagnostic tests:
Step one: identify the client's chief complaint;
Step two: assess, collect history and physical data in a manner appropriate to the client's age and presenting complaint;
Step three: formulate differential diagnoses, describe and articulate significant pathophysiology related to the client's chief complaint;
Step four: present the findings in a concise, organized, and accurate manner;
Step five: order laboratory and diagnostic tests appropriate to the client's complaint;
Step six: select a diagnosis;
Step seven: develop a treatment plan, including pharmacologic and non-pharmacologic interventions;
Step eight: implement and evaluate the plan;
Step nine: do a follow-up on client's progress.
2. Provide holistic and humanistic primary care to clients/families.
3. Collaborate with the preceptors and other health professionals during the clinical experience.
4. Notify faculty if there is a change in agencies or preceptors.
5. Provide a schedule of planned clinical days to both the preceptor and clinical faculty for the semester.
6. Notify faculty in case of absence on a scheduled clinical day at the beginning of the day or earlier, if possible.
7. Avoid scheduling clinical days with the preceptor and then cancelling on the scheduled days unless an emergency or illness occurs.
8. Wear professional attire and name badge to the clinical site.

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CLINICAL RECORD

FACULTY: _____

STUDENT: _____

PRECEPTOR: _____

Type of Agency	Characteristics of Clients
<input type="checkbox"/> Rural Clinic	Gender
<input type="checkbox"/> Private practice	Age
<input type="checkbox"/> Public Health	Ethnicity
<input type="checkbox"/> Other	

Name & Credential of Preceptor at each agency	Practice Specialty	Certification (if appropriate): Certifying body, #, expiration date	Years of Practice in specialty	Previously precepted APN students? (Y/N)	Licensure (if appropriate): specify #, expiration date

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CLINICAL LOG INSTRUCTIONS

Students will enter each patient encounter where they conduct history and physical assessments in Typhon Group's Nurse Practitioner Student Tracking (NPST) System. Students will enter demographics, clinical information, diagnosis and procedure codes, skills, medications, and clinical SOAP notes. In addition, students will document their work using ICD-9 and CPT codes.

Because the application is hosted at Typhon Group's offices, users can login from anywhere and receive the latest upgrades and features automatically, without installing any software. The web application works with any web browser without any additional software (including the iPhone). Clinical faculty will review the entries and provide comments as needed with approval or disapproval of the note. Students are expected to correct the notes as directed.

Typhon Group's Nurse Practitioner Student Tracking (NPST) System is compliant with HIPAA regulations.

Section Two

Self-evaluation: Do a self-evaluation of your progress toward achieving the course objectives by the end of the semester. Students are expected to take action to correct deficits in meeting course objectives before semester's end and submitting the self-evaluation.

TECHNICAL SKILLS

Certain technical skills are necessary in a primary care practice. Throughout your clinical experiences you will have the opportunity to observe or perform these skills. Please document in Typhon Group's Nurse Practitioner Student Tracking (NPST) System when you study/observe or perform any of the following technical skills (this is not a comprehensive list):

Laboratory Assessments	
a. hematocrit	f. saline wet mount
b. phlebotomy	g. potassium hydroxide (KOH) prep
c. urinalysis	h. hemocult slide
d. urine microscopy	i. cellophane test for pinworms
e. selected cultures	
Adjuncts to Physical Examination	
a. Wood's light	g. electrocardiograms
b. fluorescein staining of the eyes	h. pulmonary function test
c. Schiotz tonometry	i. anoscopy
d. tympanometry test	j. developmental screening
e. growth charts	k. pap smear
f. audiometry	l. x-rays
Therapeutic Maneuvers	
a. wound care, including suturing	d. incision and drainage
b. electrocautery, chemical cautery, and liquid nitrogen application	e. splints, casts
c. cerumen removal	

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**EVALUATION OF FAMILY NURSE PRACTITIONER (FNP) STUDENT
(LEVEL I: USED IN AVANCED HEALTH ASSESSMENT AND WELLNESS/HEALTH PROMOTION)**

STUDENT: _____ **DATE:** _____

PRECEPTOR (Print): _____ **Specialty:** _____

AGENCY: _____

Please rate the student's performance using the following scale:

Maximum		Minimum	Unsafe	Not Observed
4	3	2	1	0

		4	3	2	1	0	Comments (*critical elements)
A.	<u>CLINICAL APPROACH</u>						
	1. Creates an environment of rapport & trust with clients/families in order to help them reach optimal health-care goals.						*
	2. Listens and understands client's/family's perception of the problem.						*
	3. Uses appropriate style and level of communication.						*
B.	<u>CLINICAL ASSESSMENT</u>						
	4. Performs health histories and physical examinations in a manner appropriate to the client's age and presenting complaint.						*
	5. Presents the findings in a concise, organized and accurate manner.						*
	6. Describes and articulates significant pathophysiology related to the client's health problem or chief complaint.						*
	7. Accurately performs a developmental evaluation and/or mental status examination.						*
	8. Identifies and describes patterns of behavior associated with developmental processes, lifestyles, and family relationships.						*
C.	<u>ANALYSIS AND DECISION MAKING</u>						
	9. Establishes a diagnosis by discriminating between normal and abnormal findings from the history and physical examination.						*

	Preceptor evaluation of FNP p. 2	4	3	2	1	0	Comments (*critical elements)
	10. Exercises clinical judgment in differentiating between situations the nurse practitioner can manage and those requiring consultation and/or referral.						
	11. Suggests appropriate laboratory and diagnostic tests for client's health problem.						
D.	CLINICAL MANAGEMENT						
	12. Provides preventive healthcare and health promotion instruction for a given group of clients.						*
	13. Instructs clients/families about growth & development appropriately.						*
	14. Instructs clients/families about life crises appropriately.						*
	15. Instructs clients/families about common illnesses appropriately.						
	16. Instructs clients/families about risk factors & accidents appropriately.						*
	17. Manages common self-limiting, episodic health problems of clients/families in consultation with preceptor.						
	18. Manages stabilized chronic illness problems of clients/families in consultation with preceptor.						
	19. Assists clients to assume greater responsibility for their own health maintenance by providing instruction, counseling, and guidance.						*
	20. Uses supportive learning materials as needed (e.g., audiovisuals, pamphlets, brochures, etc.)						*
	21. Arranges referrals for clients who need further health evaluation and/or additional services.						
	22. Documents a health care plan appropriate to the development and functional status of the client.						*
E.	EVALUATION						
	23. Collects systematic data for evaluating the response of client/family to the health care plan.						*
	24. Modifies the plan of care according to the response of the client/family.						
	25. Demonstrates respect for the uniqueness of clients/families, with culture as an influencing factor.						*

	Preceptor evaluation of FNP p. 3	4	3	2	1	0	Comments (*critical elements)
	26. Uses problem solving & critical thinking skills during assessment, diagnosis, & decision making of client's complaint.						*

Satisfactory clinical performance requires a score of "2" or better on all critical elements (indicated by *) by the end of NURS 5407 FNP I Wellness and Health Promotion.

PRECEPTOR COMMENTS:

1. STRENGTHS OF STUDENT:

2. WEAKNESSES OF STUDENT:

Preceptor (Signature): _____

FACULTY COMMENTS:

Faculty (Signature): _____

STUDENT COMMENTS:

Student (Signature): _____

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**EVALUATION OF FAMILY NURSE PRACTITIONER (FNP) STUDENT
(LEVEL II: USED IN FNP II and III ACUTE AND CHRONIC ILLNESS I AND II AND
DIAGNOSTIC LAB APPLICATIONS)**

STUDENT:_____ **DATE:**_____

PRECEPTOR (Print):_____ **Specialty:**_____

AGENCY:_____

Please rate the student's performance using the following scale:

Maximum		Minimum	Unsafe	Not Observed
4	3	2	1	0

		4	3	2	1	0	Comments (*critical elements)
A.	<u>CLINICAL APPROACH</u>						
	1. Creates an environment of rapport & trust with clients/families in order to help them reach optimal health-care goals.						*
	2. Listens and understands client's/family's perception of the problem.						*
	3. Uses appropriate style and level of communication.						*
B.	<u>CLINICAL ASSESSMENT</u>						
	4. Performs health histories and physical examinations in a manner appropriate to the client's age and presenting complaint.						*
	5. Presents the findings in a concise, organized and accurate manner.						*
	6. Describes and articulates significant pathophysiology related to the client's health problem or chief complaint.						*
	7. Accurately performs a developmental evaluation and/or mental status examination.						*
	8. Identifies and describes patterns of behavior associated with developmental processes, lifestyles, and family relationships.						*
C.	<u>ANALYSIS AND DECISION MAKING</u>						
	9. Establishes a diagnosis by discriminating between normal and abnormal findings from the history and physical examination.						*

	Preceptor evaluation of FNP p. 2	4	3	2	1	0	Comments (*critical elements)
	10. Exercises clinical judgment in differentiating between situations the nurse practitioner can manage and those requiring consultation and/or referral.						*
	11. Suggests appropriate laboratory and diagnostic tests for client's health problem.						*
D.	CLINICAL MANAGEMENT						
	12. Provides preventive healthcare and health promotion instruction for a given group of clients.						*
	13. Instructs clients/families about growth & development appropriately.						*
	14. Instructs clients/families about life crises appropriately.						*
	15. Instructs clients/families about common illnesses appropriately.						*
	16. Instructs clients/families about risk factors & accidents appropriately.						*
	17. Manages common self-limiting, episodic health problems of clients/families in consultation with preceptor.						*
	18. Manages stabilized chronic illness problems of clients/families in consultation with preceptor.						*
	19. Assists clients to assume greater responsibility for their own health maintenance by providing instruction, counseling, and guidance.						*
	20. Uses supportive learning materials as needed (e.g., audiovisuals, pamphlets, brochures, etc.)						*
	21. Arranges referrals for clients who need further health evaluation and/or additional services.						*
	22. Documents a health care plan appropriate to the development and functional status of the client.						*
E.	EVALUATION						
	23. Collects systematic data for evaluating the response of client/family to the health care plan.						*
	24. Modifies the plan of care according to the response of the client/family.						*
	25. Demonstrates respect for the uniqueness of clients/families, with culture as an influencing factor.						*

	Preceptor evaluation of FNP p. 3	4	3	2	1	0	Comments (*critical elements)
	26. Uses problem solving & critical thinking skills during assessment, diagnosis, & decision making of client's complaint.						*

Satisfactory clinical performance requires a score of "2" or better on all critical elements (indicated by *) by the end of NURS 5509 FNP III MANAGEMENT OF ACUTE AND CHRONIC ILLNESS, PART II.

PRECEPTOR COMMENTS:

2. STRENGTHS OF STUDENT:

2. WEAKNESSES OF STUDENT:

Preceptor (Signature): _____

FACULTY COMMENTS:

Faculty (Signature): _____

STUDENT COMMENTS:

Student (Signature): _____

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**EVALUATION OF FAMILY NURSE PRACTITIONER (FNP) STUDENT
(LEVEL III: USED IN NURS 5612 INTEGRATED CLINICAL PRACTICUM)**

STUDENT: _____ **DATE:** _____

PRECEPTOR (Print): _____ **Specialty:** _____

AGENCY: _____

Please rate the student's performance using the following scale:

Maximum		Minimum	Unsafe	Not Observed
4	3	2	1	0

		4	3	2	1	0	Comments (*critical elements)
A.	<u>CLINICAL APPROACH</u> 1. Creates an environment of rapport & trust with clients/families in order to help them reach optimal health-care goals.						*
	2. Listens and understands client's/family's perception of the problem.						*
	3. Uses appropriate style and level of communication.						*
B.	<u>CLINICAL ASSESSMENT</u> 4. Performs health histories and physical examinations in a manner appropriate to the client's age and presenting complaint.						*
	5. Presents the findings in a concise, organized and accurate manner.						*
	6. Describes and articulates significant pathophysiology related to the client's health problem or chief complaint.						*
	7. Accurately performs a developmental evaluation and/or mental status examination.						*
	8. Identifies and describes patterns of behavior associated with developmental processes, lifestyles, and family relationships.						*
C.	<u>ANALYSIS AND DECISION MAKING</u> 9. Establishes a diagnosis by discriminating between normal and abnormal findings from the history and physical examination.						*

	Preceptor evaluation of FNP p. 2	4	3	2	1	0	Comments (*critical elements)
	10. Exercises clinical judgment in differentiating between situations the nurse practitioner can manage and those requiring consultation and/or referral.						*
	11. Suggests appropriate laboratory and diagnostic tests for client's health problem.						*
D.	CLINICAL MANAGEMENT						
	12. Provides preventive healthcare and health promotion instruction for a given group of clients.						*
	13. Instructs clients/families about growth & development appropriately.						*
	14. Instructs clients/families about life crises appropriately.						*
	15. Instructs clients/families about common illnesses appropriately.						*
	16. Instructs clients/families about risk factors & accidents appropriately.						*
	17. Manages common self-limiting, episodic health problems of clients/families in consultation with preceptor.						*
	18. Manages stabilized chronic illness problems of clients/families in consultation with preceptor.						*
	19. Assists clients to assume greater responsibility for their own health maintenance by providing instruction, counseling, and guidance.						*
	20. Uses supportive learning materials as needed (e.g., audiovisuals, pamphlets, brochures, etc.)						*
	21. Arranges referrals for clients who need further health evaluation and/or additional services.						*
	22. Documents a health care plan appropriate to the development and functional status of the client.						*
E.	EVALUATION						
	23. Collects systematic data for evaluating the response of client/family to the health care plan.						*
	24. Modifies the plan of care according to the response of the client/family.						*
	25. Demonstrates respect for the uniqueness of clients/families, with culture as an influencing factor.						*

	Preceptor evaluation of FNP p. 3	4	3	2	1	0	Comments (*critical elements)
	26. Uses problem solving & critical thinking skills during assessment, diagnosis, & decision making of client's complaint.						*

Satisfactory clinical performance requires a score of “2” or better on all critical elements (indicated by *) by the end of NURS 5612 FNP IV Integrated Clinical Practicum.

PRECEPTOR COMMENTS:

3. STRENGTHS OF STUDENT:

2. WEAKNESSES OF STUDENT:

Preceptor (Signature): _____

FACULTY COMMENTS:

Faculty (Signature): _____

STUDENT COMMENTS:

Student (Signature): _____

EVALUATION OF PRECEPTORS AND AGENCIES

Individual preceptors as well as the agencies in which they practice are evaluated by both faculty and students. In this way, continuous feedback is provided to assure that the most appropriate experiences are being used to promote achievement of program outcomes. Copies of the instruments used for these evaluations are provided on the following pages.

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EVALUATION OF PRECEPTOR AND AGENCY**

PRECEPTOR: _____ **AGENCY:** _____

EVALUATOR: _____ **DATE:** _____

Please rate the preceptor & agency performance using the following scale:

Frequently		Sometimes	Seldom	Not Observed
4	3	2	1	0

PRECEPTOR	4	3	2	1	0	Comments
1. The preceptor's professional experience was appropriate.						
2. The preceptor was available to the student for clinical assistance.						
3. The preceptor allowed the student to formulate a plan of care for clients based on the science of nursing and related disciplines.						
4. The preceptor allowed the student to use cognitive, affective, perceptual, and psychomotor skills to promote health with clients of diverse cultural backgrounds.						
5. The preceptor allowed the student to practice collaborative skills in conjunction with other members of the health care team in order to provide comprehensive care to clients.						
6. The preceptor encouraged the student to assume increasing clinical responsibility during the semester.						
7. The preceptor communicated clear expectations for student learning.						
8. The preceptor provided immediate and adequate feedback with questions and client presentations.						
9. The preceptor was supportive and accessible for consultation.						
10. The preceptor led student through decision making rather than giving own impressions.						

PRECEPTOR p. 2	4	3	2	1	0	Comments
11. The preceptor allowed student to assess client, make diagnoses, and suggest interventions and plan care.						
12. The preceptor offered constructive comments to student regarding assessment, diagnosing, planned interventions and care.						
13. The preceptor provided an environment for critical thinking and decision making for the student.						
AGENCY/CLINICAL SETTING						
1. The clinical setting provided opportunities for the student to meet the clinical objectives.						
2. The host personnel fostered and encouraged student participation on the health team.						
3. The agency/facility meeting areas (A/V equipment, facilities, etc.) were adequate and accessible.						
4. The agency/facility had supplies, materials, and equipment that met student needs.						
5. The agency/facility was well-equipped to handle the client visits.						
6. The agency/facility provided the student with good learning experiences to meet clinical objectives.						
7. The agency/facility provided the student with an environment that stimulated ideas for research.						
8. The agency/facility personnel demonstrated an understanding of professional responsibility through adherence to legal and ethical standards of practice.						

COMMENTS:

1. STRENGTHS OF PRECEPTOR:

4. WEAKNESSES OF PRECEPTOR:

3. STRENGTHS OF AGENCY:

4. WEAKNESSES OF AGENCY:

Board of Nursing

Advanced Practice Nurses §221

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

- (1) Accredited program--A program which has been deemed to have met certain standards set by the board or by a national accrediting body recognized by the board.
- (2) Advanced educational program--A post-basic advanced practice nurse program at the certificate, master's degree, or higher level. Beginning January 1, 2003, a minimum of a master's degree in the advanced practice role and population focus area will be required for recognition as an Advanced Practice Registered Nurse.
- (3) Advanced practice nurse--A registered nurse approved by the board to practice as an advanced practice nurse based on completing an advanced educational program acceptable to the board. The term includes a nurse practitioner, nurse-midwife, nurse anesthetist, and a clinical nurse specialist. The advanced practice nurse is prepared to practice in an expanded role to provide health care to individuals, families, and/or groups in a variety of settings including but not limited to homes, hospitals, institutions, offices, industry, schools, community agencies, public and private clinics, and private practice. The advanced practice nurse acts independently and/or in collaboration with other health care professionals in the delivery of health care services.
- (4) Authorization to practice--The process of reviewing the educational, licensing, certification and other credentials of the registered nurse to determine compliance with the board's requirements for approval as an advanced practice nurse.
- (5) Board--The Texas Board of Nursing.
- (6) Current certification--Initial certification and maintenance of certification by national certifying bodies recognized by the board.
- (7) Current practice--Maintaining competence as an advanced practice nurse by practicing in the advanced role and specialty in the clinical setting, practicing as an educator in the clinical and/or didactic portion of an advanced educational program of study, or practicing as a consultant or an administrator within the advanced specialty and role.
- (8) Graduate advanced practice nurse--A registered nurse who has completed an advanced educational program of study and has been granted provisional or interim authorization by the board to practice in the advanced specialty and role.
- (9) Monitored anesthesia care--Refers to situations where a patient undergoing a diagnostic or therapeutic procedure receive doses of medication that create a risk of loss of normal protective reflexes or loss of consciousness and the patient remains able to protect the airway for the majority of the procedure. If, for an extended period of time, the patient is rendered unconscious

and/or loses normal protective reflexes, then anesthesia care shall be considered a general anesthetic.

(10) Outpatient setting--Any facility, clinic, center, office, or other setting that is not a part of a licensed hospital or a licensed ambulatory surgical center with the exception of all of the following:

(A) clinic located on land recognized as tribal land by the federal government and maintained or operated by a federally recognized Indian tribe or tribal organization as listed under 25 U.S.C. Section 479-1 or as listed under a successor federal statute or regulation;

(B) a facility maintained or operated by a state or governmental entity;

(C) a clinic directly maintained or operated by the United States or by any of its departments, officers, or agencies; and

(D) an outpatient setting accredited by either the Joint Commission on Accreditation of Healthcare Organizations relating to ambulatory surgical centers, the American Association for the Accreditation of Ambulatory Surgery Facilities, or the Accreditation Association for Ambulatory Health Care.

(11) Party state--Any state that has entered into the Nurse Licensure Compact.

(12) Protocols or other written authorization--Written authorization to provide medical aspects of patient care which are agreed upon and signed by the advanced practice nurse and the physician, reviewed and signed at least annually, and maintained in the practice setting of the advanced practice nurse. Protocols or other written authorization shall be defined to promote the exercise of professional judgment by the advanced practice nurse commensurate with his/her education and experience. Such protocols or other written authorization need not describe the exact steps that the advanced practice nurse must take with respect to each specific condition, disease, or symptom and may state types or categories of drugs which may be prescribed rather than just list specific drugs.

(13) Shall and must--Mandatory requirements.

(14) Should--A recommendation.

(15) Unencumbered--A license to practice registered nursing which does not have stipulations against the license.

§221.2. Authorization and Restrictions to Use of Advanced Practice Titles.

(a) Effective January 1, 2006, a registered nurse holding him or herself out to be an advanced practice nurse shall be authorized to practice and hold a title in the following categories:

- (1) nurse anesthetist;
- (2) nurse-midwife;
- (3) nurse practitioner in the following specialties:
 - (A) Acute Care Adult;
 - (B) Acute Care Pediatric;
 - (C) Adult;
 - (D) Family;
 - (E) Gerontological;
 - (F) Neonatal;
 - (G) Pediatric;
 - (H) Psychiatric/Mental Health;
 - (I) Women's Health; and/or
- (4) clinical nurse specialist in the following specialties:
 - (A) Adult Health/Medical-Surgical Nursing;
 - (B) Community Health Nursing;
 - (C) Critical Care Nursing;
 - (D) Gerontological Nursing;
 - (E) Pediatric Nursing; and
 - (F) Psychiatric/ Mental Health Nursing.

(b) A registered nurse who holds current authorization to practice as an advanced practice nurse issued by the board in any of the categories indicated in the previous subsection shall use that title when functioning in the advanced practice role. A registered nurse who was granted authorization to practice in an advanced role and specialty not indicated in the previous subsection prior to January 1, 2006, may continue to use the advanced practice title approved by the Board provided all requirements for maintenance of advanced practice authorization are met. "Advanced practice nurse" shall not be used as a title.

(c) Unless authorized as an advanced practice nurse by the board as provided for by §§221.4 - 221.8 of this chapter (relating to Full Authorization, Provisional Authorization; Interim Approval; Petitions for Waiver; and Maintaining Active Authorization as an Advanced Practice Nurse), a registered nurse shall not:

- (1) claim to be an advanced practice nurse or hold himself/herself out to be an advanced practice nurse in this state; and/or
- (2) use a title or any other designation tending to imply that the person is authorized as an advanced practice nurse.

(d) A registered nurse who violates subsection (c) of this section may be subject to an administrative penalty under §301.501 of the Nursing Practice Act.

§221.3. Education.

(a) In order to be eligible to apply for authorization as an advanced practice nurse, the registered nurse must have completed a post-basic advanced educational program of study appropriate for

practice in an advanced nursing specialty and role recognized by the board. RN to BSN programs shall not be considered post-basic programs for the purpose of this rule.

(b) Individuals prepared in more than one advanced practice role and/or specialty (including blended role or dual specialty programs) shall be considered to have completed separate advanced educational programs of study for each role and/or specialty area.

(c) Applicants for authorization to practice in an advanced role and specialty recognized by the Board must submit verification of completion of all requirements of an advanced educational program that meets the following criteria:

(1) Advanced educational programs in the State of Texas shall be approved by the Board or accredited by a national accrediting body recognized by the board.

(2) Programs in states other than Texas shall be accredited by a national accrediting body recognized by the board or by the appropriate licensing body in that state. A state licensing body's accreditation process must meet or exceed the requirements of accrediting bodies specified in board policy.

(3) Programs of study shall be at least one academic year in length and shall include a formal preceptorship.

(4) Beginning January 1, 2003, the program of study shall be at the master's degree level.

(d) Applicants for authorization as clinical nurse specialists must submit verification of the following requirements in addition to those specified in subsection (c) of this section:

(1) completion of a master's degree in the discipline of nursing, and

(2) completion of a minimum of nine (9) semester credit hours or the equivalent in a specific clinical major. Clinical major courses must include didactic content and offer clinical experiences in a specific clinical specialty/ practice area.

(e) Those applicants who completed nurse practitioner or clinical nurse specialist programs on or after January 1, 1998 must demonstrate evidence of completion of the following curricular requirements:

(1) separate, dedicated courses in pharmacotherapeutics, advanced assessment and pathophysiology and/or psychopathology (psychopathology accepted for advanced practice nurses prepared in the psychiatric/mental health specialty only). These must be graduate level academic courses;

(2) evidence of theoretical and clinical role preparation;

(3) evidence of clinical major courses in the specialty area; and

(4) evidence of a practicum/ preceptorship/internship to integrate clinical experiences as reflected in essential content and the clinical major courses.

(5) In this subsection, the following terms have the following definitions:

(A) Advanced Assessment Course means a course that offers content supported by related clinical experience such that students gain the knowledge and skills needed to perform comprehensive assessments to acquire data, make diagnoses of health status and formulate effective clinical management plans.

(B) Pharmacotherapeutics means a course that offers content in pharmacokinetics and pharmacodynamics, pharmacology of current/commonly used medications, and the application of drug therapy to the treatment of disease and/or the promotion of health.

(C) Pathophysiology means a course that offers content that provides a comprehensive, system-focused pathology course that provides students with the knowledge and skills to analyze the relationship between normal physiology and pathological phenomena produced by altered states across the life span.

(D) Role preparation means formal didactic and clinical experiences/ content that prepare nurses to function in an advanced nursing role.

(E) Clinical major courses means courses that include didactic content and offer clinical experiences in a specific clinical specialty/practice area.

(F) Clinical specialty area means specialty area of clinical practice based upon formal didactic preparation and clinical experiences.

(G) Essential content means didactic and clinical content essential for the educational preparation of individuals to function within the scope of advanced nursing practice. The essential content includes but is not limited to: advanced assessment, pharmacotherapeutics, role preparation, nursing specialty practice theory, physiology/ pathology, diagnosis and clinical management of health status, and research.

(H) Practicum/Preceptorship/ Internship means a designated portion of a formal educational program that is offered in a health care setting and affords students the opportunity to integrate theory and role in both the clinical specialty/ practice area and advanced nursing practice through direct patient care /client management. Practicums/ Preceptorships/ Internships are planned and monitored by either a designated faculty member or qualified preceptor.

(f) Those applicants who complete nurse practitioner or clinical nurse specialist programs on or after January 1, 2003 must demonstrate evidence of completion of a minimum of 500 separate, non-duplicated clinical hours for each advanced role and specialty within the advanced educational program.

§221.4. Advanced Practice Registered Nurse Licensure Requirements.

(a) Advanced practice registered nurse licensure is issued for the purpose of authorizing a registered nurse to practice in a specific advanced practice role and population-focus area.

(b) The applicant for licensure as an advanced practice registered nurse shall:

(1) Hold a current, valid, unencumbered license or privilege to practice as a registered nurse in the State of Texas;

(2) Submit to the board such evidence as required by the board to insure compliance with the advanced practice educational requirements set forth in this chapter. Such evidence shall include official documentation verifying graduation from a graduate level advanced practice registered nurse educational program accredited by a national nursing education accrediting body that is recognized by the U.S. Department of Education and the Board. This documentation shall verify the date of graduation, credential conferred and provide evidence of meeting the standards of advanced practice registered nursing education in this state as described in this chapter. All applicants, including those seeking licensure by endorsement, must demonstrate that the educational requirements set forth in this chapter have been met. A transcript is required prior to the issuance of a permanent license.

(3) Attest, on forms provided by the board, to having completed a minimum of 400 hours of current practice within the last 24 calendar months in the advanced practice role and population-focus area for which the applicant is applying unless the applicant has completed an advanced practice registered nursing educational program in this advanced practice role and population-focus area within the last 24 calendar months.

(A) If less than four years but more than two years have lapsed since completion of the advanced practice nursing educational program and/or the applicant does not have 400 hours of current practice in the advanced practice role and population focus area during the previous 24 calendar months, the advanced practice registered nurse shall be required to demonstrate proof of completion of 400 hours of current practice obtained under the direct supervision of an advanced practice registered nurse licensed by the board in the same role and population focus area or by a physician in the same specialty.

(B) If more than four years have lapsed since completion of the advanced practice nursing educational program and/or the applicant has not practiced in the advanced practice role during the previous four years, the applicant shall successfully complete a refresher course or extensive orientation in the appropriate advanced practice role and population focus area that includes a supervised clinical component by a qualified instructor/sponsor.

(i) The course(s)/orientation shall be of sufficient length to satisfy the learning needs of the applicant and to assure that he/she meets the minimum standard for safe, competent care and include a minimum of 400 hours of current practice as described in subparagraph (A) of this paragraph. The course(s)/orientation shall cover the entire scope of the authorized advanced practice role and population focus area. Content shall include, but not be limited to that which is specified in board guidelines.

(ii) The instructor/sponsor must provide written verification of satisfactory completion of the refresher course/extensive orientation on forms provided by the board and assurance that the individual has reviewed current practice-related information pertinent to his/her advanced practice role and population focus area.

(4) Attest, on forms provided by the board, to having obtained 20 contact hours of continuing education within the last 24 calendar months appropriate for the advanced practice role and population-focus area for which the applicant is applying. Continuing education in the advanced practice role and population-focus area must meet the requirements of Chapter 216 of this title (relating to Continuing Education). The 20 contact hours required for RN licensure may be met by the 20 hours required by this subsection; and

(5) Respond to questions regarding personal background, including, but not limited to, information relating to:

(A) Disciplinary action or investigation regarding any professional license or credential;

(B) Criminal offenses, including those pending appeal;

(C) Current investigation by a grand jury or governmental agency;

(D) Any chemical, physical or mental impairment and/or disability or treatment for such that impacts the advanced practice registered nurse's ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any;

(E) Any current substance use, misuse, or abuse; and,

(F) A detailed explanation and supporting documentation regarding any background information disclosed.

(6) Submit the required, non-refundable application fee.

(c) Applicants who completed their advanced practice nursing educational programs on or after January 1, 1996 must submit evidence of current certification in an advanced practice role and population focus area recognized by the Board that is congruent with the advanced practice nursing educational preparation. The certification examination shall be recognized by the Board for the role and population-focus area. If a specific certification examination does not exist for the role and population focus area, the board reserves the right to designate a national certification examination in a closely related population focus area. If the Board has not designated an alternate examination, the applicant may petition the board for waiver from the certification requirement, according to the exceptions specified in this chapter.

(d) Advanced practice registered nurse applicants who wish to practice in more than one role and/or population-focus area shall complete additional education in the desired area(s) of licensure in compliance with the educational requirements set forth in this chapter and meet all requirements for licensure in each additional role or population-focus area. To apply for licensure for more than one title, the applicant shall submit a separate application and fee for each desired title. Additional licensure is required for those licensed advanced practice registered nurses seeking to include an additional:

(1) Advanced practice role and population-focus area,

(2) Population-focus area within the same advanced practice role, or

(3) Advanced practice role within the same population focus area.

(e) After review by the board and verification that all requirements have been met, a certificate verifying licensure shall be sent to the advanced practice registered nurse.

§221.6. Interim Approval.

(a) Interim approval is a time-limited permit to practice nursing in a specific advanced practice role and population-focus area. The Board may grant interim approval to eligible advanced practice registered nurse applicants.

(b) Interim approval permits the advanced practice registered nurse applicant to practice without prescriptive authority while the application is reviewed.

(1) The advanced practice registered nurse applicant who meets all requirements and applies for interim approval must complete documents provided by the Board attesting that:

(A) He/She meets all requirements for full licensure in an advanced practice registered nurse role and population-focus area in the state of Texas; and

(B) Has completed and submitted the appropriate documents to the advanced practice nursing educational program or designated organization for completion.

(2) Unless otherwise indicated in this chapter, evidence of current national certification in the advanced practice role and population focus area shall be provided before interim approval may be granted.

(3) Interim approval may be granted for a period of up to 120 days. An eligible applicant may be granted interim approval one time only per role and population-focus area. Extensions or renewals of the interim approval period shall not be granted.

(c) An advanced practice registered nurse applicant who submits a request for waiver from the requirements for licensure set forth in this chapter shall not be eligible for interim approval unless otherwise indicated in this chapter.

(d) If an advanced practice registered nurse applicant is deemed ineligible for licensure, the interim approval will be rescinded immediately, effective on the date the notice is sent by mail. The applicant must cease practicing as an advanced practice registered nurse and may no longer use any titles that imply to the public that he/she is an advanced practice registered nurse.

§221.7. Petitions for Waiver and Exemptions

(a) A registered nurse who submits a request for waiver from requirements of the rules must submit documentation as required by the board to support his or her petition and assure the board that he or she possesses the knowledge, skills and abilities appropriate for the role and specialty desired. Those petitioners who are under investigation or current board order are not eligible for waiver.

(b) Petitions for waiver from the program accreditation requirements of §221.3 of this chapter (relating to Education), may be granted by the board for individuals who completed their educational programs on or before December 31, 1996. Petitioners must meet the length of academic program requirements of §221.3 of this chapter and obtain national certification in the advanced role and specialty area.

(c) Petitions for waiver from the current certification requirements of §221.4 of this chapter (relating to Requirements for Full Authorization to Practice) and §221.8 of this chapter (relating to Maintaining Active Authorization as an Advanced Practice Nurse) may be granted by the board.

(1) Under this section, only those petitioners for which no national certification examination within the advanced role and specialty or a related advanced specialty exists will be considered for waiver by the board.

(2) The board may determine that an available national certification examination in a related specialty and/or role must be taken in lieu of an examination specific to the advanced specialty area.

(d) Waivers from the master's degree requirement will be granted to qualified certificate-prepared nurse-midwives and women's health care nurse practitioners who complete their programs on or after January 1, 2003 through December 31, 2006. Applicants must meet all other requirements as stated in §221.4 of this chapter.

(1) Those individuals approved on the basis of this waiver shall be limited to providing advanced practice nursing care within the geographical boundaries of the State of Texas. This shall not prevent the individual from utilizing Nurse Licensure Compact privileges to function as a registered nurse.

(2) The applicant must submit all required documentation necessary to demonstrate that the requirements (except for the master's degree) for authorization to practice have been met.

(3) The applicant must submit a written request for waiver of the master's degree requirement.

(4) Interim, provisional or full authorization may be granted to qualified certificate-prepared nurse-midwives and women's health care nurse practitioners.

(e) Exemptions granting authorization to utilize titles not authorized by §221.2 of this chapter may be granted to qualified applicants who complete their advanced_educational programs prior to January 1, 2010. Applicants must meet all other requirements as stated in §221.4 of this chapter,

(1) The following specialty titles may be considered for exemption if the individual is not qualified for authorization to utilize a title authorized by §221.2 of this chapter:

(A) Acute Care Clinical Nurse Specialist,

(B) Critical Care Nurse Practitioner;

(C) Cardiovascular Clinical Nurse Specialist;

(D) Emergency Nurse Practitioner or Clinical Nurse Specialist;

(E) Family Clinical Nurse Specialist;

(F) Home Health Clinical Nurse Specialist;

(G) Maternal (Parent)-Child Health Clinical Nurse Specialist (with or without subspecialization);

(H) Neonatal Clinical Nurse Specialist;

(I) Oncology Nurse Practitioner or Clinical Nurse Specialist;

(J) Pediatric Critical Care Nurse Practitioner;

(K) Perinatal Nurse Practitioner or Clinical Nurse Specialist;

(L) School Nurse Practitioner; and

(M) Women's Health Clinical Nurse Specialist.

(2) Those individuals authorized on the basis of this exemption shall be limited to providing advanced practice nursing care within the geographical boundaries of the State of Texas. This shall not prevent the individual from utilizing Nurse Licensure Compact privileges to function as a registered nurse.

(3) The applicant must submit all required documentation necessary to demonstrate that all requirements for authorization to practice have been met.

(4) The applicant must submit a written request for exemption to §221.2 of this chapter and indicate the desired title.

(5) Interim, provisional, or full authorization may be granted to qualified applicants.

(6) Advanced practice nurses authorized to practice on the basis of this exemption shall use the advanced practice title specified on the authorization to practice document provided by the board.

§221.8. Maintaining Active Authorization as an Advanced Practice Nurse.

(a) In conjunction with RN license renewal, the advanced practice nurse seeking to maintain active advanced practice authorization(s) shall:

(1) attest on forms provided by the board to maintaining current national certification by the appropriate certifying body recognized by the board. This requirement shall apply to advanced practice nurses who:

(A) completed an advanced educational program on or after January 1, 1996, or

(B) were authorized as advanced practice nurses based upon obtaining national certification.

(2) attest, on forms provided by the board, to having a minimum of 400 hours of current practice within the preceding biennium;

(3) attest, on forms provided by the board, to having obtained 20 contact hours of continuing education in the advanced specialty area and role within the preceding biennium. Continuing education in the advanced practice specialty and role must meet requirements of Chapter 216 of this title (relating to Continuing Education). The 20 contact hours required for RN licensure may be met by the 20 hours required by this subsection; and

(4) submit the required fee, which is not refundable.

(b) Failure to renew the registered nurse license or to provide the required fee and documentation for maintaining authorization shall result in expiration of the board's authorization as an advanced practice nurse and limited prescriptive authority where applicable. The individual whose advanced practice authorization has expired may not practice as or use titles to imply that he/she is an advanced practice nurse.

§221.9. Inactive Status.

(a) The advanced practice nurse may choose to change advanced practice nurse status to inactive by providing a written request for such change.

(b) Inactive advanced practice status means that the registered professional nurse may not practice in the advanced practice specialty and role and may not hold himself/ herself out to be an advanced practice nurse by using titles which imply that he/she is an advanced practice nurse. The inactive advanced practice nurse may not utilize his/her limited prescriptive authority.

§221.10. Reinstatement or Reactivation of Advanced Practice Nurse Status.

(a) To reinstate an authorization which has expired due to non-payment of renewal fees for registered nurse licensure and/or advanced practice authorization, the advanced practice nurse shall meet the requirements as stated in §221.8 of this chapter (relating to Maintaining Active Authorization as an Advanced Practice Nurse) and pay all required fees.

(b) If less than four years but more than two years have lapsed since completion of the advanced educational program and/or the applicant does not have 400 hours of current practice in the advanced role and specialty during the previous biennium, the advanced practice nurse shall meet the requirements as stated in §221.8 of this chapter and pay all required fees. The applicant shall be required to demonstrate proof of completion of 400 hours of current practice as well as the continuing education requirement as outlined in Chapter 216 of this title (relating to Continuing Education). The 400 hours of current practice shall be obtained under the direct supervision of an advanced practice nurse authorized by the board in the same role and specialty or by a physician the same specialty.

(c) If more than four years have lapsed since completion of the advanced practice educational program and/or the applicant has not practiced in the advanced role during the previous four years, the applicant shall apply for reactivation and meet current requirements for maintaining authorization to practice under §221.8 of this chapter and shall:

(1) hold a current, valid, unencumbered license as a registered nurse in the State of Texas or reside in any party state and hold a current, valid, unencumbered registered nurse license in that state; and

(2) successfully complete a refresher course or extensive orientation in the appropriate advanced practice specialty and role which includes a supervised clinical component by a qualified instructor/sponsor.

(A) The course(s)/ orientation shall be of sufficient length to satisfy the learning needs of the inactive advanced practice nurse and to assure that he/she meets the minimum standard for safe, competent care. The course(s)/ orientation shall cover the entire scope of the authorized advanced specialty area. Content shall include, but not be limited to that which is specified in board guidelines.

(B) The instructor/sponsor must provide written verification of satisfactory completion of the course/orientation on forms provided by the board and assurance that the individual has reviewed current practice-related information pertinent to his/her advanced specialty and role.

§221.11. Identification.

When providing advanced practice nursing care to patients, the advanced practice nurse shall wear clear identification which indicates the individual is a registered nurse with the appropriate advanced practice designation authorized by the board.

§221.12. Scope of Practice.

The advanced practice nurse provides a broad range of health services, the scope of which shall be based upon educational preparation, continued advanced practice experience and the accepted scope of professional practice of the particular specialty area. Advanced practice nurses practice in a variety of settings and, according to their practice specialty and role, they provide a broad range of health care services to a variety of patient populations.

(1) The scope of practice of particular specialty areas shall be defined by national professional specialty organizations or advanced practice nursing organizations recognized by the Board. The advanced practice nurse may perform only those functions which are within that scope of practice and which are consistent with the Nursing Practice Act, Board rules, and other laws and regulations of the State of Texas.

(2) The advanced practice nurse's scope of practice shall be in addition to the scope of practice permitted a registered nurse and does not prohibit the advanced practice nurse from practicing in those areas deemed to be within the scope of practice of a registered nurse.

§221.13. Core Standards for Advanced Practice.

(a) The advanced practice nurse shall know and conform to the Texas Nursing Practice Act; current board rules, regulations, and standards of professional nursing; and all federal, state, and local laws, rules, and regulations affecting the advanced role and specialty area. When collaborating with other health care providers, the advanced practice nurse shall be accountable for knowledge of the statutes and rules relating to advanced practice nursing and function within the boundaries of the appropriate advanced practice category.

(b) The advanced practice nurse shall practice within the advanced specialty and role appropriate to his/her advanced educational preparation.

(c) The advanced practice nurse acts independently and/or in collaboration with the health team in the observation, assessment, diagnosis, intervention, evaluation, rehabilitation, care and counsel, and health teachings of persons who are ill, injured or infirm or experiencing changes in normal health processes; and in the promotion and maintenance of health or prevention of illness.

(d) When providing medical aspects of care, advanced practice nurses shall utilize mechanisms which provide authority for that care. These mechanisms may include, but are not limited to, Protocols or other written authorization. This shall not be construed as requiring authority for nursing aspects of care.

(1) Protocols or other written authorization shall promote the exercise of professional judgment by the advanced practice nurse commensurate with his/her education and experience. The degree of detail within protocols/policies/practice guidelines/clinical practice privileges may vary in relation to the complexity of the situations covered by such Protocols, the advanced specialty area of practice, the advanced educational preparation of the individual, and the experience level of the individual advanced practice nurse.

(2) Protocols or other written authorization:

(A) should be jointly developed by the advanced practice nurse and the appropriate physician(s),

(B) shall be signed by both the advanced practice nurse and the physician(s),

(C) shall be reviewed and re-signed at least annually,

(D) shall be maintained in the practice setting of the advanced practice nurse, and

(E) shall be made available as necessary to verify authority to provide medical aspects of care.

(e) The advanced practice nurse shall retain professional accountability for advanced practice nursing care.

§221.17 Enforcement.

(a) The board may conduct an audit to determine compliance with §221.4 of this chapter (relating to Requirements for Full Authorization to Practice), §221.8 of this chapter (relating to Maintaining Active Authorization as an Advanced Practice Nurse), and §221.16 of this chapter (relating to Provision of Anesthesia Services by Nurse Anesthetists in Outpatient Settings).

(b) Any nurse who violates the rules set forth in this chapter shall be subject to disciplinary action and/or termination of the authorization by the board under Texas Occupations Code, §301.452.

Advanced Practice Nurses with Prescriptive Authority §222

§222.1. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

(1) Advanced health assessment course--A course that offers content supported by related clinical experience such that students gain the knowledge and skills needed to perform comprehensive assessments, including histories and physical examinations, to make diagnoses and formulate effective clinical management plans.

(2) Advanced pathophysiology course--A course that offers content that provides a comprehensive, systems-based study of pathophysiology that provides students with the knowledge and skills to analyze the relationship between normal physiology and pathophysiological phenomena.

(3) Advanced pharmacotherapeutics course--A course that offers advanced content in pharmacokinetics and pharmacodynamics, encompassing a broad range of drug classifications, including the application of drug therapy to the treatment of disease and/or the promotion of health.

(4) Advanced practice registered nurse--A registered nurse who:

(A) has completed a graduate-level education program accredited by an organization recognized by the Board that prepares him/her for one of the four following recognized advanced practice roles:

- (i) nurse anesthetist,
- (ii) nurse-midwife,
- (iii) nurse practitioner; or
- (iv) clinical nurse specialist;

(B) has demonstrated current competence by:

(i) passing a national certification examination recognized by the Board that measures advanced practice role and population-focused competencies and demonstrating continuing competence as evidenced by certification maintenance/recertification in the role and population through a national certification program; or

(ii) meeting requirements set forth by the Board for those advanced practice registered nurses not required by §221.7 of this title (relating to Petitions for Waiver and Exemptions) to hold national certification;

(C) has acquired advanced clinical knowledge and skills preparing him/her to provide direct and indirect care to patients with greater role autonomy;

(D) has been educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems that includes the use and prescription of pharmacologic and non-pharmacologic interventions;

(E) has clinical experiences of sufficient depth and breadth to reflect the area of licensure; and

(F) holds current licensure in one of the four advanced practice roles and a Board-approved population focus area.

- (5) Alternate site--A practice site:
- (A) where the services provided are similar to the services provided at the delegating physician's primary practice site; and
 - (B) located within 75 miles of the delegating physician's residence or primary practice site.
- (6) Board--The Texas Board of Nursing.
- (7) Controlled substance--A substance, including a drug, an adulterant, and a dilutant, listed in Schedules I through V or Penalty Groups 1, 1-A, or 2 through 4 of chapter 481 Texas Health and Safety Code (Texas Controlled Substances Act). The term includes the aggregate weight of any mixture, solution, or other substance containing a controlled substance.
- (8) Dangerous drug--A device or a drug that is unsafe for self-medication and that is not included in schedules I-V or penalty groups I-IV of chapter 481 Texas Health and Safety Code (Texas Controlled Substances Act). The term includes a device or a drug that bears or is required to bear the legend: "Caution: federal law prohibits dispensing without prescription" or "RX only" or another legend that complies with federal law.
- (9) Diagnosis and management course--A course offering both didactic and clinical content in clinical decision-making and aspects of medical diagnosis and medical management of diseases and conditions. Supervised clinical practice must include the opportunity to provide pharmacological and non-pharmacological management of diseases and conditions considered within the scope of practice of the advanced practice registered nurse's population focus area and role.
- (10) Eligible sites--Sites serving medically underserved populations; a physician's primary practice site; an alternate site; or a facility-based practice site.
- (11) Facility-based practice site--A licensed hospital or licensed long term care facility that serves as the practice location for the advanced practice registered nurse.
- (12) Health Manpower Shortage Area--An urban or rural area, population group, or public or nonprofit private medical facility or other facility that the Secretary of the United States Department of Health and Human Services (USDHHS) designates as having a health manpower shortage, as described by 42 USC Section 254e(a)(1) or a successor federal statute or regulation.
- (13) Medically Underserved Area (MUA)--
- (A) An urban or rural area or population group that the Secretary of the United States Department of Health and Human Services (USDHHS) designates as having a shortage of those services as described by 42 USC Section 300e-1(7) or a successor federal statute or regulation; or
 - (B) an area defined as medically underserved by rules adopted by the Texas Department of State Health Services based on demographics specific to this state, geographic factors that affect access to health care, and environmental health factors.
- (14) Physician's primary practice site--

- (A) the practice location at which the physician spends the majority of his/her time;
- (B) a licensed hospital, a licensed long-term care facility, or a licensed adult care center where both the physician and the advanced practice registered nurse are authorized to practice;
- (C) a clinic operated by or for the benefit of a public school district to provide care to the students of that district and the siblings of those students, if consent to treatment at that clinic is obtained in a manner that complies with Chapter 32, Family Code;
- (D) the residence of an established patient;
- (E) another location at which the physician is physically present with the advanced practice registered nurse; and
- (F) provided an advanced practice registered nurse spends at least 50 percent of the time in a setting with the delegating physician, she/he may also prescribe in the following settings:
 - (i) a site in which health care services are provided for established patients only;
 - (ii) a clinic run or sponsored by a nonprofit organization that provides voluntary charity health care services where the advanced practice registered nurse is not remunerated; or
 - (iii) a setting where voluntary health care services are provided during a declared emergency or disaster at a temporary facility operated or sponsored by a governmental entity or nonprofit organization and established to serve persons in this state where the advanced practice registered nurse is not remunerated.

(15) Population focus area--The section of the population with which the advanced practice registered nurse has been licensed to practice by the Board.

(16) Prescribing--Determining the dangerous drugs or controlled substances that shall be used by or administered to a patient exercised in compliance with state and federal law.

(17) Protocols or other written authorization--Written authorization to provide medical aspects of patient care that are agreed upon and signed by the advanced practice registered nurse and the physician, reviewed and signed at least annually, and maintained in the practice setting of the advanced practice registered nurse. Protocols or other written authorization shall be defined to promote the exercise of professional judgment by the advanced practice registered nurse commensurate with his/her education and experience. Such protocols or other written authorization need not describe the exact steps that the advanced practice registered nurse must take with respect to each specific condition, disease, or symptom and may state types or categories of drugs that may be prescribed rather than just list specific drugs.

(18) Shall and must--Mandatory requirements.

(19) Should--A recommendation.

(20) Signing a prescription drug order--Completing a prescription drug order presigned by the delegating physician or the signing of a prescription by an advanced practice registered nurse. The advanced practice registered nurse must be designated to the Texas Medical Board by the delegating physician as a person delegated to sign a prescription.

(21) Site serving a medically underserved population--

(A) a site located in a medically underserved area;

(B) a site located in a health manpower shortage area;

(C) a clinic designated as a rural health clinic under 42 USC 1395x(aa);

(D) a public health clinic or a family planning clinic under contract with the Texas Health and Human Services Commission or the Texas Department of State Health Services;

(E) a site located in an area in which the Texas Department of State Health Services determines there is an insufficient number of physicians providing services to eligible clients of federal, state, or locally funded health care programs; or

(F) a site that the Texas Department of State Health Services determines serves a disproportionate number of clients eligible to participate in federal, state, or locally funded health care programs.

§222.2. Approval for Prescriptive Authority.

(a) Credentials: To be approved by the board to carry out or sign prescription drug orders and issued a prescription authorization number, a Registered Nurse (RN) shall:

(1) have full licensure from the Board to practice as an advanced practice registered nurse. RNs with Interim Approval to practice as advanced practice registered nurses are not eligible for prescriptive authority.

(2) file a complete application for Prescriptive Authority and submit such evidence as required by the Board to verify the following educational qualifications:

(A) To be eligible for Prescriptive Authority, advanced practice registered nurses must have successfully completed graduate level courses in advanced pharmacotherapeutics, advanced pathophysiology, advanced health assessment, and diagnosis and management of diseases and conditions within the role and population focus area.

(i) Nurse Practitioners, Nurse-Midwives and Nurse Anesthetists will be considered to have met the course requirements of this section on the basis of courses completed in the advanced practice nursing educational program.

(ii) Clinical Nurse Specialists shall submit documentation of successful completion of separate, dedicated, graduate level courses in the content areas described in subparagraph (A) of this paragraph. These courses shall

be academic courses with a minimum of 45 clock hours per course from a nursing program accredited by an organization recognized by the Board.

(iii) The Board, by policy, may determine that certain specialties of Clinical Nurse Specialists meet one or more of the course requirements on the basis of the advanced practice nursing educational program.

(B) Clinical Nurse Specialists who were previously approved by the Board as advanced practice registered nurses by petition on the basis of completion of a non-nursing master's degree shall not be eligible for prescriptive authority.

(b) Sites: Prescribing privileges are limited to eligible sites to include sites serving certain medically underserved populations, physician's primary practice sites, alternate sites, and facility-based practice sites.

(c) Exceptions Granted by the Texas Medical Board: Requirements for utilizing prescriptive authority may be modified or waived if a delegating physician has received a modification or waiver from the Texas Medical Board of any site or supervision requirements for a physician to delegate the carrying out or signing of prescription drug orders to the advanced practice registered nurse.

§222.3. Renewal of Prescriptive Authority.

(a) The advanced practice registered nurse shall renew the privilege to sign prescription drug orders in conjunction with the RN and advanced practice license renewal application.

(b) The advanced practice registered nurse seeking to maintain prescriptive authority shall attest, on forms provided by the Board, to completing at least five contact hours of continuing education in pharmacotherapeutics within the preceding biennium.

(c) The continuing education requirement in subsection (b) of this section, shall be in addition to continuing education required under Chapter 216 of this title (relating to Continuing Competency).

§222.4. Minimum Standards for Carrying Out or Signing Prescriptions.

(a) The advanced practice registered nurse with a valid prescription authorization number:

(1) shall sign prescription drug orders for only those drugs that are:

(A) authorized by Protocols or other written authorization for medical aspects of patient care; and

(B) prescribed for patient populations within the accepted scope of professional practice for the advanced practice registered nurse's license; and

(2) shall comply with the requirements for adequate physician supervision published in the rules of the Texas Medical Board relating to Delegation of the Carrying Out or Signing of Prescription Drug Orders to Physician Assistants and Advanced Practice Nurses as well as other applicable laws.

(b) Protocols or other written authorization shall be defined in a manner that promotes the exercise of professional judgement by the advanced practice registered nurse commensurate with the education and experience of that person.

(1) A protocol or other written authorization:

(A) is not required to describe the exact steps that the advanced practice registered nurse must take with respect to each specific condition, disease, or symptom; and

(B) may state types or categories of medications that may be prescribed or contain the types or categories of medications that may not be prescribed.

(2) Protocols or other written authorization shall be:

(A) written, agreed upon and signed by the advanced practice registered nurse and the physician;

(B) reviewed and signed at least annually; and

(C) maintained in the practice setting of the advanced practice registered nurse.

(c) Prescription Information: The format and essential elements of the prescription shall comply with the requirements of the Texas State Board of Pharmacy. The following information must be provided on each prescription:

(1) the patient's name and address;

(2) the name, strength, and quantity of the drug to be dispensed;

(3) directions to the patient regarding taking of the drug and the dosage;

(4) the intended use of the drug, if appropriate;

(5) the name, address, telephone number, and, if the prescription is for a controlled substance, the United States Drug Enforcement Administration number of the delegating physician;

(6) address and telephone number of the site at which the prescription drug order was carried out or signed;

(7) the date of issuance;

(8) the number of refills permitted; and

(9) the name, prescription authorization number, original signature, and, if the prescription is for a controlled substance, the Texas Department of Public Safety and United States Drug Enforcement Administration numbers of the advanced practice registered nurse signing or co-signing the prescription drug order.

(d) Generic Substitution. The advanced practice registered nurse shall authorize or prevent generic substitution on a prescription in compliance with the current rules of the Texas State Board of Pharmacy relating to Generic Substitution.

(e) An advanced practice registered nurse may prescribe medications for sexually transmitted diseases for partners of an established patient, if the advanced practice registered nurse assesses the patient and determines that the patient may have been infected with a sexually transmitted disease. Nothing in this subsection shall be construed to require the advanced practice registered nurse to issue prescriptions for partners of patients.

(f) Advanced practice registered nurses may prescribe only those medications that are FDA approved unless done through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial. "Off label" use, or prescription of FDA-approved medications for uses other than that indicated by the FDA, is permitted when such practices are:

- (1) within the current standard of care for treatment of the disease or condition; and
- (2) supported by evidence-based research.

§222.5. Prescriptions for Dangerous Drugs.

Advanced practice registered nurses with full licensure and valid prescription authorization numbers are eligible to sign prescription drugs orders for dangerous drugs in accordance with the standards and requirements set forth in this chapter.

§222.6. Prescriptions for Controlled Substances.

(a) Advanced practice registered nurses with full licensure and valid prescription authorization numbers are eligible to obtain authority to prescribe certain categories of controlled substances. The advanced practice registered nurse must comply with all federal and state laws and regulations relating to the prescribing of controlled substances in Texas, including but not limited to, requirements set forth by the Texas Department of Public Safety and the United States Drug Enforcement Administration.

(b) Advanced practice registered nurses who authorize or issue prescriptions for controlled substances shall:

- (1) Limit prescriptions for controlled substances to those medications listed in Schedules III through V as established by the commissioner of public health under Chapter 481, Health and Safety Code (Texas Controlled Substances Act);
- (2) Issue prescriptions, including a refill of the prescription, for a period not to exceed 90 days;
- (3) Not authorize the refill of a prescription for a controlled substance beyond the initial 90 days prior to consultation with the delegating physician and notation of the consultation in the patient's chart; and
- (4) Not authorize the prescription of a controlled substance for a child less than two years of age prior to consultation with the delegating physician and notation of the consultation in the patient's chart

(c) Advanced practice registered nurses with valid prescription authorization must comply with all federal and state laws and regulations relating to the prescribing of controlled substances in Texas, including but not limited to, requirements set forth by the Texas Department of Public Safety and the United States Drug Enforcement Administration.

§222.7 Prescribing at Sites Serving Certain Medically Underserved Populations.

When signing prescription drug orders at a site serving a medically underserved population, the advanced practice registered nurse shall:

- (1) maintain Protocols or other written authorization that must be reviewed and signed by both the advanced practice registered nurse and the delegating physician at least annually;
- (2) have access to the delegating physician or alternate delegating physician for consultation, assistance with medical emergencies, or patient referral;
- (3) provide a daily status report to the physician on any problems or complications encountered that are not covered by protocol; and
- (4) be available during on-site visits by the physician which shall occur at least once every 10 business days that the advanced practice registered nurse is on site providing care.

§222.8. Prescribing at Physicians' Primary Practice Sites.

When signing prescription drug orders at a physician's primary practice site, the advanced practice registered nurse shall:

- (1) maintain Protocols or other written authorization that must be reviewed and signed by both the advanced practice registered nurse and the delegating physician at least annually; and
- (2) sign or co-sign prescription drug orders only for those patients with whom the physician has established or will establish a physician-patient relationship although the physician is not required to see the patient within a specified time period.

§222.9. Prescribing at Alternate Sites.

When signing prescription drug orders at an alternate site, the advanced practice registered nurse shall:

- (1) maintain Protocols or other written authorization that must be reviewed and signed by both the advanced practice registered nurse and the delegating physician at least annually;
- (2) be available on-site with the physician at least 10 percent of the hours of operation of the site each month that the advanced practice registered nurse is acting with delegated prescriptive authority; and
- (3) have access to the delegating physician through direct telecommunication for consultation, patient referral, or assistance with a medical emergency.

§222.10. Prescribing at Facility-based Practice Sites.

When signing prescription drug orders at a facility-based practice site, the advanced practice registered nurse shall:

- (1) maintain Protocols or other written authorization developed in accordance with facility medical staff policies and review the authorizing documents with the appropriate medical staff at least annually;
- (2) sign or co-sign prescription drug orders in the facility in which the delegating physician is the medical director, the chief of medical staff, the chair of the credentialing committee, or a department chair; or a physician who consents to the request of the medical director or chief of the medical staff to delegate; and
- (3) sign or co-sign prescription drug orders for the care or treatment of only those patients for whom physicians have given their prior consent.

§222.11. Conditions for Obtaining and Distributing Drug Samples.

The advanced practice registered nurse with a valid prescription authorization number may request, receive, possess and distribute prescription drug samples provided:

- (1) all requirements for the advanced practice registered nurse to sign prescription drug orders are met;
- (2) Protocols or other physician orders authorize the advanced practice registered nurse to sign the prescription drug orders;
- (3) the samples are for only those drugs that the advanced practice registered nurse is eligible to prescribe in accordance with the standards and requirements set forth in this chapter; and
- (4) a record of the sample is maintained and samples are labeled as specified in the Dangerous Drug Act (Health and Safety Code, Chapter 483) or the Controlled Substances Act (Health and Safety Code, Chapter 481) and 37 Texas Administrative Code, Chapter 13.

§222.12. Enforcement.

(a) Any advanced practice registered nurse who violates these sections or prescribes in a manner that is not consistent with the standard of care shall be subject to removal of the authority to prescribe under this section and disciplinary action by the Board under Texas Occupations Code §301.452.

(b) The Board shall report to the Texas Department of Public Safety and the United States Drug Enforcement Administration any of the following:

- (1) Any significant changes in the status of the RN license or advanced practice license;
or

(2) Disciplinary action impacting an advanced practice registered nurse's ability to authorize or issue prescription drug orders.

(c) The practice of the advanced practice registered nurse approved by the Board to sign prescription drug orders is subject to monitoring by the Board on a periodic basis. Repeal and New

Source Note: The provisions of this §222.12 adopted to be effective November 26, 2003, 28 TexReg 10502; amended to be effective February 14, 2010, 35 TexReg 866