

**R156. Commerce, Occupational and Professional Licensing.**

**R156-31b. Nurse Practice Act Rule.**

**R156-31b-101. Title.**

This rule is known as the "Nurse Practice Act Rule".

**R156-31b-102. Definitions.**

In addition to the definitions in Title 58, Chapters 1 and 31b, as defined or used in this rule:

(1) "Academic year", as used in Section R156-31b-601, means three quarters or two semesters or 900 clock hours. A quarter is defined to be equal to ten weeks and a semester is defined to be equal to 14 or 15 weeks.

(2) "Affiliated with an institution of higher education", as used in Subsection 58-31b-601(1), means the general and science education courses required as part of a nursing education program are provided by an educational institution which is approved by the Board of Regents or an equivalent governmental agency in another state or a private educational institution which is regionally accredited by an accrediting board recognized by the U.S. Department of Education; and the nursing program and the institution of higher education are affiliated with each other as evidenced by a written contract or memorandum of understanding.

(3) "APRN" means an advanced practice registered nurse.

(4) "APRN-CRNA" means an advanced practice registered nurse specializing and certified as a certified registered nurse anesthetist.

(5) "Approved continuing education" in Subsection R156-31b-303(3) means:

(a) continuing education that has been approved by a professional nationally recognized approver of health related continuing education;

(b) nursing education courses taken from an approved education program as defined in Subsection R156-31b-102(6);

(c) health related course work taken from an educational institution accredited by a regional or national institutional accrediting body recognized by the U.S. Department of Education; and

(d) training or educational presentations offered by the division.

(6) "Approved education program" as defined in Subsection 58-31b-102(3) is further defined to include any nursing education program located within the state of Utah which meets the standards established in Sections R156-31b-601, 602 and 603; and any nursing education program located outside of Utah which meets the standards established in Section R156-31b-607.

(7) "CCNE" means the Commission on Collegiate Nursing Education.

(8) "CGFNS" means the Commission on Graduates of Foreign Nursing Schools.

(9) "COA", as used in this rule, means the Council of Accreditation of Nurse Anesthesia Education Programs.

(10) "Clinical preceptor", as used in Section R156-31b-608, means an individual who is employed by a clinical health care facility and is chosen by that agency, in collaboration with the Parent Nursing Education-Program, to provide direct, on-site supervision and direction to a nursing student who is engaged in a clinical rotation, and who is accountable to both the clinical agency and the supervisory clinical faculty member.

(11) "Comprehensive nursing assessment", as used in Section R156-31b-704, means an extensive data collection (initial and ongoing) for individuals, families, groups and communities addressing anticipated changes in patient conditions as well as emergent changes in patient's health status; recognizing alterations to previous patient conditions; synthesizing the biological, psychological, spiritual and social aspects of the patient's condition; evaluating the impact of nursing care; and using this broad and complete analysis to make independent decisions and identification of health care needs; plan nursing interventions, evaluate need for different interventions and the need to communicate and consult with other health team members.

(12) "Contact hour" means 60 minutes.

(13) "Delegatee", as used in Sections R156-31b-701 and 701a, means one or more competent persons receiving a delegation who acts in a complementary role to the

delegating nurse, who has been trained appropriately for the task delegated, and whom the delegating nurse authorizes to perform a task that the delegates is not otherwise authorized to perform.

(14) "Delegation" means transferring to delegates the authority to perform a selected nursing task in a selected situation. The delegating nurse retains accountability for the delegation.

(15) "Delegator", as used in Sections R156-31b-701 and 701a, means the nurse making the delegation.

(16) "Diabetes medical management plan (DMMP)", as used in this rule, means an individualized plan that describes the health care services that the student is to receive at school. The plan is developed and signed by the student's parent or guardian and health care team. It provides the school with information regarding how the student will manage diabetes at school on a daily basis. The DMMP shall be incorporated into and shall become a part of the student's IHP.

(17) "Direct supervision" is the supervision required in Subsection 58-31b-306(1)(a)(iii) and means:

(a) the person providing supervision shall be available on the premises at which the supervise is engaged in practice; or

(b) if the supervise is specializing in psychiatric mental health nursing, the supervisor may be remote from the supervise if there is personal direct voice communication between the two prior to prescribing a prescription drug.

(18) "Disruptive behavior", as used in this rule, means conduct, whether verbal or physical, that is demeaning, outrageous, or malicious and that places at risk patient care or the process of delivering quality patient care. Disruptive behavior does not include criticism that is offered in good faith with the aim of improving patient care.

(19) "Equivalent to an approved practical nursing education program", as used in Subsection 58-31b-302(2)(e), means the applicant for licensure as an LPN by equivalency is currently enrolled in an RN education program with full approval status, and has completed course work which is equivalent to the course work of an NLNAC accredited practical nursing program.

(20) "Focused nursing assessment", as used in Section R156-31b-703, means an appraisal of an individual's status and situation at hand, contributing to the comprehensive assessment by the registered nurse, supporting ongoing data collection and deciding who needs to be informed of the information and when to inform.

(21) "Individualized healthcare plan (IHP)", as used in Section R156-31b-701a, means a plan for managing the health needs of a specific student, written and reviewed at least annually by a school nurse. The IHP is developed by a nurse working in a school setting in conjunction with the student and the student's parent or guardian to guide school personnel in the care of a student with medical needs. The plan shall be based on the student's practitioner's orders for the administration of medications or treatments for the student, or the student's DMMP.

(22) "Licensure by equivalency" as used in this rule means licensure as a licensed practical nurse after successful completion of course work in a registered nurse program which meets the criteria established in Sections R156-31b-601 and R156-31b-603.

(23) "LPN" means a licensed practical nurse.

(24) "MA-C" means a medication aide - certified.

(25) "Medication", as used in Sections R156-31b-701 and 701a, means any prescription or nonprescription drug as defined in Subsections 58-17b-102(39) and (61) of the Pharmacy Practice Act.

(26) "NLNAC" means the National League for Nursing Accrediting Commission.

(27) "NCLEX" means the National Council Licensure Examination of the National Council of State Boards of Nursing.

(28) "Non-approved education program" means any foreign nurse education program.

(29) "Nurse", as used in this rule, means an individual licensed under Title 58, Chapter 31b as a licensed practical nurse, registered nurse, advanced practice registered nurse, or advanced practice registered nurse-certified registered nurse anesthetist, or a certified nurse midwife licensed under Title 58, Chapter 44a.

(30) "Nurse accredited", as used in this rule, means accreditation issued by NLNAC, CCNE or COA.

(31) "Other specified health care professionals", as used in Subsection 58-31b-102(15), who may direct the licensed practical nurse means:

- (a) advanced practice registered nurse;
- (b) certified nurse midwife;
- (c) chiropractic physician;
- (d) dentist;
- (e) osteopathic physician;
- (f) physician assistant;
- (g) podiatric physician;
- (h) optometrist;
- (i) naturopathic physician; or
- (j) mental health therapist as defined in Subsection 58-60-102(5).

(32) "Parent academic institution", as used in this rule, means the educational institution which grants the academic degree or awards the certificate of completion.

(33) "Parent nursing education-program", as used in Section R156-31b-607, means a nationally accredited, Board of Nursing approved nursing education program that is providing nursing education (didactic, clinical or both) to a student and is responsible for the education program curriculum, and program and student policies.

(34) "Patient", as used in this rule, means a recipient of nursing care and includes students in a school setting or clients of a health care facility, clinic, or practitioner.

(35) "Patient surrogate", as used in Subsection R156-31b-502(1)(d), means an individual who has legal authority to act on behalf of the patient when the patient is unable to act or decide for himself, including a parent, foster parent, legal guardian, or a person designated in a power of attorney.

(36) "Psychiatric mental health nursing specialty", as used in Subsection 58-31b-302(4)(g), includes psychiatric mental health nurse specialists and psychiatric mental health nurse practitioners.

(37) "Practitioner", as used in Sections R156-31b-701 and 701a, means a person authorized by law to prescribe treatment, medication, or medical devices, and who acts within the scope of such authority.

(38) "RN" means a registered nurse.

(39) "School", as used in Section R156-31b-701a, means any private or public institution of primary or secondary education, including charter schools, pre-school, kindergarten, and special education programs.

(40) "Supervision", as used in this rule, means the provision of guidance and review by a licensed nurse for the accomplishment of a nursing task or activity, including the provision for the initial direction of the task, periodic inspection of the actual act of accomplishing the task or activity, and evaluation of the outcome.

(41) "Supervisory clinical faculty", as used in Section R156-31b-608, means one or more individuals employed by an approved nursing education program who meet the accreditation and Board of Nursing specific requirements to be a faculty member and are responsible for the overall clinical experiences of nursing students and may supervise and coordinate clinical preceptors who provide the actual direct clinical experience.

(42) "Unprofessional conduct" as defined in Title 58, Chapters 1 and 31b, is further defined in Section R156-31b-502.

#### **R156-31b-103. Authority - Purpose.**

This rule is adopted by the division under the authority of Subsection 58-1-106(1)(a) to enable the division to administer Title 58, Chapter 31b.

#### **R156-31b-104. Organization - Relationship to Rule R156-1.**

The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

#### **R156-31b-201. Board of Nursing - Membership.**

In accordance with Subsection 58-31b-201(1), nurses serving as members of the Board shall be:

- (1) six registered nurses, two of whom are actively involved in nursing education;
- (2) one licensed practical nurse; and
- (3) two advanced practice registered nurses.

**R156-31b-202. Advisory Peer Committee created - Membership - Duties.**

(1) In accordance with Subsection 58-1-203(1)(f), there is created the Nursing Education Peer Committee.

(2) The duties and responsibilities of the Nursing Education Peer Committee are to:

- (a) review applications for approval of nursing education programs;
  - (b) advise the board and division regarding standards for approval of nursing education programs; and
  - (c) assist the board and division to conduct site visits of nursing education programs.
- (3) The composition of the Nursing Education Peer Committee shall be:
- (a) five RNs or APRNs actively involved in nursing education; and
  - (b) members of the board may also serve on this committee.

**R156-31b-301. License Classifications - Professional Upgrade.**

Upon issuance and receipt of an increased scope of practice license, the increased licensure supersedes the lesser license which shall automatically expire and must be immediately destroyed by the licensee.

**R156-31b-302a. Qualifications for Licensure - Education Requirements.**

In accordance with Sections 58-31b-302(2)(e) and 58-31b-303, the education requirements for licensure are defined as follows:

(1) Applicants for licensure as a LPN by equivalency shall submit written verification from a registered nurse education program with full approval status, verifying the applicant is currently enrolled and has completed course work which is equivalent to the course work of an NLNAC accredited practical nurse program.

(2) Applicants from foreign education programs who are not currently licensed in another state shall submit a credentials evaluation report from one of the following credentialing services which verifies that the program completed by the applicant is equivalent to an approved practical nurse or registered nurse education program.

(a) Commission on Graduates of Foreign Nursing Schools for an applicant who is applying for licensure as a registered nurse; or

(b) Foundation for International Services, Inc. for an applicant who is applying for licensure as a licensed practical nurse.

**R156-31b-302b. Qualifications for Licensure - Experience Requirements for APRNs Specializing in Psychiatric Mental Health Nursing.**

(1) In accordance with Subsection 58-31b-302(4)(g), the supervised clinical practice in mental health therapy and psychiatric and mental health nursing shall consist of a minimum of 4,000 hours of psychiatric mental health nursing education and clinical practice (including mental health therapy).

(a) 1,000 hours shall be credited for completion of clinical experience in an approved education program in psychiatric mental health nursing.

(b) The remaining 3,000 hours shall:

(i) include a minimum of 1,000 hours of mental health therapy and one hour of face to face supervision for every 20 hours of mental therapy services provided;

(ii) be completed while an employee, unless otherwise approved by the board and division, under the supervision of an approved supervisor; and

(iii) be completed under a program of supervision by a supervisor who meets the requirements under Subsection (3).

(c) At least 2,000 hours must be under the supervision of an APRN specializing in psychiatric mental health nursing. An APRN working in collaboration with a licensed mental health therapist may delegate selected clinical experiences to be supervised by that mental health therapist with general supervision by the APRN.

(2) An applicant who has obtained all or part of the clinical practice hours outside of the state, may receive credit for that experience if it is demonstrated by the applicant that the training completed is equivalent to and in all respects meets the requirements under this section.

(3) An approved supervisor shall verify practice as a licensee engaged in the practice of mental health therapy for not less than 4,000 hours in a period of not less than two years.

(4) Duties and responsibilities of a supervisor include:

(a) being independent from control by the supervisee such that the ability of the supervisor to supervise and direct the practice of the supervisee is not compromised;

(b) supervising not more than three supervisees unless otherwise approved by the division in collaboration with the board; and

(c) submitting appropriate documentation to the division with respect to all work completed by the supervisee, including the supervisor's evaluation of the supervisee's competence to practice.

(5) An applicant for licensure by endorsement as an APRN specializing in psychiatric mental health nursing under the provisions of Section 58-1-302 shall demonstrate compliance with the clinical practice in psychiatric and mental health nursing requirement under Subsection 58-31b-302(4)(g) by demonstrating that the applicant has successfully engaged in active practice in psychiatric mental health nursing for not less than 4,000 hours in the three years immediately preceding the application for licensure.

**R156-31b-302c. Qualifications for Licensure - Examination Requirements.**

(1) An applicant for licensure under Title 58, Chapter 31b shall pass the applicable licensure examination within three years from the date of completion or graduation from a nursing education program or four attempts whichever is sooner. An individual who does not pass the applicable licensure examination within three years of completion or graduation or four attempts is required to complete another approved nursing education program.

(2) In accordance with Section 58-31b-302, the examination requirements for graduates of approved nursing programs are as follows.

(a) An applicant for licensure as an LPN or RN shall pass the applicable NCLEX examination.

(b) An applicant for licensure as an APRN shall pass one of the following national certification examinations consistent with the applicant's educational specialty:

(i) one of the following examinations administered by the American Nurses Credentialing Center Certification:

(A) Adult Nurse Practitioner;

(B) Family Nurse Practitioner;

(C) Pediatric Nurse Practitioner;

(D) Gerontological Nurse Practitioner;

(E) Acute Care Nurse Practitioner;

(F) Clinical Specialist in Medical-Surgical Nursing;

(G) Clinical Specialist in Gerontological Nursing;

(H) Clinical Specialist in Adult Psychiatric and Mental Health Nursing;

(I) Clinical Specialist in Child and Adolescent Psychiatric and Mental Health

Nursing; or

(J) Psychiatric and Mental Health Nurse Practitioner (Adult and Family);

(ii) Pediatric Nursing Certification Board;

(iii) American Academy of Nurse Practitioners;

(iv) the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties;

- (v) the Oncology Nursing Certification Corporation Advanced Oncology Certified Nurse if taken on or before July 1, 2005;
- (vi) one of the following examinations administered by the American Association of Critical Care Nurses Certification Corporation Inc. :
  - (A) the Advanced Practice Certification for the Clinical Nurse Specialist in Acute and Critical Care; or
  - (B) the Acute Care Nurse Practitioner Certification;
- (vii) the national certifying examination administered by the American Midwifery Certification Board, Inc.; or
- (viii) the examination of the Council on Certification of Nurse Anesthetists.
- (3) In accordance with Section 58-31b-303, an applicant for licensure as an LPN or RN from a non-approved nursing program shall pass the applicable NCLEX examination.
- (4)(a) An applicant for certification as an MA-C shall pass the Utah Medication Aide Certification Examination with a score of 75% of greater; and
- (b) the certification examination must be taken within six months of completion of the approved training program and cannot be taken more than two times without repeating an approved training program.
- (5) The examinations required under this Section are national exams and cannot be challenged before the Division.

**R156-31b-302d. Qualifications for Licensure - Criminal Background Checks.**

- (1) In accordance with Subsection 58-31b-302(5), an applicant for licensure under this chapter who is applying for licensure from a foreign country shall meet the fingerprint requirement by submitting:
  - (a) a visa issued within six months of making application to Utah; or
  - (b) a copy of a criminal background check from the country in which the applicant has immigrated, provided the check was completed within six months of making application to Utah.

**R156-31b-303. Renewal Cycle - Procedures.**

- (1) In accordance with Subsection 58-1-308(1), the renewal date for the two year renewal cycle applicable to licensees under Title 58, Chapter 31b, is established by rule in Section R156-1-308.
- (2) Renewal procedures shall be in accordance with Section R156-1-308.
- (3) Each applicant for renewal shall comply with the following continuing competence requirements:
  - (a) An LPN or RN shall complete one of the following during the two years immediately preceding the application for renewal:
    - (i) licensed practice for not less than 400 hours;
    - (ii) licensed practice for not less than 200 hours and completion of 15 contact hours of approved continuing education; or
    - (iii) completion of 30 contact hours of approved continuing education hours.
  - (b) An APRN shall complete the following:
    - (i) be currently certified or recertified in their specialty area of practice; or
    - (ii) if licensed prior to July 1, 1992, complete 30 hours of approved continuing education and 400 hours of practice.
  - (c) An MA-C shall complete eight contact hours of approved continuing education related to medications or medication administration during the two years immediately preceding the application for renewal.

**R156-31b-304. Temporary Licensure.**

A temporary license issued in accordance with Section 58-1-303 to a graduate of a foreign nursing education program may be issued for a period of time not to exceed one year from the date of issuance and shall not be renewed or extended.

**R156-31b-306. Inactive Licensure, Reinstatement or Relicensure.**

(1) In accordance with Subsection 58-1-305(1), an individual seeking activation of an inactive RN or LPN license must document current competency to practice as a nurse as defined in Subsection (3) below.

(2) An individual seeking reinstatement of RN or LPN licensure or relicensure as a RN or LPN in accordance with Subsection R156-1-308g(3)(b), R156-1-308i(3), R156-1-308j(3) and R156-1-308k(2)(c) shall document current competence as defined in Subsection (3) below.

(3) Documentation of current competency to practice as a nurse is established as follows:

(a) an individual who has not practiced as a nurse for five years or less must document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3);

(b) an individual who has not practiced as a nurse for more than five years but less than eight years must pass the required examinations as defined in Section R156-31b-302c within six months prior to making application for licensure or successfully complete an approved re-entry program;

(c) an individual who has not practiced as a nurse for more than eight years but less than 10 years must pass the required examinations as defined in Section R156-31b-302c within six months prior to making application for licensure and successfully complete an approved re-entry program;

(d) an individual who has not practiced as a nurse for 10 years shall repeat an approved nursing education program and pass the required examinations as defined in Section R156-31b-302c within six months prior to making application for licensure.

(4) To document current competency for activation, reinstatement or relicensure as an APRN, an individual must pass the required examinations as defined in Section R156-31b-302c and be currently certified or recertified in the specialty area.

**R156-31b-307. Reinstatement of Licensure.**

(1) In accordance with Section 58-1-308 and Subsection R156-1-308g(3)(b), an applicant for reinstatement of a license which has been expired for five years or less, shall document current compliance with the continuing competency requirements as established in Subsection R156-31b-303(3).

(2) The Division may waive the reinstatement fee for an individual who was licensed in Utah and moved to a Nurse Licensure Compact party state, who later returns to reside in Utah.

**R156-31b-308. Exemption from Licensure.**

In accordance with Subsections 58-1-307(1) and 58-31b-308(1)(a), an individual who provides up to 48 consecutive hours of respite care for a family member, with or without compensation, is exempt from licensure.

**R156-31b-309. Intern Licensure.**

(1) In accordance with Section 58-31b-306, an intern license shall expire the earlier of:

(a) 180 days from the date of issuance, unless the applicant is applying for licensure as an APRN specializing in psychiatric mental health nursing, then the intern license shall be issued for a period of one year and can be extended in one year increments not to exceed five years;

(b) 30 days after notification from the applicant or the examination agency, if the applicant fails the examination; or

(c) upon issuance of an APRN license.

(2) Regardless of the provisions of Subsection (1) of this section, the division in collaboration with the board may extend the term of any intern license upon a showing of extraordinary circumstances beyond the control of the applicant.

(3) It is the professional responsibility of the APRN Intern to inform the Division of examination results within ten calendar days of receipt and to cause to have the examination agency send the examination results directly to the Division.

**R156-31b-310. Licensure by Endorsement.**

(1) In accordance with Section 58-1-302, an individual who moves from a Nurse Licensure Compact party state does not need to hold a current license, but the former home state license must have been in good standing at the time of expiration.

(2) An individual under Subsection (1) who has not been licensed or practicing nursing for three years or more is required to retake the licensure examination to demonstrate good standing within the profession.

(3) An applicant for licensure by endorsement must have a current, active license in another state, or pass the required examinations as defined in Section R156-31b-302c, within six months prior to making application for licensure.

**R156-31b-401. Disciplinary Proceedings.**

(1) An individual licensed as a LPN who is currently under disciplinary action and qualifies for licensure as an RN may be issued an RN license under the same restrictions as the LPN.

(2) A nurse whose license is suspended, may under Subsection 58-31b-401 petition the division at any time that the licensee can demonstrate that the licensee can resume competent practice.

(3) An individual who has had any license issued under Title 58, Chapter 31b revoked or surrendered two times or more as a result of unlawful or unprofessional conduct is ineligible to apply for relicensure.

**R156-31b-402. Administrative Penalties.**

In accordance with Subsections 58-31b-102(1) and 58-31b-402(1), unless otherwise ordered by the presiding officer, the following fine schedule shall apply.

(1) Using a protected title:

initial offense: \$100 - \$300

subsequent offense(s): \$250 - \$500

(2) Using any title that would cause a reasonable person to believe the user is licensed under this chapter:

initial offense: \$50 - \$250

subsequent offense(s): \$200 - \$500

(3) Conducting a nursing education program in the state for the purpose of qualifying individuals for licensure without board approval:

initial offense: \$1,000 - \$3,000

subsequent offense(s): \$5,000 - \$10,000

(4) Practicing or attempting to practice nursing without a license or with a restricted license:

initial offense: \$500 - \$2,000

subsequent offense(s): \$2,000 - \$10,000

(5) Impersonating a licensee, or practicing under a false name:

initial offense: \$500 - \$2,000

subsequent offense(s): \$2,000 - \$10,000

(6) Knowingly employing an unlicensed person:

initial offense: \$500 - \$1,000

subsequent offense(s): \$1,000 - \$5,000

(7) Knowingly permitting the use of a license by another person:

initial offense: \$500 - \$1,000

subsequent offense(s): \$1,000 - \$5,000

(8) Obtaining a passing score, applying for or obtaining a license, or otherwise dealing with the division or board through the use of fraud, forgery, intentional deception, misrepresentation, misstatement, or omission:

initial offense: \$500 - \$2,000

subsequent offense(s): \$2,000 - \$10,000

(9) violating or aiding or abetting any other person to violate any statute, rule, or order regulating nursing:

initial offense: \$500 - \$2,000  
subsequent offense(s): \$2,000 - \$10,000  
(10) violating, or aiding or abetting any other person to violate any generally accepted professional or ethical standard:  
initial offense: \$500 - \$2,000  
subsequent offense(s): \$2,000 - \$10,000  
(11) Engaging in conduct that results in convictions of, or a plea of nolo contendere, or a plea of guilty or nolo contendere held in abeyance to a crime of moral turpitude or other crime:  
initial offense: \$500 - \$2,000  
subsequent offense(s): \$2,000 - \$10,000  
(12) Engaging in conduct that results in disciplinary action by any other jurisdiction or regulatory authority:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000  
(13) Engaging in conduct, including the use of intoxicants, drugs to the extent that the conduct does or may impair the ability to safely engage in practice as a nurse:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000  
(14) Practicing or attempting to practice as a nurse when physically or mentally unfit to do so:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000  
(15) Practicing or attempting to practice as a nurse through gross incompetence, gross negligence, or a pattern of incompetency or negligence:  
initial offense: \$500 - \$2,000  
subsequent offense(s): \$2,000 - \$10,000  
(16) Practicing or attempting to practice as a nurse by any form of action or communication which is false, misleading, deceptive, or fraudulent:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000  
(17) Practicing or attempting to practice as a nurse beyond the individual's scope of competency, abilities, or education:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000  
(18) Practicing or attempting to practice as a nurse beyond the scope of licensure:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000  
(19) Verbally, physically, mentally, or sexually abusing or exploiting any person through conduct connected with the licensee's practice:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000  
(20) Failure to safeguard a patient's right to privacy:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000  
(21) Failure to provide nursing service in a manner that demonstrates respect for the patient's human dignity:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000  
(22) Engaging in sexual relations with a patient:  
initial offense: \$5,000 - \$10,000  
subsequent offense(s): \$10,000  
(23) Unlawfully obtaining, possessing, or using any prescription drug or illicit drug:  
initial offense: \$200 - \$1,000  
subsequent offense(s): \$500 - \$2,000

- (24) Unauthorized taking or personal use of nursing supplies from an employer:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000
- (25) Unauthorized taking or personal use of a patient's personal property:  
initial offense: \$200 - \$1,000  
subsequent offense(s): \$500 - \$2,000
- (26) Knowingly entering false or misleading information into a medical record or altering a medical record:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000
- (27) Unlawful or inappropriate delegation of nursing care:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000
- (28) Failure to exercise appropriate supervision:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000
- (29) Employing or aiding and abetting the employment of unqualified or unlicensed person to practice:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000
- (30) Failure to file or impeding the filing of required reports:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000
- (31) Breach of confidentiality:  
initial offense: \$200 - \$1,000  
subsequent offense(s): \$500 - \$2,000
- (32) Failure to pay a penalty:  
Double the original penalty amount up to \$10,000
- (33) Prescribing a schedule II-III controlled substance without a consulting physician or outside of a consultation and referral plan:  
initial offense: \$500 - \$1,000  
subsequent offense(s): \$500 - \$2,000
- (34) Failure to confine practice within the limits of competency:  
initial offense: \$500 - \$1,000  
subsequent offense(s): \$500 - \$2,000
- (35) Any other conduct which constitutes unprofessional or unlawful conduct:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000
- (36) Engaging in a sexual relationship with a patient surrogate:  
initial offense: \$1,000 - \$5,000  
subsequent offense(s): \$5,000 - \$10,000
- (37) Engaging in practice in a disruptive manner:  
initial offense: \$100 - \$500  
subsequent offense(s): \$200 - \$1,000.

**R156-31b-502. Unprofessional Conduct.**

- (1) "Unprofessional conduct" includes:
  - (a) failing to destroy a license which has expired due to the issuance and receipt of an increased scope of practice license;
  - (b) a RN issuing a prescription for a prescription drug to a patient except in accordance with the provisions of Section 58-17b-620, or as may be otherwise provided by law;
  - (c) failing as the nurse accountable for directing nursing practice of an agency to verify any of the following:
    - (i) that standards of nursing practice are established and carried out so that safe and effective nursing care is provided to patients;

(ii) that guidelines exist for the organizational management and management of human resources needed for safe and effective nursing care to be provided to patients;  
(iii) nurses' knowledge, skills and ability and determine current competence to carry out the requirements of their jobs;

(d) engaging in sexual contact with a patient surrogate concurrent with the nurse/patient relationship unless the nurse affirmatively shows by clear and convincing evidence that the contact:

(i) did not result in any form of abuse or exploitation of the surrogate or patient; and

(ii) did not adversely alter or affect in any way:

(A) the nurse's professional judgment in treating the patient;

(B) the nature of the nurse's relationship with the surrogate; or

(C) the nurse/patient relationship; and

(e) engaging in disruptive behavior in the practice of nursing.

(2) In accordance with a prescribing practitioner's order and an IHP, a nurse who follows the delegation rule as provided in Sections R156-31b-701 and R156-31b-701a and delegates or trains an unlicensed assistive personnel to administer medications under Sections 53A-11-601, R156-31b-701 and R156-31b-701a shall not be considered to have engaged in unprofessional conduct for inappropriate delegation.

**R156-31b-601. Standards for Parent Academic Institution Offering Nursing Education Program.**

In accordance with Subsection 58-31b-601(2), the minimum standards that a parent academic institution offering a nursing education program must meet to qualify graduates for licensure under this chapter are as follows.

(1) The parent academic institution shall be legally authorized by the State of Utah to provide a program of education beyond secondary education.

(2) The parent academic institution shall admit as students only persons having a certificate of graduation from a school providing secondary education or the recognized equivalent of such a certificate.

(3) At least 10 percent of the parent academic institution's revenue shall be from sources that are not derived from funds provided under title IV, HEA program funds or student fees, including tuition if a proprietary school.

(4) In addition to the standards established in Subsections (1), (2), and (3) above, a parent education institution offering a nursing education program leading toward licensure as an LPN shall:

(a) be accredited or preaccredited by a regional or national professional accrediting body approved by the U.S. Department of Education, and recognized by the nurse accrediting body from which the nursing program will seek nurse accreditation; and

(b) provide not less than one academic year program of study that leads to a certificate or recognized educational credential.

(5) In addition to the standards established in Subsections (1), (2), and (3) above, a parent education institution offering a nursing education program leading toward licensure as an RN shall:

(a) be accredited or preaccredited by a regional or national professional accrediting body approved by the U.S. Department of Education, and recognized by the nurse accrediting body from which the nursing program will seek nurse accreditation; and

(b) provide or require not less than a two academic year program of study that awards a minimum of an associate degree.

(6) In addition to the standards established in Subsections (1), (2), and (3) above, a parent education institution offering a nursing education program leading toward licensure as an APRN or APRN-CRNP shall:

(a) be accredited or preaccredited by a regional or national professional accrediting body approved by the U.S. Department of Education and recognized by the nurse accrediting body from which the nursing program will seek nurse accreditation;

(b) admit as students, only persons having completed at least an associate degree in nursing or baccalaureate degree in a related discipline; and

(c) provide or require not less than a two academic year program of study that awards a minimum of a master's degree.

**R156-31b-602. Categories of Nursing Education Programs Approval Status.**

(1) Full approval status of a nursing program shall be granted and maintained by adherence to the following:

(a) current accreditation by the NLNAC, CCNE, or COA; and

(b) compliance with the standards established in Sections R156-31b-601 and 603 and the nurse accrediting body in which the program chooses to become accredited.

(2) The Division may place on probationary approval status a nursing education program for a period not to exceed three years provided the program:

(a) is located or available within the state;

(b) is found to be out of compliance with the standards for approval to the extent that the ability of the program to competently educate nursing students is impaired; and

(c) provides a plan of correction which is reasonable and includes an adequate safeguard of the student and public.

(3) The Division may grant provisional approval status to a nursing education program for a period not to exceed two years after the date of the first graduating class, provided the program:

(a) is located or available within the state;

(b) is newly organized;

(c) meets all standards established in Sections R156-31b-601 and 603; and

(d) is progressing in a timely manner to qualify for full approval status by obtaining accreditation from a nurse accrediting body.

(4)(a) A nursing education program seeking accreditation from NLNAC shall demonstrate progression toward accreditation and qualifying for full approval status by becoming a Candidate for Accreditation by the NLNAC no later than six months from the date of the first day a nursing course is offered.

(b) A program that fails to obtain NLNAC Candidacy Status as required in this Subsection shall:

(i) immediately cease accepting any new students;

(ii) the approval status of the program shall be changed to "Probationary" and if the program fails to become a Candidate for NLNAC accreditation within one year from the date of the first day a nursing course is offered, the program shall cease operation at the end of the current academic term such as at the end of the current semester or quarter; and

(iii) a nursing education program that ceases operation under this Subsection, is eligible to submit a new application for approval status of a nursing education program to the Division for review and action no sooner than one calendar year from the date the program ceased operation.

(5) A nursing education program that has been granted provisional approval status and fails to become accredited by a nurse accrediting body within two years of the first graduating class, shall cease operation at the end of the two year period of time and the academic term, such as a semester or quarter, of that time period.

(6) After receiving notification from a nurse accrediting body of a failed site visit or denied application for accreditation by the nurse accrediting body, a nursing education program on provisional approval status shall:

(i) notify the Division and Board within 10 days of being notified of the failed site visit or denied application for accreditation;

(ii) cease operation at the end of the current academic term; and

(iii) be eligible to submit a new application for approval status of a nursing education program to the Division for review and action no sooner than one calendar year from the date the program ceased operation.

(7)(a) A nursing education program on provisional approval status shall schedule a nurse accreditation site visit no later than one calendar year from the graduation date of the first graduating class.

- (b) A program that fails to schedule a site visit within one year of the first graduating class shall:
  - (i) cease to accept any new students;
  - (ii) no later than two years after the first graduating class, cease operation;and
  - (iii) if ceasing operation under this Subsection, be eligible to submit a new application for approval status of a nursing education program to the Division for review and action no sooner than one calendar year from the date the program ceased operation.

**R156-31b-603. Nursing Education Program Standards.**

In accordance with Subsection 58-31b-601(2), the minimum standards that a nursing education program must meet to qualify graduates for licensure under this chapter are set forth as follows.

- (1) A nursing education program shall meet the following standards:
  - (a) purposes and outcomes shall be consistent with the Nurse Practice Act and Rule and other relevant state statutes;
  - (b) purposes and outcomes shall be consistent with generally accepted standards of nursing practice appropriate for graduates of the type of nursing program offered;
  - (c) consumer input shall be considered in developing and evaluating the purpose and outcomes of the program;
  - (d) the program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement;
  - (e) the curriculum shall provide diverse, integrated didactic and clinical learning experiences across the lifespan, consistent with program outcomes;
  - (f) the faculty and students shall participate in program planning, implementation, evaluation, and continuous improvement;
  - (g) the nursing program administrator shall be professionally and academically qualified as a registered nurse with institutional authority and administrative responsibility for the program;
  - (h) professionally and academically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement;
  - (i) fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes;
  - (j) program information communicated by the nursing program shall be fair, accurate, complete, consistent, and readily available;
  - (k) the program shall meet all the criteria established in this rule;
  - (l) the program shall be an integral part of a parent academic institution which is accredited by an accrediting body that is recognized by the U.S. Secretary of Education; and
  - (m) the program shall require students to obtain general education, pre-requisite, and co-requisites courses from a regionally accredited institution of higher education, or have in place an articulation agreement with a regionally accredited institution of higher education; a current approved program has until January 1, 2010 to come into compliance with this standard.
- (2) A comprehensive nursing education program evaluation shall be performed annually for quality improvement and shall include but not be limited to:
  - (a) students' achievement of program outcomes;
  - (b) evidence of adequate program resources including fiscal, physical, human, clinical and technical learning resources, and the availability of clinical sites and the viability of those sites to meet the objectives of the program;
  - (c) multiple measures of program outcomes for graduates such as NCLEX pass rate, student and employer survey, and successful completion of national certification programs;
  - (d) evidence that accurate program information for consumers is readily available;
  - (e) evidence that the head of the academic institution and the administration support program outcomes;

(f) evidence that the program administrator and program faculty meet board qualifications and are sufficient to achieve program outcomes; and

(g) evidence that the academic institution assures security of student information.

(3) The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and standards of nursing practice consistent with the level of licensure. The curriculum shall include:

(a) content regarding legal and ethical issues, history and trends in nursing and health care, and professional responsibilities;

(b) experiences that promote the development of leadership and management skills and professional socialization consistent with the level of licensure, including the demonstration of the ability to supervise others and provide leadership of the profession;

(c) learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan;

(d) coursework including, but not limited to:

(i) content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice;

(ii) didactic content integrated with supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the life span and in a variety of clinical settings, to include:

(A) using informatics to communicate, manage knowledge, mitigate error and support decision making;

(B) employing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care;

(C) providing patient-centered, culturally competent care:

(1) respecting patient differences, values, preferences and expressed needs;

(2) involving patients in decision-making and care management;

(3) coordinating and managing continuous patient care; and

(4) promoting healthy lifestyles for patients and populations;

(D) working in interdisciplinary teams to cooperate, collaborate, communicate and integrate patient care and health promotion; and

(E) participating in quality improvement processes to measure patient outcomes, identify hazards and errors, and develop changes in processes of patient care;

(e) supervised clinical practice which includes development of skill in making clinical judgments, management and care of groups of patients, experience with interdisciplinary teamwork, working with families in the provision of care, managing crisis situations, and delegation to and supervision of other health care providers:

(i) clinical experience shall be comprised of sufficient hours, shifts, variety of populations, and hands-on practice to meet these standards, and ensure students' ability to practice at an entry level;

(ii) no more than 25% of the clinical hours can be obtained in a nursing skills laboratory, or by clinical simulation or virtual clinical excursions;

(iii) all student clinical experiences, including those with preceptors, shall be supervised by qualified nursing faculty at a ratio of not more than 10 students to one faculty member unless the experience includes students working with preceptors who can be supervised at a ratio of not more than 15 students to one faculty member; and

(iv) nursing faculty, must be on-site with students during all fundamental, medical-surgical and acute care clinical experiences;

(f)(i) clinical preceptors may be used to enhance faculty-directed clinical learning experiences after a student has completed didactic and clinical instruction in all foundational courses including introduction to nursing, fundamentals, medical-surgical, obstetrics, and pediatrics. Therefore, clinical preceptors shall not be utilized in LPN nursing programs.

(ii) a clinical preceptor shall:

- (A) demonstrate competencies related to the area of assigned clinical teaching responsibilities;
- (B) serve as a role model and educator to the student;
- (C) be licensed as a nurse at or above the level for which the student is preparing;
- (D) not be used to replace clinical faculty;
- (F) be provided with a written document defining the functions and responsibilities of the preceptor;
- (G) confer with the clinical faculty member and student for monitoring and evaluating learning experiences, but the clinical faculty member shall retain responsibility for student learning; and
- (H) not supervise more than two students during any one scheduled work time or shift; and
- (g) delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and objectives of the educational program and standards of the division.
- (4) Students rights and responsibilities:
  - (a) opportunities to acquire and demonstrate the knowledge, skills and abilities for safe and effective nursing practice, in theory and clinical experience with faculty oversight shall be provided to students;
  - (b) all policies shall be written and available to students;
  - (c) students shall be required to meet the health standards and criminal background checks as required in Utah;
  - (d) students shall receive faculty instruction, advisement and oversight;
  - (e) students shall maintain the integrity of their work;
  - (f) (i) an applicant accepted into a nursing education program that has received provisional approval status from the Division, must sign a disclaimer form indicating the applicant's knowledge of the provisional approval status of the program, and the lack of a guarantee that the program will achieve national nursing accreditation and full approval status from the Division; and
  - (ii) the disclaimer shall also contain a statement regarding the lack of a guarantee that the credit received from the provisionally approved program will be accepted by or transferable to another educational facility; and
  - (g) an applicant accepted into a nursing education program or a student of a nursing education program that is on or receives probationary approval status from the Division, must sign a disclaimer form indicating the applicant or student has knowledge of the program's probationary approval status, and the lack of a guarantee that the program will maintain any approval status or will be able to offer the complete program.
- (5) An administrator of a nursing education program shall meet the following requirements:
  - (a) a program preparing an individual for licensure as an LPN:
    - (i) have a current, active, unencumbered RN or APRN license or multistate privilege to practice nursing in Utah;
    - (ii) have a minimum of an earned graduate degree with a major in nursing, or a baccalaureate degree in nursing and an earned doctoral degree in a related discipline from a nurse accredited education program or regionally accredited institution;
    - (iii) have academic preparation in curriculum and instruction;
    - (iv) have at least three years of experience teaching in an accredited nursing education program;
    - (v) have knowledge of current LPN practice; and
    - (vi) have adequate time to fulfill the role and responsibilities of a program administrator;
  - (b) a program preparing an individual for licensure as an RN:
    - (i) have a current, active, unencumbered RN or APRN license or multistate privilege to practice nursing in Utah;
    - (ii)(A) associate degree program: have a minimum of an earned graduate degree with a major in nursing from a nurse accredited education program;

(B) baccalaureate degree program: have a minimum of an earned graduate degree in nursing and an earned doctorate in nursing or a related discipline from a nurse accredited program or regionally accredited institution;

(iii) have academic preparation in curriculum and instruction;

(iv) have at least three years of experience teaching in an accredited nursing education program;

(v) have knowledge of current RN practice; and

(vi) have adequate time to fulfill the role and responsibilities of a program administrator;

(c) a program preparing an individual for licensure as an APRN:

(i) have a current, active, unencumbered RN or APRN license or multistate privilege to practice nursing in Utah;

(ii) have a minimum of an earned graduate degree with a major in nursing and an earned doctorate in nursing or a related discipline from a nurse accredited program or regionally accredited institution;

(iii) have academic preparation in curriculum and instruction;

(iv) have at least three years of experience teaching in an accredited nursing education program;

(v) have knowledge of current nursing practice;

(vi) have adequate time to fulfill the role and responsibilities of a program administrator; and

(v) if the program administrator is not a licensed APRN, then the program must also have a director that meets the qualifications of Subsection (d) below;

(d) the director of a graduate program preparing an individual for licensure as an APRN shall meet the following requirements:

(i) have a current, active, unencumbered APRN license or multistate privilege to practice as an APRN in Utah;

(ii) have a minimum of an earned graduate degree with a major in nursing in an APRN role and specialty from a nurse accredited program;

(iii) have educational preparation in curriculum and instruction;

(iv) have at least three years of experience teaching in an accredited nursing education program;

(v) have knowledge of current APRN practice; and

(vi) have adequate time to fulfill the role and responsibilities of a program director.

(6) The qualifications for nursing faculty who teach didactic, clinical, or in a skills practice laboratory, in a nursing education program shall include:

(a) a program preparing an individual for licensure as an LPN:

(i) have a current, active, unencumbered RN or APRN license or multistate privilege to practice nursing in Utah;

(ii) have a baccalaureate degree in nursing or an earned graduate degree with a major in nursing from a nurse accredited program, the majority of faculty (at least 51%) shall have an earned graduate degree with a major in nursing from a nurse accredited program;

(iii) have at least two years of clinical experience;

(iv) (A) have educational preparation in curriculum and instruction; or

(B) have at least three years of experience teaching in an accredited nursing education program; and

(v) the majority of faculty shall have documented educational preparation as specified in Subsection (iv)(A) above;

(b) a program preparing an individual for licensure as an RN:

(i) have a current, active, unencumbered RN or APRN license or multistate privilege to practice nursing in Utah;

(ii) have an earned graduate degree with a major in nursing from a nurse accredited program or be currently enrolled in a graduate level accredited nursing education program with graduation from the program no later than three years from the date of hire;

(iii) have at least two years of clinical experience;

- (iv) (A) have educational preparation in curriculum and instruction; or
- (B) have at least three years of experience teaching in an accredited nursing education program; and
- (v) the majority of faculty shall have documented educational preparation as specified in Subsection (iv)(A) above;
- (c) a program preparing an individual for licensure as an APRN:
  - (i) have a current, active, unencumbered APRN license or multistate privilege to practice nursing in Utah;
  - (ii) have an earned graduate degree with a major in nursing in an APRN role and specialty from a nurse accredited program or regionally accredited institution; the majority of the faculty shall have an earned doctorate from a regionally accredited institution;
  - (iii) have at least two years of clinical experience practicing as an APRN;
- (iv)(A) have educational preparation in curriculum and instruction; or
- (B) have at least three years of experience teaching in an accredited nursing education program; and
- (v) the majority of faculty shall have documented educational preparation as specified in Subsection (iv)(A) above.
- (7) At the time this Rule becomes effective, any currently employed nursing program administrator or faculty member who does not meet the criteria established in Subsection (5) or (6), shall have until July 1, 2011 to meet the criteria.
- (8) Adjunct clinical faculty, except clinical associates, employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching. A clinical associate is a staff member of a health care facility with an earned graduate degree or a student currently enrolled in a graduate nursing education program, who is given release time from the facility to provide clinical supervision to other students. The clinical associate is supervised by a graduate prepared mentor faculty member.
- (9) Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to the area of content.
- (10) A nursing education program preparing graduates for licensure as either an LPN or RN must maintain an average pass rate on the applicable NCLEX examination that is no more than 5% below the national average pass rate for the same time period.
- (11) A program that has received full approval status from the Division in collaboration with the board and is accredited by either CCNE or NLNAC:
  - (a) if the low NCLEX pass rate occurs twice, either after two consecutive graduation cycles or over a two year period of time, the program shall be issued a letter of warning by the Division in collaboration with the Board, and within 30 days from the date of the letter of warning, the program administrator shall submit a written remediation plan to the Board for approval;
  - (b) if the low NCLEX pass rate occurs three times either after three consecutive graduation cycles or over a two year period of time, the program administrator shall schedule and participate in a meeting with the Board to discuss the approved remediation plan and its implementation, and the program's approval status shall be changed to "Probationary"; and
  - (c) if the low NCLEX pass rate occurs four times either after four consecutive graduation cycles or over a two year period of time, the program shall cease accepting new students;
    - (i) if the program is unable to raise the pass rate to the required level after five consecutive graduation cycles or over a two year period of time, the program shall cease operation at the end of the current academic timeframe such as at the end of the current semester or quarter; and
    - (ii) a nursing education program that ceases to operate under this Subsection, may submit a new application for approval status of a nursing education program to the Division for review and action no sooner than one year from the date the program ceases to operate.

(12) A program that has been granted provisional approval status by the Division in collaboration with the Board, but has not received either CCNE or NLNAC accreditation:

(a) if a low NCLEX pass rate occurs after any one graduation cycle, the program shall be issued a letter of warning by the Division in collaboration with the Board, and within 30 days from the date of the letter of warning, the program administrator shall submit a written remediation plan to the Board for approval;

(b) if the low NCLEX pass rate occurs twice, either after two consecutive graduation cycles, or a two year period of time, the program administrator shall schedule and participate in a meeting with the Board to discuss the approved remediation plan and its implementation and the program's approval status shall be changed to "Probationary"; and

(c) if the low NCLEX pass rate occurs three times either after three consecutive graduation cycles or over a two year period of time, the program shall cease accepting new students;

(i) if the program is unable to raise the pass rate to the required level after four consecutive graduation cycles or over a two year period of time, the program shall cease operation at the end of the current academic timeframe such as at the end of the current semester or quarter; and

(ii) a nursing education program that ceases operation under this Subsection, may submit a new application for approval status of a nursing education program to the Division for review and action no sooner than one year from the date the program ceases to operate.

(13) Additional required components of graduate education programs, including post-masters certificate programs, leading to APRN licensure include:

(a) each student enrolled shall be licensed or have a multistate privilege to practice as an RN in Utah;

(b) the curriculum shall be consistent with nationally recognized APRN roles and specialties and shall include:

(i) graduate level advanced practice nursing core courses including legal, ethical and professional responsibilities of the APRN, advanced pathophysiology, advanced health assessment, pharmacotherapeutics, and management and treatment of health care status; and

(ii) coursework focusing on the APRN role and specialty;

(c) dual track APRN graduate programs (preparing for two specialties) shall include content and clinical experience in both functional roles and specialties;

(d) instructional track/major shall have a minimum of 500 hours of supervised clinical experience directly related to the recognized APRN role and specialty;

(e) specialty tracks that provide care to multiple age groups and care settings shall require additional hours distributed in a manner that represents the populations served;

(f) there shall be provisions for the recognition of prior learning and advanced placement in the curriculum for individuals who hold a masters degree in nursing who are seeking preparation in a different role and specialty;

(g) post-masters nursing students shall complete the requirements of the APRN masters program through a formal graduate level certificate or master level track in the desired role and specialty;

(i) a program offering a post-masters certificate in a specialty area must also offer a master degree course of study in the same specialty area; and

(ii) post-master students must master the same APRN outcome criteria as the master level students and are required to complete a minimum of 500 supervised clinical hours; and

(h) a lead faculty member who is educated and nationally certified in the same specialty area and licensed as an APRN or possessing an APRN multistate privilege shall coordinate the educational component for the role and specialty in the APRN program.

**R156-31b-604. Nursing Education Program - Disciplinary Action.**

(1) The Division, in collaboration with the Board, may conduct an administrative hearing or issue a Memorandum of Understanding and Order placing a nursing program on probationary status for any of the following reasons:

- (a) change in nurse accreditation status;
- (b) failure to maintain the standards established by the nurse accreditation bodies such as receiving significant deficiencies during a review as evidenced by conditions being placed on the program;
- (c) failure to maintain the standards established in this rule;
- (d) pass rate of more than 5% below the national average;
- (e) low graduation rate defined as the percent of first-time, degree seeking students who graduate longer than 150% of the designated time for graduation;
- (f) sudden, high, or frequent faculty attrition;
- (g) frequent program administrator turnover;
- (h) national certification pass rate less than 80%; and
- (i) implementation of a new education program, or an outreach or satellite nursing education program without prior notification to the Division.

(2) The Division, in collaboration with the Board, may take any of the following actions upon a nursing education program:

- (a) issue an Order changing the approval status of the program;
- (b) limit or restrict enrollment of new students or require the program to cease accepting new students within a specified timeframe;
- (c) require the program director to meet with the Board or its designee, and present a remediation plan to correct any problems within a specified time frame;
- (d) establish specific criteria that must be met within a specific length of time;
- (e) withdraw approval status; or
- (f) issue a cease and desist Order.

(3) Any adjudicative proceeding in regards to a nursing education program shall be classified as a formal adjudicative proceeding and shall comply with Title 63G, Chapter 4, the Utah Administrative Procedures Act.

**R156-31b-605. Nursing Education Program Notification of Change.**

(1) Educational institutions wishing to begin a new nursing education program shall submit an application to the division for approval status at least one year prior to the implementation of the program.

(2) An approved program that expands onto a satellite campus or implements an outreach program shall notify the Division at least one semester before the intended change.

**R156-31b-606. Nursing Education Program Surveys.**

(1) The Division shall conduct an annual survey of nursing education programs to monitor compliance with this rule. The survey may include the following:

- (a) a copy of the program's annual report to a nurse accrediting body;
- (b) a copy of any changes submitted to any nurse accrediting body; and
- (c) a copy of any accreditation self study summary report.

(2) Programs which have been granted provisional approval status shall submit to the Division a copy of all correspondence between the program and the nurse accrediting body within 10 days of receipt or submission.

**R156-31b-607. Approved Nursing Education Programs Located Outside of Utah.**

(1) In accordance with Section 58-31b-302, an approved nursing education program located outside of Utah must meet the following requirements in order for a graduate to meet the educational requirement for licensure in this state:

- (a) be accredited by the CCNE, NLNAC or COA; or
- (b) be approved by the Board of Nursing or an equivalent agency in the state in which the nursing education program is offered.

**R156-31b-608. Standards for Out-of-State Programs Providing Clinical Experiences in Utah.**

In accordance with Subsection 58-31b-601(2), the minimum standards that a nursing education program which is located outside the state must meet to allow students to obtain clinical experiences in Utah are set forth as follows.

(1) An entry level distance learning nursing education program which leads to licensure utilizing precepted clinical experiences in Utah must meet the following criteria:

(a) parent nursing education-program must be Board of Nursing approved in the state of primary location (business), be nationally accredited by either NLNAC, CCNE, or COA, and must be affiliated with an institution of higher education;

(b) parent nursing education-program clinical faculty supervisor must be licensed in Utah or a Compact state;

(c) preceptors within the health care facilities must be licensed in good standing, in Utah or a Compact State;

(d) parent nursing education-program must have a contract with the Utah health care facilities that provide the clinical sites; and

(e) parent nursing education-program must document compliance with the above stated criteria, along with a request to be approved to have a student who is exempt from licensure under Subsection 58-1-307(c).

(2) A nursing education program located in another state that desires to use Utah health care facilities for clinical experiences for one or more students must meet the following criteria:

(a) be approved by the home state Board of Nursing, be nationally accredited by NLNAC, CCNE, or COA and be affiliated with an institution of higher education;

(b) clinical faculty must be employed by the nursing education program, meet the requirements to be a faculty member as established by the accrediting body and the program's Board of Nursing, and must be licensed, in good standing in Utah or a Compact state;

(c) preceptors within the health care facilities must be licensed, in good standing, in Utah or a Compact state;

(d) have a contract with the Utah health care facilities that provide the clinical sites;

(e) submit an annual report on forms provided by the Division of Occupational and Professional Licensing and Utah Board of Nursing; and

(f) document compliance with the above stated criteria, along with a request to be approved to have a student(s) who is exempt from licensure under Subsection 58-1-307(c).

(3) A distance learning didactic nursing education program with a Utah based postsecondary school which provides tutoring services, facilitates clinical site selection, and provides clinical site faculty must meet the following criteria:

(a) parent nursing education-program must be approved by the Board of Nursing in the state of primary location (business), be nationally accredited by NLNAC, CCNE, or COA and must be affiliated with an institution of higher education;

(b) a formal contract must be in place between the parent nursing education-program and the Utah postsecondary school;

(c) parent nursing education-program and Utah postsecondary school must submit an application for program approval status by the Division of Occupational and Professional Licensing in collaboration with the Board of Nursing in Utah, utilizing the parent-program's existing curriculum. Approval status is granted to the parent nursing education-program, not to the postsecondary school;

(d) clinical faculty must be employed by the parent nursing education-program (this can be as a contractual faculty member), meet the requirements to be a faculty member as established by the accrediting body and the parent nursing education-program's Board of Nursing, and must be licensed, in good standing in Utah or a Compact state;

(e) clinical faculty supervisor(s) located at the parent nurse education-program must be licensed, in Utah or a Compact state;

(f) parent nursing education-program shall be responsible for conducting the nursing education program, the program's policies and procedures, and the selection of the students;

(g) parent nursing education-program must have a contract with the Utah health care facilities that provide the clinical sites; and

(h) the parent nursing education-program shall submit an annual report on forms provided by the Division of Occupational and Professional Licensing and Utah Board of Nursing.

**R156-31b-701. Delegation of Nursing Tasks.**

In accordance with Subsection 58-31b-102(14)(g), the delegation of nursing tasks is further defined, clarified, or established as follows:

(1) The nurse delegating tasks retains the accountability for the appropriate delegation of tasks and for the nursing care of the patient. The licensed nurse shall not delegate any task requiring the specialized knowledge, judgment and skill of a licensed nurse to an unlicensed assistive personnel. It is the licensed nurse who shall use professional judgment to decide whether or not a task is one that must be performed by a nurse or may be delegated to an unlicensed assistive personnel. This precludes a list of nursing tasks that can be routinely and uniformly delegated for all patients in all situations. The decision to delegate must be based on careful analysis of the patient's needs and circumstances.

(2) The licensed nurse who is delegating a nursing task shall:

(a) verify and evaluate the orders;

(b) perform a nursing assessment, including an assessment of:

(i) the patient's nursing care needs including, but not limited to, the complexity and frequency of the nursing care, stability of the patient, and degree of immediate risk to the patient if the task is not carried out;

(ii) the delegatee's knowledge, skills, and abilities after training has been provided;

(iii) the nature of the task being delegated including the degree of complexity, irreversibility, predictability of outcome, and potential for harm;

(iv) the availability and accessibility of resources, including appropriate equipment, adequate supplies, and other appropriate health care personnel to meet the patient's nursing care needs; and

(v) the availability of adequate supervision of the delegatee.

(c) act within the area of the nurse's responsibility;

(d) act within the nurse's knowledge, skills and ability;

(e) determine whether the task can be safely performed by a delegatee or whether it requires a licensed health care provider;

(f) determine that the task being delegated is a task that a reasonable and prudent nurse would find to be within generally accepted nursing practice;

(g) determine that the task being delegated is an act consistent with the health and safety of the patient;

(h) verify that the delegatee has the competence to perform the delegated task prior to performing it;

(i) provide instruction and direction necessary to safely perform the specific task; and

(j) provide ongoing supervision and evaluation of the delegatee who is performing the task;

(k) explain the delegation to the delegatee and that the delegated task is limited to the identified patient within the identified time frame;

(l) instruct the delegatee how to intervene in any foreseeable risks that may be associated with the delegated task; and

(m) if the delegated task is to be performed more than once, establish a system for ongoing monitoring of the delegatee.

(3) The delegator shall evaluate the situation to determine the degree of supervision required to ensure safe care.

(a) The following factors shall be evaluated to determine the level of supervision needed:

(i) the stability of the condition of the patient;

(ii) the training, capability, and willingness of the delegatee to perform the delegated task;

(iii) the nature of the task being delegated; and

(iv) the proximity and availability of the delegator to the delegatee when the task will be performed.

(b) The delegating nurse or another qualified nurse shall be readily available either in person or by telecommunication. The delegator responsible for the care of the patient shall make supervisory visits at appropriate intervals to:

(i) evaluate the patient's health status;

(ii) evaluate the performance of the delegated task;

(iii) determine whether goals are being met; and

(iv) determine the appropriateness of continuing delegation of the task.

(4) Nursing tasks, to be delegated, shall meet the following criteria as applied to each specific patient situation:

(a) be considered routine care for the specific patient/client;

(b) pose little potential hazard for the patient/client;

(c) be performed with a predictable outcome for the patient/client;

(d) be administered according to a previously developed plan of care; and

(e) not inherently involve nursing judgment which cannot be separated from the procedure.

(5) If the nurse, upon review of the patient's condition, complexity of the task, ability of the proposed delegatee and other criteria as deemed appropriate by the nurse, determines that the proposed delegatee cannot safely provide the requisite care, the nurse shall not delegate the task to such proposed delegatee.

(a) A delegatee shall not further delegate to another person the tasks delegated by the delegator; and

(b) the delegated task may not be expanded by the delegatee without the express permission of the delegator.

#### **R156-31b-701a. Delegation of Nursing Tasks in a School Setting.**

In addition to the delegation rule found in Section R156-31b-701, the delegation of nursing tasks in a school setting is further defined, clarified, or established as follows:

(1) Any task being delegated by the school nurse shall be identified within a current IHP. The IHP is limited to a specific delegate for a specific time frame.

(2) In accordance with Section 53A-11-601 and an IHP, it is appropriate for a nurse to provide training to unlicensed assistive personnel, which training includes the routine, scheduled or correction injection of insulin (via actual injection or pump) or the administration of glucagon in an emergency situation, provided that any training regarding the injection of insulin and the administration of glucagon is updated at least annually. The selection of the type of insulin and dosage levels shall not be delegated.

(3) In accordance with an IHP, and except as provided herein and in R156-31b-701, a nurse may not delegate the administration of any medication which requires nursing assessment or judgment prior to injection or administration. The routine provision of scheduled or correction dosage of insulin and the administration of glucagon in an emergency situation, as prescribed by the practitioner's order and specified in the IHP, shall not be considered actions that require nursing assessment or judgment prior to administration and therefore, can be delegated to a delegatee.

(4) A nurse working in a school setting may not delegate the administration of the first dose of a new medication or a dosage change.

(5) An IHP shall be developed for any student receiving insulin in a school. By example, but not limited to the following list, the IHP may include:

(a) carbohydrate counting;

(b) glucose testing;

- (c) activation, suspension, or bolus of an insulin pump;
  - (d) usage of insulin pens, syringes, and an insulin pump;
  - (e) copy of the medical orders; and
  - (f) emergency protocols related to glucagon administration.
- (6) Insulin and glucagon injections by the delegatee shall only occur when the delegatee has followed the guidelines of the IHP.
- (a) Dosages of insulin may be injected by the delegatee as designated in the IHP.
  - (b) Non-routine, correction dosages of insulin may be given by the delegatee only after:
    - (i) following the guidelines of the IHP; and
    - (ii) consulting with the delegator, parent or guardian, as designated in the IHP, and verifying and confirming the type and dosage of insulin being injected.
  - (c) Under Subsection (6), insulin and glucagon injections by the delegatee is limited to a specific delegatee, for a specific student and for a specific time.
  - (7) A student who is capable of administering his own insulin may self-administer insulin as provided in the IHP. A delegatee may verify the insulin dose of a student who self-administers insulin, if such verification is required in the IHP.
  - (8) When the student is not capable of self-administration, scheduled and routine correction doses of insulin may be administered, and the administration of glucagon may be performed, by a delegatee as provided in Subsection R156-31b-701a(2).

**R156-31b-702. Scope of Practice.**

- (1) The lawful scope of practice for an RN employed by a department of health shall include implementation of standing orders and protocols, and completion and providing to a patient of prescriptions which have been prepared and signed by a physician in accordance with the provisions of Section 58-17b-620.
- (2) An APRN who chooses to change or expand from a primary focus of practice must be able to document competency within that expanded practice based on education, experience and certification. The burden to demonstrate competency rests upon the licensee.
- (3) An individual licensed as an APRN may practice within the scope of practice of a RN under the APRN license.
- (4) An individual licensed in good standing in Utah as either an APRN or a CRNA and residing in this state, may practice as an RN in any Compact state.

**R156-31b-703. Generally Recognized Scope of Practice of an LPN.**

- In accordance with Subsection 58-31b-102(15), the LPN practicing within the generally recognized LPN scope of practice practices as follows:
- (1) In demonstrating professional accountability, shall:
    - (a) practice within the legal boundaries for practical nursing through the scope of practice authorized in statute and rule;
    - (b) demonstrate honesty and integrity in nursing practice;
    - (c) base nursing decisions on nursing knowledge and skills, and the needs of patients;
    - (d) accept responsibility for individual nursing actions, competence, decisions and behavior in the course of practical nursing practice; and
    - (e) maintain continued competence through ongoing learning and application of knowledge in the patient's interest.
  - (2) In demonstrating the responsibility for nursing practice implementation shall:
    - (a) conduct a focused nursing assessment;
    - (b) plan for episodic nursing care;
    - (c) demonstrate attentiveness and provides patient surveillance and monitoring;
    - (d) assist in identification of patient needs;
    - (e) seek clarification of orders when needed;
    - (f) demonstrate attentiveness and provides observation for signs, symptoms and changes in patient condition;

- (g) assist in the evaluation of the impact of nursing care, and contributes to the evaluation of patient care;
- (h) recognize patient characteristics that may affect the patient's health status;
- (i) obtain orientation/training competency when encountering new equipment and technology or unfamiliar care situations;
- (j) implement appropriate aspects of patient care in a timely manner:
  - (i) provide assigned and delegated aspects of patient's health care plan;
  - (ii) implement treatments and procedures; and
  - (iii) administer medications accurately;
- (k) document care provided;
- (l) communicate relevant and timely patient information with other health team members including:
  - (i) patient status and progress;
  - (ii) patient response or lack of response to therapies;
  - (iii) significant changes in patient condition; or
  - (iv) patient needs;
- (m) participate in nursing management:
  - (i) assign nursing activities to other LPNs;
  - (ii) delegate nursing activities for stable patients to unlicensed assistive personnel;
  - (iii) observe nursing measures and provide feedback to nursing manager; and
  - (iv) observe and communicate outcomes of delegated and assigned activities;
- (n) take preventive measures to protect patient, others and self;
- (o) respect patient's rights, concerns, decisions and dignity;
- (p) promote a safe patient environment;
- (q) maintain appropriate professional boundaries; and
- (r) assume responsibility for own decisions and actions.
- (3) In being a responsible member of an interdisciplinary health care team shall:
  - (a) function as a member of the health care team, contributing to the implementation of an integrated health care plan;
  - (b) respect patient property and the property of others; and
  - (c) protect confidential information unless obligated by law to disclose the information.

**R156-31b-704. Generally Recognized Scope of Practice of an RN.**

In accordance with Subsection 58-31b-102(16), the RN practicing within the generally recognized RN scope of practice practices as follows:

- (1) In demonstrating professional accountability, shall:
  - (a) practice within the legal boundaries for nursing through the scope of practice authorized in statute and rule;
  - (b) demonstrate honesty and integrity in nursing practice;
  - (c) base professional decisions on nursing knowledge and skills, and the needs of patients;
  - (d) accept responsibility for judgments, individual nursing actions, competence, decisions and behavior in the course of nursing practice; and
  - (e) maintain continued competence through ongoing learning and application of knowledge in the patient's interest.
- (2) In demonstrating the responsibility for nursing practice implementation shall:
  - (a) conduct a comprehensive nursing assessment;
  - (b) detect faulty or missing patient information;
  - (c) apply nursing knowledge effectively in the synthesis of the biological, psychological, spiritual and social aspects of the patient's condition;
  - (d) utilize this broad and complete analysis to plan strategies of nursing care and nursing interventions that are integrated within the patient's overall health care plan;
  - (e) provide appropriate decision making, critical thinking and clinical judgment to make independent nursing decisions and identification of health care needs;

- (f) seek clarification of orders when needed;
  - (g) implement treatments and therapy, including medication administration, delegated medical and independent nursing functions;
  - (h) obtain orientation/training for competence when encountering new equipment and technology or unfamiliar situations;
  - (i) demonstrate attentiveness and provides patient surveillance and monitoring;
  - (j) identify changes in patient's health status and comprehends clinical implications of patient signs, symptoms and changes as part of expected and unexpected patient course or emergent situations;
  - (k) evaluate the impact of nursing care, the patient's response to therapy, the need for alternative interventions, and the need to communicate and consult with other health team members;
  - (l) document nursing care;
  - (m) intervene on behalf of patient when problems are identified and revises care plan as needed;
  - (n) recognize patient characteristics that may affect the patient's health status;
- and
- (o) take preventive measures to protect patient, others and self.
- (3) In demonstrating the responsibility to act as an advocate for patient shall:
- (a) respect the patient's rights, concerns, decisions and dignity;
  - (b) identify patient needs;
  - (c) attend to patient concerns or requests;
  - (d) promote safe patient environment;
  - (e) communicate patient choices, concerns and special needs with other health team members regarding:
    - (i) patient status and progress;
    - (ii) patient response or lack of response to therapies; and
    - (iii) significant changes in patient condition;
  - (f) maintain appropriate professional boundaries;
  - (g) maintain patient confidentiality; and
  - (h) assume responsibility for own decisions and actions.
- (4) In demonstrating the responsibility to organize, manage and supervise the practice of nursing, shall:
- (a) assign to another only those nursing measures that fall within that nurse's scope of practice, education, experience and competence or unlicensed person's role description;
  - (b) delegate to another only those nursing measures which that person has the necessary skills and competence to accomplish safely;
  - (c) match patient needs with personnel qualifications, available resources and appropriate supervision;
  - (d) communicate directions and expectations for completion of the delegated activity;
  - (e) supervise others to whom nursing activities are delegated or assigned by monitoring performance, progress and outcome, and assures documentation of the activity;
  - (f) provide follow-up on problems and intervenes when needed;
  - (g) evaluate the effectiveness of the delegation or assignment;
  - (h) intervene when problems are identified and revises plan of care as needed;
  - (i) retain professional accountability for nursing care as provided;
  - (j) promote a safe and therapeutic environment by:
    - (i) providing appropriate monitoring and surveillance of the care environment;
    - (ii) identifying unsafe care situations; and
    - (iii) correcting problems or referring problems to appropriate management level when needed; and
  - (k) teach and counsel patient families regarding health care regimen, which may include general information about health and medical condition, specific procedures and wellness and prevention.
- (5) In being a responsible member of an interdisciplinary health care team shall:

- (a) function as a member of the health care team, collaborating and cooperating in the implementation of an integrated patient-centered health care plan;
- (b) respect patient property, and the property of others; and
- (c) protect confidential information.
- (6) In being the chief administrative nurse shall:
  - (a) assure that organizational policies, procedures and standards of nursing practice are developed, kept current and implemented to promote safe and effective nursing care;
  - (b) assure that the knowledge, skills and abilities of nursing staff are assessed and that nurses and nursing assistive personnel are assigned to nursing positions appropriate to their determined competence and licensure/certification/registration level;
  - (c) assure that competent organizational management and management of human resources within the nursing organization are established and implemented to promote safe and effective nursing care; and
  - (d) assure that thorough and accurate documentation of personnel records, staff development, quality assurance and other aspects of the nursing organization are maintained.
- (7) When functioning in a nursing program educator (faculty) role shall:
  - (a) teach current theory, principles of nursing practice and nursing management;
  - (b) provide content and clinical experiences for students consistent with statutes and rule;
  - (c) supervise students in the provision of nursing services; and
  - (d) evaluate student scholastic and clinical performance with expected program outcomes.

**R156-31b-801. Medication Aide - Certified - Formulary and Protocols.**

In accordance with Subsection 58-31b-102(12)(b)(i), the formulary and protocols for an MA-C to administer routine medications are as follows.

- (1) Under the supervision of a licensed nurse as defined in Subsection R156-31b-102(40), an MA-C may:
  - (a) administer medication:
    - (i) via approved routes as listed in Subsection 58-31b-102(17)(b);
    - (ii) that includes turning oxygen on and off at a predetermined, established flow rate; and
    - (iii) that is prescribed as PRN (as needed), if expressly instructed to do so by the nurse, or the medication is an over-the-counter medication;
  - (b) destroy medications per facility policy;
  - (c) assist a patient with self administration; and
  - (d) account for controlled substances with another MA-C or nurse.
- (2) An MA-C shall not administer medications via the following routes:
  - (a) central lines;
  - (b) colostomy;
  - (c) intramuscular;
  - (d) subcutaneous;
  - (e) intrathecal;
  - (f) intravenous;
  - (g) nasogastric;
  - (h) nonmetered inhaler;
  - (i) intradermal;
  - (j) urethral;
  - (k) epidural;
  - (l) endotracheal; or
  - (m) gastronomy or jejunostomy tubes.
- (3) An MA-C shall not administer the following kinds of medications:
  - (a) barium and other diagnostic contrast;
  - (b) chemotherapeutic agents except oral maintenance chemotherapy;

- (c) medication pumps including client controlled analgesia; and
- (d) nitroglycerin paste.
- (4) An MA-C shall not:
  - (a) administer any medication which requires nursing assessment or judgment prior to administration, on-going evaluation, or follow-up;
  - (b) receive written or verbal orders;
  - (c) transcribe orders from the medical record;
  - (d) conduct patient or resident assessments or evaluations;
  - (e) engage in patient or resident teaching activities regarding medications unless expressly instructed to do so by the nurse;
  - (f) calculate drug doses, or administer any medication that requires a medication calculation to determine the appropriate dose;
  - (g) administer the first dose of a new medication or a dosage change, unless expressly instructed to do so by the nurse; and
  - (h) account for controlled substances, unless assisted by another MA-C or a nurse.
- (5) In accordance with Section R156-31b-701, a nurse may refuse to delegate the administration of medications to a specific patient or in a specific situation.
- (6) A nurse practicing in a facility that is required to provide nursing services 24 hours per day shall not supervise more than two MA-Cs per shift.
- (7) A nurse providing nursing services in a facility that is not required to provide nursing services 24 hours per day may supervise up to and including four MA-Cs per shift.

**R156-31b-802. Medication Aide - Certified - Approval of Training Programs.**

In accordance with Subsection 58-31b-601(3), the minimum standards for an MA-C training program to be approved by the Division in collaboration with the Board and the process to obtain approval are established as follows.

- (1) All training programs shall be approved by the Division in collaboration with the Board and shall obtain approval prior to implementing the program.
- (2) Training programs may be offered by an educational institution, a health care facility, or a health care association.
- (3) The program shall consist of a minimum of 60 clock hours of didactic (classroom) training which is consistent with the model curriculum in Section R156-31b-803, and at least 40 hours of practical training within a long-term care facility.
- (4) The classroom instructor shall:
  - (a) have a current, active, unencumbered LPN, RN or APRN license or multistate privilege to practice nursing in Utah;
  - (b) be a faculty member of an approved nursing education program, or an approved certified nurse aide (CNA) instructor who has completed a "Train the Trainer" program recognized by the Utah Nurse Aide Registry; and
  - (c) have at least two years of clinical experience and at least one year of experience in long-term care in the past five years.
- (5) The on-site practical training experience instructor shall be available at all times during the practical training experience and shall meet the following criteria:
  - (a) have a current, active, unencumbered LPN, RN or APRN license or multistate privilege to practice nursing in Utah;
  - (b)(i) be a faculty member of an approved nursing education program with at least one year of experience in long-term care nursing; or
  - (ii) be an approved CNA instructor who has completed a "Train the Trainer" program recognized by the Utah Nurse Aide Registry, with at least one year of experience in long-term care, and at least three months experience in the specific training facility;
  - (c) shall not delegate supervisory responsibilities when providing practical experience training to a student;
  - (d) the practical training instructor to student ratio shall be:
    - (i) 1:2 if the instructor is working one-on-one with the student to administer the medications; or

(ii) 1:8 if the instructor is supervising a student who is working one-on-one with the clinical facility's medication nurse.

(6) An entity desiring to be approved to provide an MA-C training program to qualify a person for certification as a medication aide shall:

(a) submit to the Division an application form prescribed by the Division;

(b) provide evidence of adequate and appropriate trainers and resources to provide the training program including a well-stocked clinical skills lab or the equivalent;

(c) submit a copy of the proposed training curriculum and an attestation that the proposed curriculum is consistent with the model curriculum in Section R156-31b-803;

(d) document minimal admission requirements including, but not limited to:

(i) an earned high school diploma or successful passage of the general educational development (GED) test;

(ii) current certification as a nursing aide, in good standing, from the Utah Nursing Assistant Registry, with at least 2,000 hours of experience within the two years prior to application to the training program, working as a certified nurse aide in a long-term care setting; and

(iii) current cardiopulmonary resuscitation (CPR) certification.

**R156-31b-803. Medication Aide - Certified - Model Curriculum.**

The model curriculum which must be followed by anyone who desires to offer a medication aide certification program is the "Medication Assistant-Certified (MA-C) Model Curriculum" adopted by the National Council of State Boards of Nursing's Delegate Assembly on August 9, 2007, which is hereby adopted and incorporated by reference.

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# NURSE PRACTICE ACT RULE

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