

**MARYLAND BOARD OF NURSING**  
**BOARD MEETING**  
**OPEN AGENDA**

**DATE:** August 23, 2017

**TIME:** 9:00 A.M.

**PLACE:** Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, Maryland

**BUSINESS:**

PLEASE NOTE: THE MEETING WILL BE IN OPEN SESSION FROM 9:00 A.M. UNTIL APPROXIMATELY 10:00 A.M. WITH CLOSED SESSION IMMEDIATELY FOLLOWING.

**1. Call to Order**

- a. Roll Call and Declaration of Quorum

**2. Consent Agenda**

A. Approval of Nurse Practitioner School Programs (Ann Tyminski)

- 1. Spring Arbor University, Spring Arbor, MI - Family Nurse Practitioner, MSN, FNP
- 2. Spring Arbor University, Spring Arbor, MI - Adult Gerontology Primary Care NP, MSN, AGPC
- 3. Nebraska Methodist College, Omaha, NE. Family Nurse Practitioner, DNP

B. Certificate Training Programs/Facilities (Cheyenne Redd and Jill Callan)

- 1. CNA/GNA Programs Approval
  - a. Frederick Career Technology Center
  - b. Longview Nursing Home
  - c. IT Works

## Open Session Agenda August 23, 2017

- d. Washington County Technical High School
- e. Top Knowledge Healthcare Institute
- 2. Certified Medicine Aide (CMA) Programs
  - a. Harford County Community College
  - b. Chesapeake Community College
- 3. Certified Nursing Assistant (CAN) Equivalency
  - a. John Hopkins (JHH) School of Nursing

### 3. **Discussion of Items Removed from Consent Agenda**

### 4. **Education** (Dr. Patricia Kennedy)

A. Washington Adventist University, Nursing Program Education Consultant's Action Plan Update

B. Wor-Wic Community College, new course--NUR 221:LPN to ADN Transition, designed to assist students' success in the College's ADN program

### 5. **Practice** (Monica Mentzer)

None

### 6. **Licensure & Certification** (Cheyenne Redd and Jill Callan)

None

### 7. **Advanced Practice** (Monica Mentzer)

None

### 8. **Administrative and Legislative** (Shirley Devaris)

a. Amendment Regulation for Senate Bill 385 / House Bill 482 - Nurse Practice Act revisions

b. Summary of Board of Nursing regulations adopted in 2017

## Open Session Agenda August 23, 2017

### 9. Direct Entry Midwives and Electrology – (Ann Tyminski)

a. Electrology Practice Committee (EPC) - Resignation of Committee Member - Margaret Carnathan, LE

b. Electrology Practice Committee - Recommendation for EPC Committee member – Elizabeth Spagnolo, LE

### 10. Other - None



## MEMORANDUM

# 2.B1

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing

**TO:** The Board

**DATE:** August 23, 2017

**IN RE:** Request for Approval to Renew CNA-GNA Training Programs

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The following renewal applications have been reviewed and have satisfied all criteria as outlined in COMAR 10.39.02 for CNA/GNA Training Programs in the State of Maryland:

- a. Frederick Career Technology Center
- b. Longview Nursing Home
- c. IT Works
- d. Washington County Technical High School
- e. Top Knowledge Healthcare Institute





MEMORANDUM

2.B2

**FROM:** Jill Callan, BSN, RN  
Nurse Program Consultant I  
Maryland Board of Nursing  
**TO:** The Board  
**DATE:** August 23, 2017  
**IN RE:** Request for Approval to Renew CMA Training Programs

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The following renewal applications have been reviewed and have satisfied all COMAR 10.39.03 regulations for CMA Training Programs in the State of Maryland:

- a. Harford County Community College
- b. Chesapeake Community College



## MEMORANDUM

# 2.B3

**FROM:** Monica Mentzer, MPH, BSN, RN  
Director of Practice  
Maryland Board of Nursing

**TO:** The Board

**DATE:** August 23, 2017

**IN RE:** Approval of Nursing Course Equivalent for CNA Training

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Johns Hopkins School of Nursing is seeking approval of introductory Master of Science in Nursing (MSN) course "Foundations of Nursing Practice", as course equivalents for CNA training for MSN nursing students. In addition, students also take Health Assessment I course (3 credits) in the same semester. Students will have taken both courses in the first semester of the MSN: Entry into Practice, a five semester Program. The Johns Hopkins School of Nursing no longer offers the Bachelor of Science (BSN) Program for nurses.

This portion of the John Hopkins School of Nursing Program meets the requirement that the Board has determined for a CNA Training Program. See Md. Health Occupations Code Ann. § 8-6A-05 and COMAR 10.39.02.05.07.

**"Foundations of Nursing Practice" Course Description:** This first semester 3 credit course (2 didactic, 1 lab) provides the nursing student with knowledge and skills needed to provide safe and effective care to patient. Students explore scientific principles related to nursing interventions and will practice psychomotor skills needed to safely and effectively implement those interventions. Knowledge, skills and attitudes based on Quality and Safety Education for Nurses (QSEN) competencies, including person-centered care, use of evidence based guidelines, quality improvement, safety and informatics will be incorporated into lab practice and Master's Program Outcomes.

Topical Outline for Foundations in Nursing Practice coursework includes: I. Vital Signs, I. Medical Asepsis and Surgical Asepsis, III. Hygiene and Comfort, IV. Mobility, V. Respiratory, VI. Cardiac, VII. Enteral and Parental Therapy, VIII. Dosage and Calculation, IX. Elimination, X. Medication Administration, and XI. Safety.

This course is designed to promote critical thinking, encourage discussion and implement effective interventions. Students will be provided with and encouraged to use all available resources while acquiring skills.

To: Maryland Board of Nursing,  
 From: Patricia Kennedy . Director of Education  
 Re: Washington Adventist University, Nursing Program Education Consultant's  
 Action Plan Update  
 Date: August 23, 2017

Washington Adventist University's Nursing Program was accredited by the American Association of Colleges of Nursing (CCNE) in April 2016 until December 31, 2021.

Based on the program findings, the Education Consultant, India Medley, PhD, MSN, CPNP, RN recommends the following:

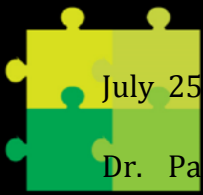
1. New Curriculum sequence to begin with the cohort entering fall 2017:
  - a. Move first half of junior year (5<sup>th</sup> semester) pharmacology to second half of sophomore year (4<sup>th</sup> semester) to be taught with professional foundations and health assessment & promotion.
  - b. Move pathophysiology from second half of sophomore year (4<sup>th</sup> semester) to first half of junior year (5<sup>th</sup> semester) to be taught with adult medical-surgical nursing.
  - c. Students must give medications during the professional foundations course (4<sup>th</sup> semester)

Rationale—More closely associate didactic content with learning occurring in clinicals and skills labs.

2. Decrease skills lab hours, increase professional foundation clinical hours (4<sup>th</sup> semester), begin clinical two (2) weeks earlier than now and extend clinical hours to semester's end (1 week before final exams).
  - a. Expect students in the more advanced nursing courses to better prepared clinically with improved critical thinking and clinical reasoning and judgement skills.
  - b. Potential improved scores on the Assessment Technology Institute (ATI) standardized course assessment and comprehensive exam outcomes.
3. All full-time faculty should teach one (1) clinical course to ensure content taught in the classroom and clinicals reflect best practices.
4. Minimal academic credential and certification preparation of full-time and adjunct faculty; consistent use of NCLEX-RN® Blueprint for classroom instruction, exams and clinical pre-post conferences; engagement of faculty in multiple activities to strengthen students' knowledge, faculty teaching and learning experiences, and subsequently, the nursing program; and the revision as needed and consistent implementation of University and nursing policies and procedures.

Recommendation: Acceptance of the updated Action Plan as an integration in the January 26, 2017 Plan.





# SUCCESS SOLUTIONS

"PUTTING THE PIECES TOGETHER"

14509 Dew Drive  
Bowie, MD 20721

Phone: (301) 728 - 4758  
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Baltimore, MD 21215

Dear Dr. Kennedy:

Thank you for meeting with me on July 7, 2017, as the consultant, in behalf of Washington Adventist University's (WAU) program of nursing. I sincerely appreciate your valuable time, insights, and feedback during our discussion of the rich history and present status of the nursing program, as assessed, analyzed and interpreted over the last six months.

Washington Adventist University (WAU), formerly known as Columbia Union College, established their nursing program over 100 years ago. It has the distinction of being Maryland's oldest program of nursing. Of additional significance, it is a private, faith-based center, which also enriches the learning environment for the delivery of holistic nursing care. Thus the program has produced and graduated competent and compassionate professional nurses from diverse cultures who continue to contribute to the local and national health care communities as well as abroad.

However, as a result of some well-intentioned decisions in recent years, this firm foundation was challenged. As a result, there was a temporary shift in the program's outcomes, which were inconsistent with its' rich history. The program's season of renewal began with the appointment of Dr. Cheryl Kisunzu as the Provost of WAU. Dr. Kisunzu, a registered nurse, certified family nurse practitioner, and credentialed leader in education, quickly earned the respect and trust of the university's administrators, academic departments (especially nursing), and the health care community. Furthermore, the commitment to leadership strength is evidenced by the administrative support of the Associate Director of the nursing program, Dr. Tijuana Griffin, who has progressively and effectively served the nursing department for over seven (7) years. Dr. Griffin is also the WAU liaison to the MBON.

Additionally, the WAU Board and President demonstrate strong support for the program's vitality as evidenced by the approval and construction of new simulation labs, classrooms, learning and student study spaces as anticipated for a Fall 2017 occupancy; budget support for faculty, staff, teaching supplies and formal commitment of Adventist Health Care (AHC) to hire WAU graduates in accordance with their projected need for 500 new nurses over the next 5 years.

As with many organizational shifts in trajectory, it takes time to turn the tide. Presently, the trend is a course of progress and renewal as evidenced by the 2016 CCNE approval and full 5-year accreditation granted to "new" programs. The WAU administrators, nursing faculty and staff are committed to the due diligence, the provision of financial and physical plant resources, and the faculty development for the sustainable success of the nursing program. Further, the WAU community is grateful for the support and trust of the Maryland Board of Nursing (MBON) through the years.

As a result of assessments, analyses, and evaluations of WAU's nursing program (2013 to present), following are findings and evidenced-based recommendations that can improve the teaching and learning outcomes, retention, progression, and strengthen the preparation and outcomes for NCLEX-RN success:

## **Findings**

1. According to ATI course assessments, capstone comprehensive exam outcomes, and VirtualATI (VATI) modules, practice, and predictor data, students (Dec. 2016 and April 2017 graduating cohorts) scored lowest in pharmacology and medical surgical core course competencies.

According to HESI course assessments and comprehensive exam outcomes, students (Fall 2013 – Spring 2016 graduating cohorts) also scored lowest in pharmacology and medical-surgical core course competencies.

*This content is the most frequently represented on the NCLEX-RN exam.*

2. Minimal clinical exposure and actual skilled nursing experiences in Professional Fundamentals (NURS 222) and Adult Gerontology Health Nursing I and Adult Gerontology Health Nursing II (NURS 392) (Medical-Surgical Nursing) courses.
3. Skills laboratory experiences (lacking rigor, consistency, and organization in instruction and student practice sessions).
4. The need for a greater number of simulator laboratory experiences (not enough student engagement opportunities with simulator learning activities across several courses).
5. The need for a more consistent use of evidence-based essential classroom learning experiences; curriculum resources and the NCLEX-RN test blueprint on course unit tests and paper-pencil midterm and final exams.

### **Recommendations – ActionPlan**

1. New Curriculum Sequence: Beginning Fall 2017, the new cohort entering nursing program and thereafter, provide pharmacology (NURS 333...*will need new course number*) to sophomore two (4<sup>th</sup> semester). Pharmacology will be taught during the same semester with Professional Foundations (NURS 222), and Health Assessment & Health Promotion (NURS 244).

Further, move Pathophysiology course to junior one (5<sup>th</sup> semester), which is when Adult Gerontology Health (Medical-Surgical I) (NURS 364) is taught.

The curriculum sequence will not change for the cohorts already matriculating in the nursing program. The new curriculum sequence will be for new cohorts entering Fall 2017 and following new cohorts.

These changes may promote improved learning of course content, the development of critical thinking, and clinical reasoning. Moving the Pharmacology course (NURS 333) to sophomore year better prepares the student for clinical experiences earlier in the program. It is known that clinical experiences promote improved student confidence, application and synthesis of didactic material (Benner, 2012; Jeffreys, 2012).

2. Strengthen Clinical Experiences: Beginning Fall 2017 for the new cohort and thereafter, without increasing course credits and hours, decrease skills laboratory hours and add those same hours to clinical hours in Professional Foundations (NURS 222) course. In addition, begin clinical experiences 2 weeks earlier in Professional Foundations (NURS 222) course. Include new clinical requirement that students must give medications during NURS 222.

Example: NURS 222 skills laboratory for first 2 weeks of semester to prepare students for clinical experiences (topics: medical asepsis, vital signs, bedmaking, transfers/body mechanics, medication administration, dosage calculations, etc.). NURS 222 clinical experiences would begin on week 3 and go until the end of the semester (one week before final exams). NURS 222 skills laboratory experiences will continue intermittently throughout the semester to fulfill remaining designated hours for skills laboratory.

These changes may facilitate greater student progress to be better prepared as they advance from NURS 222 to NURS 364, clinically stronger, and with improved critical thinking, clinical reasoning, and clinical judgment skills. All of which are essential for didactic and clinical development of nursing students (Benner, 2012; Jeffreys, 2012). As a result, students may also have increased ATI course assessment and comprehensive exam outcomes.

Without increasing skills laboratory hours, incorporate simulation laboratory experiences to compliment skills

laboratory sessions in Advanced Patient Care Technology & Informatics (NURS 341), Adult Gerontology Health Nursing I (NURS 364), Adult Gerontology Health Nursing II (NURS 392), Maternal Child & Women's Health Nursing (NURS 378), and Pediatric Health Nursing (NURS 399).

3. All full-time faculty members should teach one clinical course as part of their workload. This will provide consistency in teaching and learning experiences, and ensure content taught in classroom and clinical reflects best practices (Benner, 2012).

4. Faculty Development:

- a. Full-time faculty members to achieve certification in nursing education from the National League of Nursing (NLN).
- b. Establish or reinforce new faculty orientation program.
- c. ATI Faculty development workshops. Done: April 24, 2017; and June 20, 2017. Full-time and adjunct faculty teaching theory courses consistently and correctly utilizes ATI course resources.
- d. Faculty members review, revise as needed, and consistently implement university and nursing department policies and procedures.
- e. Full-time and adjunct faculty consistently utilize and implement the NCLEX-RN Blueprint during classroom lectures, unit exams, paper/pencil midterm and final exams, and clinical pre/postconference discussions.

f. Adjunct faculty teaching theory courses have a minimum of a MSN degree; at least one adjunct faculty teaching theory also has a doctorate degree in nursing.

g. Full-time and adjunct faculty teaching theory courses provide regular and weekly tutoring sessions as part of their faculty load. Tutoring should be interactive sessions with critical thinking activities and discussions covering areas students indicate are not clear. Lectures are not appropriate for tutorial sessions.

h. Full-time faculty receive the following resources to strengthen teaching and learning experiences:

Svinicki, M.D. & McKeachie, W. J. (2014). McKeachie's teaching tips, 14<sup>th</sup> ed., Belmont, CA: Cengage.

Benner, P., Sutphen, M., Leonard, V. & Day, L. (2010). Educating nurses: A call for radical transformation. San Francisco, CA: Jossey-Bass.

5. Use ATI data (student outcomes) from each course, classroom and clinical observations, and annual faculty performance reviews as part of the end-of-semester course and program evaluations (CCNE Standard III and Standard IV).

These initiatives will strengthen the teaching and learning experiences for the matriculating nursing students, and provide consistency and an evidence-based and cohesive curricula thread for the new nursing cohort (Fall 2017). It is known that the outcomes of the implementation of evidence-based nursing education practices are best measured of the cohort receiving the new initiatives (Benner, 2012; Jeffries, 2012).

The evaluation of the Fall 2017 admitting nursing cohort will be tracked commencing August 2017. Further, the outcomes of the matriculating nursing students will reflect the Action Plan methods and the data also tracked, analyzed, and evaluated effective August 2017. Having followed these and other best practices in nursing education, WAU's nursing program will be strengthened to realize the required MBON standards for first time NCLEX-RN success no later than April 2019.

If you have questions or need additional information, please don't hesitate to contact me. I am grateful for the opportunity to serve Washington Adventist University's nursing department, and anticipate the return and their surpassing of their profound legacy of success.

Most Sincerely,

*India Medley*

India Medley, PhD, MSN, RN, CPNP  
Founder & CEO



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## 4 B

To: Maryland Board of Nursing  
From: Patricia Kennedy, Director of Education  
Date: August 23, 2017  
Re: Wor-Wic Community College, Department of Nursing implements a new transition course for all licensed practical nurses

FYI.

In 2013, the success rate of 30-50% was noted for licensed practical nurses (LPN) completing the associate degree program who had not attended Wor-Wor. The newly implemented course, NUR 221: LPN to ADN Transition is four (4) credits offered for the first time this summer and thereafter, twice per year. A pilot study of the program indicated the improved completion success rate of almost 76%. It is anticipated that the implementation of the transition course will result in obtaining permission to expand the spring admissions to the ADN program.



**WOR-WIC**  
COMMUNITY COLLEGE

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SALISBURY MD 21804  
PHONE: 410-334-2800  
www.worwic.edu

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PRESIDENT

Dr. Murray K. Hoy

August 8, 2017

Dr. Patricia Kennedy  
Director of Education Research  
Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, Maryland, 21215-2254

Dear Dr. Kennedy:

The Department of Nursing at Wor-Wic Community College in Salisbury, Maryland has recently implemented a new course for all licensed practical nurses (LPNs) with active unencumbered Maryland or compact state licenses, called NUR 221: LPN to ADN Transition. This four (4) credit course, is now a required pre-requisite course for all LPNs who wish to apply for admission into Wor-Wic's associate of science in nursing degree (ADN) program and did not complete the college's certificate program in practical nursing. The course is designed to prepare the students for the rigor of the college's ADN program.

The reason this course was developed was because of the low retention and program completion rates of LPN transfer students that were noted in 2013. At that time, it was noted that only 30-50% of all LPNs who transferred in to the college's ADN program successfully completed the ADN year and graduated. A grant was awarded, which began in July 2013, from the Maryland Hospital Association's, Who Will Care Grant Program. The "Learning to Excel and Achieve: Resources for Nursing Success" (LEARNs) initiative included a LPN to RN Bridge Program. The LPN to RN Bridge program was a 76 hour non-credit course, and successful completion was required of all LPNs who wished to be admitted to the ADN program. During the duration of the 3 year grant, 50 LPNs completed the program, and their tuition and books were paid for via the grant. During this time, overall retention and ADN program completion rates for those who were admitted to the ADN program increased to almost 76%. Upon conclusion of the grant, the non-credit LPN to RN Bridge program was offered twice per year; however, the tuition cost was the responsibility of the students, and one or two courses were cancelled due to low enrollment.

The new NUR 221: LPN to ADN Transition course is currently being implemented for the first time this summer II 2017 session. It was presented as a curriculum proposal in fall 2017, and it was approved by the administration and Board of Trustees to be offered beginning July 2017.

It is hopeful that the NUR 221 will continue to enhance the successful completion of our ADN program for the LPN students who transfer to our college. Enclosed you will find the pages from our current 2017-2018 catalog regarding our nursing program, including the information about transfer LPN students and the LPN to ADN Pathway (pp. 124-125 & 128). I have also included the course description from our current catalog (p. 178) and the course syllabus for the class that is currently being implemented.

# WOR-WIC

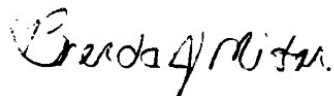
COMMUNITY COLLEGE

32000 CAMPUS DR  
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PHONE: 410-334-2800  
[www.worwic.edu](http://www.worwic.edu)

The Nursing Department's next endeavor is to receive approval to expand the spring admission cohort for the ADN program by 16 so that 48 ADN students are admitted to the ADN program every fall (as it has been) and 48 (instead of 32) are admitted every spring. By doing this, it is anticipated that there will be more available seats for LPNs who would like to return to school to earn their ADN; thus becoming RNs. This will make them more marketable and increase the pool of qualified RNs in the local area. I have submitted a proposal to the Dean of Occupational Education, Dr. Trevor Jones.

Thank you for your time, and if you have questions, do not hesitate to call.

Sincerely,



Brenda J. Mister, EdD, MS, RN  
Department Head and Professor of Nursing  
Wor-Wic Community College  
32000 Campus Drive  
Salisbury, MD 21804  
[bmister@worwic.edu](mailto:bmister@worwic.edu)

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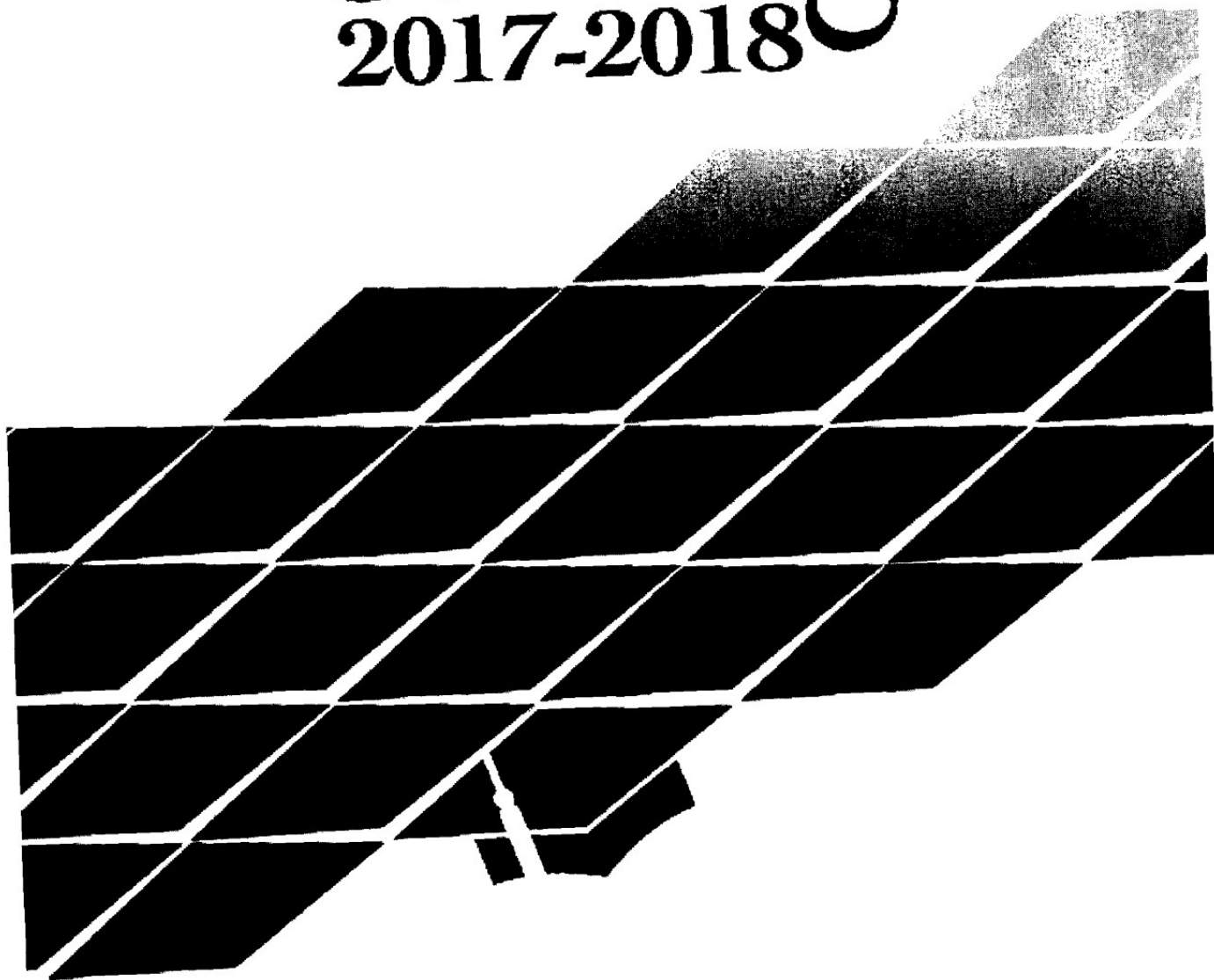
Lorraine Purnell-Ayres

## PRESIDENT

Dr. Murray K. Hoy

# Catalog

2017-2018



**WOR-WIC**  
COMMUNITY COLLEGE

## *Nursing*

Wor-Wic's certificate and associate degree nursing programs are approved by the Maryland Board of Nursing. Students complete clinical experiences, in addition to studying nursing theory and general education subjects. High school or college courses in biology and chemistry are strongly recommended.

The certificate program in practical nursing is designed to prepare graduates for jobs as licensed practical nurses (LPNs). Graduates who pass the examination in Maryland for licensure as LPNs can give nursing care under the direction of other health care providers in a variety of settings, such as hospitals and nursing homes. This program is approved as part of Maryland's statewide LPN to ADN articulation agreement. The certificate program is based on concepts from the physical, biological and social sciences.

Graduates of the certificate program should be able to:

1. Provide individualized nursing care to clients experiencing self-care deficits;
2. Use a variety of communication skills to establish effective communication;
3. Provide basic self-care information to clients who require support to restore or maintain health and meet self-care needs;
4. Plan and organize their own assignments in a variety of settings to provide a safe, effective care environment; and
5. Be responsible for their own nursing practice within accepted ethical and legal parameters.

The associate of science degree program is a registered nursing education program for those with a practical nursing education. This program is designed to prepare graduates for jobs as registered nurses (RNs). Graduates who pass the examination in Maryland for licensure as RNs can give nursing care in a variety of settings, where they may also provide direction to others in the technical aspects of nursing.

There are two pathways into the associate degree program: 1) the direct progression pathway that builds upon the foundation of the college's practical nursing program for students who complete Wor-

Wic's practical nursing program; and 2) the LPN to ADN pathway for LPNs who have an active unencumbered Maryland or compact state LPN license. Students in the LPN to ADN pathway receive 16 credits for their prior nursing education course work.

This program is approved as part of Maryland's statewide RN to B.S.N. articulation agreement. Graduates are granted up to 70 credit hours of direct transfer credit for their Wor-Wic course work when they enroll in one of the B.S.N. programs in the University of Maryland system. Students who complete Wor-Wic's associate degree program also have the option of completing 16 additional credits in specified course work at Wor-Wic and transferring to Wilmington University, where they can take 34 additional specified credits to earn a B.S.N.

Graduates of the associate degree program should be able to:

1. Provide individualized nursing care to clients experiencing self-care deficits;
2. Use a variety of communication skills and techniques to establish and maintain effective communication;
3. Implement individualized teaching plans for clients who need information or support to promote, maintain or restore health;
4. Manage nursing care for a group of clients with common/complex, well-defined health problems in a variety of settings; and
5. Practice nursing within accepted ethical and legal parameters.

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Due to the limited number of spaces available in these programs, selection is on a competitive basis. Interested individuals must follow the procedures in the nursing admission information packet, which is available in the nursing department, in the admissions office or on the college website. In order to be considered for admission in the fall, prospective students must complete the admission requirements by the first Friday in June. Those interested in admission in the spring must complete the admission requirements by the first Friday in October.

In order to graduate with a certificate or associate of science degree, students must obtain a grade of "C" or better in all nursing, biology and mathematics courses. Students must also meet all clinical objectives and maintain current cardiopulmonary resuscitation certification while enrolled in clinical nursing courses.



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In compliance with federal gainful employment disclosure requirements, Wor-Wic provides prospective students with on-time completion rates, median loan debt and other information related to the certificate program on the college website ([www.worwic.edu/nur](http://www.worwic.edu/nur)).

*Practical Nursing  
Certificate  
ACT Admission Track  
(Fall and Spring Admission Cohorts)*

<u>Fall (Fall Cohort) &amp; Spring (Spring Cohort)</u>			<u>Credit Hours</u>
* NUR	101	Nursing Fundamentals	6
* NUR	115	Introduction to Nursing Pharmacology	1.5
♦* BIO	202	Anatomy and Physiology I	4
♦* MTH	152	Elementary Statistics	3
♦ SDV	100	Fundamentals of College Study	1
			15.5
<u>Spring (Fall Cohort) and Summer (Spring Cohort)</u>			
* NUR	110	Nursing in Society	.5
* NUR	111	Adult and Mental Health Nursing	6
♦* BIO	203	Anatomy and Physiology II	4
♦* ENG	101	Fundamentals of English I	3
♦ PSY	101	Introduction to Psychology	3
			16.5
<u>Summer (Fall Cohort) and Fall (Spring Cohort)</u>			
* NUR	121	Maternal-Child Nursing	6
♦* PSY	251	Human Growth and Development	3
			9

*Practical Nursing  
Certificate  
GPA Admission Track  
(Fall and Spring Admission Cohorts)*

Pre-Nursing Courses

			<u>Credit Hours</u>
◆* BIO	202	Anatomy and Physiology I	4
◆* BIO	203	Anatomy and Physiology II	4
◆* ENG	101	Fundamentals of English I	3
◆* MTH	152	Elementary Statistics	3
◆ PSY	101	Introduction to Psychology	3
◆ SDV	100	Fundamentals of College Study	1
			18

Remaining Courses

Fall (Fall Cohort) & Spring (Spring Cohort)

* NUR	101	Nursing Fundamentals	6
* NUR	115	Introduction to Nursing Pharmacology	1.5
			7.5

Spring (Fall Cohort) & Summer (Spring Cohort)

* NUR	110	Nursing in Society	.5
* NUR	111	Adult and Mental Health Nursing	6
			6.5

Summer (Fall Cohort) & Fall (Spring Cohort)

* NUR	121	Maternal-Child Nursing	6
◆* PSY	251	Human Growth and Development	3
			9

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*Nursing*

*Associate of Science Degree  
Direct Progression Pathway  
(Fall and Spring ACT and GPA Admission Cohorts)*

Fall (Fall Cohort) & Spring (Spring Cohort)

* NUR	216	Advanced Nursing Pharmacology	1.5
* NUR	222	Advanced Nursing I and Community Health	7
* NUR	255	Issues in Nursing	.5
◆* BIO	220	Microbiology	4
◆* ENG	151	Fundamentals of English II	3
			16

Spring (Fall Cohort) & Summer (Spring Cohort)

☆* NUR	223	Advanced Nursing II and Leadership/Management	7
◆ SOC	101	Introduction to Sociology	3
◆ SPH	101	Fundamentals of Oral Communication	3
			13

*Nursing*  
Associate of Science Degree  
*LPN to ADN Pathway*  
(Fall and Spring Admission Cohorts)

Pre-ADN Courses

			<u>Credit Hours</u>
♦♦ BIO	202	Anatomy and Physiology I	4
♦♦ BIO	203	Anatomy and Physiology II	4
♦♦ ENG	101	Fundamentals of English I	3
♦♦ MTH	152	Elementary Statistics	3
♦♦ NUR	221	LPN to ADN Transition	4
♦ PSY	101	Introduction to Psychology	3
♦♦ PSY	251	Human Growth and Development	3
♦ SDV	100	Fundamentals of College Study	1
			25

Remaining Courses

Fall (Fall Cohort) & Spring (Spring Cohort)

* NUR	216	Advanced Nursing Pharmacology	1.5
* NUR	222	Advanced Nursing I and Community Health	7
* NUR	255	Issues in Nursing	.5
♦♦ BIO	220	Microbiology	4
♦♦ ENG	151	Fundamentals of English II	3
			16

Spring (Fall Cohort) & Summer (Spring Cohort)

☆* NUR	223	Advanced Nursing II and Leadership/Management	7
♦ SOC	101	Introduction to Sociology	3
♦ SPH	101	Fundamentals of Oral Communication	3
			13

\* This course has a prerequisite.

☆ This course has a corequisite.

♦ This course can be taken before being accepted into the program.

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with maternal, newborn and pediatric patients. *Hours: 78 lecture and 156 clinical. Prerequisites: NUR 111, BIO 203, ENG 101 and PSY 101 or permission of the department head. Course fee: \$120. Laboratory fee: \$22. Insurance: \$18. Usually offered in the fall and summer.*

- NUR 216      **Advanced Nursing Pharmacology** (1.5 credits)  
This course focuses on the concepts of pharmacotherapeutic actions and drug interactions among different classes of drugs. The effects of these agents on individuals throughout the life span are examined. The utilization of effective clinical judgment and monitoring of drug regimens in the treatment of disease states and/or primary health care are presented. Potential drug interactions as a consequence of multiple drug regimens, significant adverse reactions, dangers inherent in self-medication and overuse of commonly-prescribed medications are investigated. Emphasis is placed on indications for usage, modes of action, effects, contraindications and interactions of selected drugs and their classifications. Students learn more advanced drug dosage calculations and administration of critical care drips, emergency medications and related specific nursing responsibilities. The importance of accountability associated with nursing practice in administering pharmacological agents and monitoring and evaluating patient response is stressed. *Hours: 19.5 lecture. Prerequisite: NUR 115 or permission of the department head. Course fee: \$30. Usually offered in the fall and spring.*
- NUR 221      **LPN to ADN Transition** (4 credits)  
This course covers concepts from the college's practical nursing certificate program courses, including drug dosage calculations, pharmacology, development of care plans and concept maps, physical assessment and documentation, while utilizing Orem's Self-Care Model as the framework of the study for client care. *Hours: 39 lecture, 40 laboratory and 24 clinical. Prerequisites: An active unencumbered Maryland or compact state licensed practical nurse (LPN) license and permission of the department head. Course fee: \$80. Laboratory fee: \$47. Insurance: \$18. Usually offered in the summer.*
- NUR 222      **Advanced Nursing I and Community Health** (7 credits)  
This course focuses on the nursing care of adults with self-care deficits and complex health problems. The nursing process is used to determine the nursing actions that are needed to help patients compensate for their inability to engage in self-care. Supportive nursing actions and related pharmacology are also presented. Skill attainment is emphasized in the skills laboratory and through concurrent clinical laboratory experiences with adults with a variety of complex health problems in both acute care and community-based settings. The community health rotation focuses on individual and family health promotion, community-based health care, home health nursing care and the nurse's role in disaster management and bioterrorism. *Hours: 91 lecture, 26 laboratory and 130 clinical. Prerequisites: All courses in the certificate program in practical nursing and permission of the department head. Course fee: \$140. Laboratory fee: \$59. Insurance: \$18. Usually offered in the fall and spring.*
- NUR 223      **Advanced Nursing II and Leadership/Management** (7 credits)  
The focus of this course is on the use of the nursing process to meet the psychosocial and physiological needs of clients with complex health problems in various health care settings. Supportive nursing actions that require effective critical thinking skills are planned and implemented. Basic management and group



8. a.

## MEMORANDUM

**FROM:** Shirley A. Devaris RN, JD  
Director of Legislation  
**TO:** The Board  
**DATE:** August 22, 2107  
**IN RE:** Amendments to comply with revision to the Nurse Practice Act  
in 2017 Legislative Session  
Request for approval to Publish

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The bill that revised the Nurse Practice act included many clean-up measures that require amending 23 Chapters of our existing regulations. Most of these amendments are clarifying. They add terms such as multistate licensure privilege and advanced practice, repeal obsolete language, repeal provisions that were either repealed by the 2017 legislation or provisions that are no longer necessary or needed.

Deleted language is in [ ]. New language is in *Italics*.  
Substantive changes to the regulations are highlighted.

This proposal includes amendments for the following:

10.27.01 – Examination and Licensure;  
10.27.03 – Nursing Education Programs;  
10.27.05 – Practice of Nurse Midwifery;  
10.27.06 – Practice of Nurse Anesthetist; and  
10.27.13 – Rehabilitation Committee (Safe Practice Committee).

### **10.27.01 – Examination and Licensure**

#### **.01 Definitions.**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Active nursing practice" as used in Health Occupations Article, §8-312, Annotated

Code of Maryland, means:

(a) The practice of registered nursing or licensed practical nursing [in accordance with] *as defined in Health Occupations Article, §8-101, Annotated Code of Maryland;*

(b) Related nursing activities approved by the Board, including but not limited to a generic nursing education program, degree completion programs, or graduate programs within the last 5 years; *and*

(c) Completion of a generic nursing education program, degree completion program, or a graduate program within the last 5 years.

(2) "[Annual] *Biennial* renewal" means renewal [annually] *of a license every two years in the licensee's birth month.*

(3) "Board" means the Maryland Board of Nursing.

(4) "Central Repository" means the *Maryland* Criminal Justice Information System [CJIS] Central Repository of the Department of Public Safety and Correctional Services.

(5) "Cosign" means a registered nurse verifies that:

(a) An activity was performed safely and accurately by the nursing graduate; and

(b) The documentation is complete and accurate.

(6) "Criminal history records check [(CHRC)]" means the performance of both a State criminal history check by the Central Repository, and a national criminal history check by the Federal Bureau of Investigation (FBI).

(7) "Criminal history records information" means information provided by the criminal history records check regarding an applicant's criminal arrests, charges, and convictions, and other dispositions of criminal charges.

(8) "Educational qualifications" means that at the time the applicant graduated from a registered nurse or practical nurse education program, that program was substantially equivalent to the registered nurse or practical nurse education programs approved in this State.

(9) "Endorsement" means [licensure by], *for qualified applicants who have an unencumbered license from another state or country to practice registered nursing or licensed practical nursing, a waiver of the initial licensure requirement to take the national licensure examination in accordance with Health Occupations Article, §8-307, Annotated Code of Maryland.*

(10) "English language competency examination" is a Board approved examination with a certain minimum score recognized by the Board for the purpose of determining proficiency in the oral **and written** communication of the English language.

(11) *"Multistate licensure privilege" means an authorization to practice registered nursing or licensed practical nursing in Maryland that is granted to a registered nurse or licensed practical nurse who has an active multistate license issued by another state in accordance with the Nurse Licensure Compact.*

[(11)](12) "NCLEX" means the National Council Licensure Examination *for initial licensure as a registered nurse or licensed practical nurse.*

[(12)](13) "Preceptor" means a registered nurse who meets the qualifications of faculty as described in Regulation .16 of this chapter.

[(13)](14) "Preceptorship" means an individualized refresher course approved by the Board and offered by an institution employing nurses which complies with Regulation .16 of this chapter.

[(14)](15) "Student" means a registered nurse or licensed practical nurse who is required to complete a refresher course in order to maintain or reestablish an active license.

[(15)](16) "Substantially equivalent" has the meaning stated in §C of this regulation.

[(16)](17) "Volunteer" means a licensee who, at the time of licensure renewal, elects to receive a license which only allows the licensee to provide professional services without remuneration.

C. "Substantially equivalent" means a registered [nurse] *nursing* or *licensed* practical [nurse] nursing education program that:

(1) Contains theoretical learning experiences and related clinical learning experiences that include direct patient care within various settings consistent with program objectives, outcomes, or competencies conducted either concurrently with or after the theoretical learning experience; *and*

(2) Meets the curriculum requirements for Maryland schools of nursing *at the time of the applicant's graduation*, including, but not limited to:

- (a) The appropriate level of the graduate's intended scope of practice;
- (b) Didactic and clinical learning experiences that are diverse and consistent with program objectives, outcomes, or competencies;
- (c) Didactic and clinical instruction in nursing care of families and clients throughout the

life span in a variety of care settings requiring nursing measures appropriate for:

- (i) The maintenance or restoration of mental and physical health;
  - (ii) Preventive, rehabilitative, and curative aspects of health care;
  - (iii) Biophysical, psychosocial, cultural, and spiritual components of health and illness;
- and
- (iv) Professional issues content; and

(d) Didactic and clinical instructional content that includes, but is not limited to, the areas of:

- (i) Medical and surgical nursing;
- (ii) Maternal and child health;
- (iii) Psychiatric nursing; and
- (iv) Geriatric nursing [; and

(3) Certifies that its graduates are competent in their ability to communicate in the English language].

### **.03 Licensure Exceptions.**

A. Registered nurses or licensed practical nurses who hold a current active license in any other state or jurisdiction may render nursing care:

- (1) For not more than 30 days, to an individual who is visiting the State for medical, *educational*, or personal reasons;
- (2) For the purpose of the interstate transport and care of patients traveling to and from Maryland; and
- (3) During an emergency situation.

*B. A registered nurse or licensed practical nurse who holds a multistate license privilege to practice registered nursing under the Nurse Licensure Compact may practice nursing in this state in accordance with the laws of this State.*

[B.] C. Nursing Graduate.

- (1) A nursing graduate is a graduate of:

- (a) A Board-approved registered [nurse (RN) *nursing* or licensed practical [nurse (LPN)] nursing education program; or

(b) An out-of-[State] *state* nursing education program determined to be equivalent by the Board.

(2) A nursing graduate may practice as set forth in §B(5)—(7) of this regulation until the earlier of:

(a) 90 days from graduation; or

(b) Receipt of the results from the initial NCLEX examination taken.

(3) A nursing graduate shall cease practice as a nursing graduate immediately if the nursing graduate fails the initial NCLEX examination.

(4) If the nursing graduate fails the NCLEX examination, the nursing graduate may practice as a nursing assistant provided the individual obtains certification as a nursing assistant and practices according to COMAR 10.39.01.

(5) A nursing graduate shall:

(a) Practice only under the direct supervision of a registered nurse who is physically present on the unit to:

(i) Cosign medication transcription, medication administration, and nursing documentation; and

(ii) Continually observe, assist, coordinate, evaluate, and monitor the nursing graduate; and

(b) Use the initials "NG" after the nursing graduate's name as credentials.

(6) After successful completion of an organized staff development program which includes an evaluation that the nursing graduate is competent and in compliance with §B(5) of this regulation, the nursing graduate may:

(a) Transcribe medication orders if:

(i) Written policies and procedures are available on the unit of care; and

(ii) An organized staff development program which includes skill validation has been successfully completed by the nursing graduate;

(b) After competency has been validated by the facility [, administer]:

(i)[Medications] *Administer medications* and controlled substances; and

(ii) Sign controlled substances sheets;

- (c) Document in the medical record with the abbreviation "NG";
  - (d) Perform patient assessments after the initial assessment or after the first assessment of the shift performed by the registered nurse; and
  - (e) Perform and document routine procedures taught within the nursing graduate's generic nursing program, including but not limited to:
    - (i) Placing nasal gastric tubes;
    - (ii) Performing urinary catheterizations;
    - (iii) Applying sterile dressings;
    - (iv) Performing blood sugar checks; and
    - (v) Obtaining specimens.
- (7) A nursing graduate may not:
- (a) Work without the physical presence of and direct supervision by a registered nurse;
  - (b) Refer to oneself or practice as a registered nurse (RN) or licensed practical nurse (LPN);
  - (c) Be considered a staff person for purposes of a staffing pattern;
  - (d) Accept charge responsibilities; or
  - (e) Perform initial patient assessment or the first patient assessment of a shift, develop patient plans of care, evaluate or document patient discharge, or independently administer medications or intravenous therapy.

## **.05 Qualifications of Applicants for Examination.**

A. An applicant for the registered nurse licensure examination shall:

- (1) Complete satisfactorily and meet all requirements for a diploma or degree from a registered nursing education program approved by the Board; or
- (2) Have a diploma or degree from *a registered nursing education program in* another state, territory, or country determined by the Board to be substantially equivalent to the registered [nurse] *nursing* education program approved in this State at the time of the applicant's graduation.

B. An applicant for the *licensed* practical nurse licensure examination shall:

(1) Meet all requirements for a high school diploma or its equivalent and *complete satisfactorily and meet* all requirements for a diploma from [a]:

(a) [Licensed] *A licensed* practical nursing education program [:  
(a) Approved by the Board at the time of the applicant's graduation] *approved by the Board*; or

(b) [Have a diploma from] *A licensed practical nursing education program in* any other state, territory, or country and determined by the Board to be substantially equivalent to the *licensed* practical [nurse] *nursing* education programs approved in this State at the time of the applicant's graduation; or

(2) Meet the requirements of §A of this regulation.

C. Applicants [unable to obtain certification of competency in the English language from the the school of nursing] *who are unable to prove proficiency in the English language in accordance with Health Occupation Article, §8-302(e), Annotated Code of Maryland, may be required to* submit evidence of competency [before applying for licensure] by obtaining a minimum passing score on a Board approved English language competency examination of:

(1) 26 or higher on the [speaking section] *spoken and written sections* of the Test of English as a Foreign Language — Internet Based Test (TOEFL IBT);

[(2) 3 or higher on the Interamerican Language Associates, Inc. Oral Proficiency Interview (ILA OPI);] or

[(3)] (2) *For the International English Language Testing System (IELTS)*

(a) 7 or higher on the speaking and 6 or higher on all other modules; [or] *and*

(b) 6.5 or higher on the overall *score* [International English Language Testing System (IELTS) *administered after September 30, 2005*].

D. An applicant whose basic nursing education was completed in another country shall have the applicant's transcript evaluated by the Commission on Graduates of Foreign Nursing Schools.

#### **.06 Application for Licensure by Examination.**

A. An applicant shall:

(1) Comply with all of the requirements in Regulation .04A of this chapter;



(2) File and submit a completed application to the National Council of State Boards of Nursing on the form required; and

(3) Pay any required fees.

B. Each application shall be signed by the nurse administrator of the school or program or an officer of the school to whom this responsibility has been designated.

C. Applications may be signed before graduation and it shall be the responsibility of the person signing the application to submit written verification of program completion before the licensure examination.

D. Applicants whose applications are complete and who, for any reason, fail to take the examination within 6 months shall be required to reapply and pay all fees.

E. The authorization to test card shall be valid for a period of 6 months. If the applicant fails to complete the examination within that time frame the applicant is required to re-register and pay the NCLEX testing fee.

[F. A license may not be issued until the Board has:

(1) Received and reviewed the criminal history records information; and

(2) Approved the application.]

## **.09 Speech-Impaired Applicants**

A. An applicant who claims a speech impairment shall fulfill all requirements for application, and shall submit to the Board documentation of the applicant's impairment, from:

(1) An otolaryngologist who has current certification from the American Board of Otolaryngology; and

(2) A speech-language pathologist who has current certification from the American Speech-Language-Hearing Association.

B. The Board shall require a speech-impaired applicant to prove the applicant's ability to communicate adequately with patients and other health care professionals by:

(1) Submitting letters from instructors in a nursing program, attesting to the applicant's ability to communicate in a professionally competent manner; and

(2) Meeting with the Board to demonstrate the manner in which communication with patients will occur.

C. A speech-language pathologist or otolaryngologist may be asked to attend the meeting in an advisory capacity to the Board to aid in assessing an applicant's ability to communicate.

D. A foreign-educated, speech-impaired applicant shall notify the Board before taking a Board-approved standardized test [of oral] *for competency in the English language*.

E. The Board shall attempt to locate a speech-language pathologist fluent in the applicant's native language to assess the impairment.

F. A foreign-educated applicant who is in need of foreign accent reduction, but who has competency in the applicant's native language, may obtain assistance from a bilingual speech-language pathologist before attempting to pass [the Test of Spoken English] *a test for competency in the English language*.

#### **.10 Licensure by Endorsement.**

A. An applicant licensed to practice registered nursing or practical nursing in another state, territory, or country is eligible for licensure without examination if the applicant:

- (1) Complies with all of the requirements under Regulation .04A of this chapter;
- (2) Pays the required fee;
- (3) Submits the following verifications directly to the Board from the appropriate authority:

(a) That at the time that applicant graduated from the nursing education program, it was approved as a registered [nurse] *nursing* or *licensed* practical [nurse] *nursing* education program in that state, territory, or country;

(b) That the *applicant met the* educational qualifications of this State at [that time were met] *the time of the applicant's graduation from the nursing education program*; (c) Verification of successful completion of the licensure examination under the laws of another state, territory, or country;

(d) That the examination used for licensure was the:

(i) "State Board Test Pool Examination — Registered Nurse or Practical Nurse", from 1952—1982;

(ii) "National Council Licensure Examination — Registered Nurse or Practical Nurse", from 1982 to the present;

(iii) "National League for Nursing State-Constructed Board Examination, Registered Nurse or Practical Nurse", before 1952; or

(iv) "Canadian Nurses Association Test Service Examination for Registered Nurses" taken before 1982; and

(e) [Oral] *Proof of oral and written* competency in the English language;

(4) Whose basic nursing education was completed in another country, has the applicant's transcript evaluated by the Commission on Graduates of Foreign Nursing Schools; and

(5) Presents evidence of 1,000 hours of active nursing practice within the last 5 years or successful completion of a Board-approved refresher course or preceptor program.

B. Applicants [unable to obtain certification of oral competency in the English language, which is required in §A(3)(e) of this regulation, from the school of nursing or the state of original licensure, may evidence of competency by obtaining a minimum passing score, as determined by the Board, on the Test of Spoken English administered by the Educational Testing Service before applying for licensure] *who are unable to prove proficiency in the English language in accordance with Health Occupations, §8-302(e), Annotated Code of Maryland, may be required to submit evidence of competency in the English by obtaining a minimum passing score on a Board approved English language competency examination in accordance with Regulation .05C of this Chapter.*

C. Those applicants who cannot present evidence of 1,000 hours of active nursing practice within the last 5 years, or successful completion of a Board-approved refresher course or preceptor program, may apply for inactive license.

[D. A license may not be issued until the Board has:

(1) Received and reviewed the criminal history records information; and

(2) Approved the application.]

## **.11 Issuance of Licenses.**

A. [A] *An initial* license shall be issued to each applicant passing the licensure examination or qualifying for licensure by endorsement provided that:

(1) [they meet] *The applicant meets* all the requirements of this chapter; *and*

(2) *The Board has:*

(a) *Received and reviewed the criminal history record information; and*

(b) *Approved the application.*

(c)

[B. A renewal license will be issued to each licensee who meets the requirements of Health Occupations Article, §8-312(c), Annotated Code of Maryland.]

[C.] B. An initial license may not be issued for less than 90 days.

[D.] C. An incorrect license issued as a result of a Board error will be corrected in the Board's data base at no charge to the licensee.

[E.] D. A licensee who requests a change of name for a license shall:

(1) Make the request in writing on the form required by the Board; and

(2) Provide appropriate legal documentation supporting the change.

[F. An inactive status license shall be issued to any licensee who pays the required fee and submits the form required by the Board.]

## **.12 Temporary Licensure.**

A. The Board may issue a temporary license to *an applicant who passed the licensure examination and is waiting for the criminal history records check to be completed or who is licensed as [any] a registered nurse or licensed practical nurse [from] in any other state provided that the applicant:*

(1) Completes the required application;

(2) [Presents] *If licensed in another state, presents* a copy of a current, active license in another state;

(3) Presents positive personal identification;

(4) Pays the required fee; and

(5) Provides written [, verified evidence] *documentation* that the applicant has submitted to a criminal history records check in accordance with Health Occupations Article, §8-303, Annotated Code of Maryland.

[B. The Board may issue a temporary license to a renewal applicant pending completion of the criminal history record information in accordance with Health Occupations Article, §8-312(g), Annotated Code of Maryland.]

[C.] B. Except as provided in §§ [D and H] *C and E* of this regulation, temporary licenses expire 90 days after date of issuance and are not renewable.

[D.] C. A temporary license may be extended for an additional 90 days if the applicant is waiting for the completion of *the* criminal history record information.

[E.] *D.* The Board shall revoke a temporary license if the criminal history records check reveals that the applicant has been convicted of or pled guilty or nolo [contendre] *contendere* to an act that would be cause for discipline under Health Occupations Article, §8-316(a), Annotated Code of Maryland.

[F.. The Board may issue a temporary practice letter to a certified nurse practitioner or certified nurse midwife as permitted by Health Occupations Article, §8-315, Annotated Code of Maryland.

G. A temporary practice letter referred to in §F of this regulation may be issued provided that the applicant provides documentation verifying that the applicant meets the requirements for certification in this State.]

[H.] *E.* If an applicant does not meet the practice requirement in Regulation [.09].10 A(5) of this chapter, a temporary license [or temporary practice letter] may be extended every 90 days:

- (1) Pending completion of the practice requirement; and
- (2) Provided that the total length of the temporary license does not exceed 12 months from the original date of issuance.

### **.13 Renewal of License.**

*A. The Board shall renew the license of a licensee who meets all the requirements of Health Occupations Article §8-312(c) and of this chapter.*

[A.]*B.* The Board shall [begin biennial licensure on January 1, 2013,] *renew licenses biennially* according to the following schedule:

[(1) Until December 31, 2012, a license of a registered nurse or licensed practical nurse shall be renewed annually not later than the 28th day of the licensee's birth month;

(2) Beginning January 1, 2013, a registered nurse or licensed practical nurse with an even-numbered birth year shall renew for a 1-year period not later than the 28th day of the licensee's birth month;

(3) Beginning January 1, 2013, a registered nurse or licensed practical nurse with an odd-numbered birth year shall renew for a 2-year period not later than the 28th day of the licensee's birth month;

(4) Beginning January 1, 2014, a registered nurse or licensed practical nurse with an even-numbered birth year shall renew for a 2-year period not later than the 28th day of the licensee's birth month; and

(5) Beginning January 1, 2015, a registered nurse or licensed practical nurse shall renew every 2 years as follows:

(a) (1) A registered nurse or licensed practical nurse with an odd-numbered birth year shall always renew in an odd-numbered year not later than the 28th day of the licensee's birth month; and

[(b)] (2) A registered nurse or licensed practical nurse with an even-numbered birth year shall always renew in an even-numbered year not later than the 28th day of the licensee's birth month.

[B.] C. At least 3 months before a license expires, the Board shall send the licensee a renewal notice by:

(1) First-class mail to the last known address of the licensee; or

(2) Electronic means to the last known electronic address of the licensee.

[C.] D. It shall be the responsibility of the licensee to notify the Board if a renewal notice is not received.

[D.] E. The Board cannot guarantee that renewal applications received later than 30 days before the expiration date will be processed before the expiration date.

[E.] F. The Board shall issue a volunteer license to any registered nurse or licensed practical nurse who meets the licensure renewal requirements provided the licensee:

(1) Certifies to the Board that the licensee provides professional services only as a volunteer;

(2) Completes the required application; and

(3) Pays the required fee.

[F.] G. [Persons] *Individuals* applying for active licensure renewal shall show evidence of 1,000 hours of active nursing practice or graduation from an approved nursing program within the 5 years immediately preceding *the date of the renewal application*.

[G.] *H. [Persons] Individuals* applying for active licensure renewal who do not meet the requirements of §[F] *G.* of this regulation shall be required to successfully complete a Board-approved refresher program or Board-approved preceptorship program prior to renewal of the license.

[H.]/I. Tax Deficiencies.

(1) On a monthly basis, the Board shall notify the Office of the Comptroller of any licensee or certificate-holder:

- (a) Whose license expires within the next 4-month period; and
- (b) Whose identity has not previously been provided to the Office of the Comptroller.

(2) Upon notification by the Office of the Comptroller of any licensee or certificate-holder who is delinquent in the payment of undisputed taxes or unemployment insurance contributions, the Board shall notify the licensee or certificate-holder that renewal processing shall be delayed until the Office of the Comptroller verifies that the licensee or certificate-holder has made arrangements for payment of the undisputed taxes or unemployment insurance contributions that are satisfactory to the unit responsible for collection.

(3) Upon notification by the Office of the Comptroller that the licensee or certificate-holder has made satisfactory arrangements for payment of the undisputed taxes or unemployment insurance contributions, and where the licensee or certificate-holder is otherwise qualified for licensure, the Board shall renew the license or certificate.

*J. Along with the renewal notice in accordance with §C of this regulation the Board shall notify every renewal applicant who is required to have a criminal history records check in the selected birth month and send the renewal applicant instructions for downloading and completing the documents needed to submit to a criminal history records check.*

*K. If a renewal applicant is out of the state, the Board shall mail a packet to the applicant with the required documents and instructions for completing the documents.*

[I.] *L.* Upon notification by the Board that a criminal history records check is required before a license can be renewed, a renewal applicant shall comply with all of the requirements under Regulation .04A of this chapter.

[J.] *M.* Criminal history record checks for renewal applicants shall be scheduled according to the licensee's birth month as follows:

- (1) In 2010 — all applicants with a June birth month;
- (2) In 2011 — all applicants with a July birth month;
- (3) In 2012 — all applicants with an August birth month;

- (4) In 2013 — all applicants with a September birth month;
- (5) In 2014 — all applicants with an October birth month;
- (6) In 2015 — all applicants with a November birth month;
- (7) In 2016 — all applicants with a December birth month;
- (8) In 2017 — all applicants with a January birth month;
- (9) In 2018 — all applicants with a February birth month;
- (10) In 2019 — all applicants with a March birth month;
- (11) In 2020 — all applicants with an April birth month; and
- (12) In 2021 — all applicants with a May birth month.

[K. The Board shall mail out to every renewal applicant who is required to have a criminal history records check in the selected birth month, a packet with the required fingerprint documents and instructions for completing the documents.]

[L.] *N. [After notification to the licensee at the address provided to the Board that a criminal history records check is required for renewal,] For renewal applicants who are required to submit to a criminal history records check, the Board may not renew a license [if the criminal history records information has not been received] without written documentation that the applicant has submitted to a criminal history record check in accordance with Health Occupations Article, §8-303, Annotated Code of Maryland.*

[M. The Board may issue a temporary license in accordance with Regulation .11 of this chapter pending receipt of the criminal history records information.]

N. A license may not be issued until the Board has:

- (1) Received and reviewed the criminal history records information; and
- (2) Approved the application.]

#### **.14 Inactive Status.**

A. The Board shall [issue an inactive] *place the* license [to] *of* any registered nurse or licensed practical nurse *on inactive status* if the licensee:

- (1) *(a)* Has not satisfactorily completed 1,000 hours of active nursing practice or graduated from an approved nursing program within the 5-year period immediately preceding the date of anticipated renewal; *or*  
[(2)] *(b)* Chooses inactive status; [and]  
[(3)] (2) Completes the [annual] *biennial* application for inactive status; *and*  
(3) *Pays the required fee.*



B. A licensee on inactive status may not practice nursing in this State. However, a registered nurse on inactive status may use the title "registered nurse", and a practical nurse on inactive status may use the title "licensed practical nurse".

C. A licensee on inactive status may apply for an active status license provided that the licensee:

(1) Meets the renewal requirements of Health Occupations Article, §8-312, Annotated Code of Maryland; and

(3) Submits to the Board:

(a) The required application; and

(b) Written[, verified evidence] *documentation* that the [renewal applicant] *licensee* has [completed an application for] *submitted to* a criminal history records check in accordance with Regulation [.05] *.13* of this chapter by:

(i) Submitting two sets of fingerprints required by the Central Repository and the FBI; and

(ii) Paying all fees required by the Central Repository and the FBI.

[D. A license may not be issued until the Board has:

(1) Received and reviewed the criminal history records information; and

(2) Approved the application.]

[E.] D. An additional fee may not be charged to change from inactive to active status.

### **.15 Expiration of License.**

A. A license expires on the 28th day of the licensee's birth month.

B. A licensee has a 30-day grace period beyond the expiration of a license date to [obtain a renewal] *renew a* license.

### **.16 Refresher Course and Preceptorship Requirements.**

A. Refresher courses and preceptor programs, as defined in Regulation .01B of this chapter, shall be approved by the Board before their implementation and at least every 5 years after that.

B. The registered nurse curriculum shall:

(1) Have a minimum of 80 theory hours, 60 clinical hours, and 8 hours of a classroom laboratory training before the on-site clinical experience;

(2) Include the following content areas:

- (a) The nursing process;
- (b) Management and delegation of patient care;
- (c) Documentation and information management;
- (d) Pharmacology, including calculation;
- (e) Nursing care of patients with alterations in body systems;
- (f) Emergency procedures;
- (g) Disaster response; and
- (h) Professional responsibilities, which include, but are not limited to, the following:
  - (i) Trends in nursing and the health care system;
  - (ii) Legal aspects of nursing; and
  - (iii) Development and initiation of patient and community health education.

C. The practical nurse curriculum shall:

(1) Have a minimum of 60 theory hours, 60 on-site clinical hours, and 8 hours of a classroom laboratory training before the on-site clinical experience;

(2) Include the following content areas:

- (a) The nursing process with the licensed practical nurse as a contributor;
- (b) Provision and delegation of patient care under the supervision of a registered nurse;
- (c) Documentation and information management;
- (d) Pharmacology, including calculations;
- (e) Nursing care of patients with common health problems;
- (f) Emergency procedures;
- (g) Disaster response; and
- (h) Professional responsibilities, which include, but are not limited to, the following:
  - (i) Trends in nursing;
  - (ii) Legal aspects of nursing; and
  - (iii) Contribution to patient health teaching.

D. The organization and utilization of curriculum materials shall be based on accepted educational principles.

E. Faculty Qualifications.

(1) Faculty shall [have]:

(a) [A current registered nurse licensure in Maryland] *Be a registered nurse as defined in Health Occupations Article, §8-101, Annotated Code of Maryland; and*

(b) [An earned] *Have a* baccalaureate degree in nursing.

(2) A minimum of 3 years of clinical and teaching experience is recommended.

F. Faculty shall:

(1) Plan, implement, evaluate, and revise the educational program.

(2) Select and evaluate clinical facilities used to achieve program objectives.

(3) Develop and utilize:

(a) Written examinations to measure achievement of program objectives.

(b) An evaluation tool to measure achievement of clinical competencies. The clinical competencies shall be based upon the registered nurse and licensed practical nurse standards of practice.

(c) A mechanism for student evaluation of the course.

G. Students shall complete theoretical instruction either before or concurrent with clinical instruction.

H. All program requirements including required clinical hours shall be completed within 12 months of the starting date of the refresher course.

I. Clinical facilities shall provide sufficient opportunities to meet the learning objectives of the refresher course.

J. The faculty/student ratio may not exceed 1:10 in the clinical area.

### **10.27.03 – Nursing Education Programs**

#### **.01 Definitions.**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Approved" means a nursing education program that:

(a) Is in compliance with the regulations of the Board; and

(b) Holds a certificate of approval from the Board of Nursing.

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

(3) "Board-recognized nursing accreditation agency (BRNAA)" means a national nursing education accreditation agency recognized by the:

(a) Secretary of the United States Department of Education (USDOE); and

(b) Board.

(4) Clinical Learning Experience.

(a) "Clinical learning experience" means faculty planned and guided learning activities designed to assist students to meet the course objectives and apply nursing knowledge and skills in the direct care of patients.

(b) "Clinical learning experience" includes:

(i) Direct care of patients within the relevant practice setting;

(ii) Clinical support activities such as clinical conferences; and

(iii) Simulation laboratories.

(5) "Clinical faculty" means an individual with at least a baccalaureate degree in nursing who is employed solely for clinical learning of students.

(6) "Clinical preceptor" means a registered nurse employee of a cooperating agency acting to facilitate student learning in a manner specified in a signed written agreement between the agency and the educational institution.

(7) "Clinical preceptorship" means an organized system of clinical experience that allows a nursing student to be paired with a clinical preceptor for the purpose of attaining specific learning objectives.

(8) "Conditionally approved" means a program that:

(a) Has failed to meet or maintain the regulations or requirements, or both, set by the Board; and

(b) Is approved subject to the school or program conforming to the Board's requirements and recommendations within a time period set by the Board.

(9) "Controlling institution" means an organization that offers a nursing education program.

(10) "Cooperating agency" means an agency that provides the facilities for clinical learning experiences in nursing, with the faculty or the clinical instructor of the program responsible for the planning, implementing, and evaluating of these experiences.

(11) "Curriculum changes" means changes in course offerings that will alter the curriculum,

philosophy, objectives, outcomes, competencies, or conceptual framework of the program.

(12) "Faculty" means an individual with a graduate degree in nursing who is employed to teach full or part time in a nursing education program.

(13) "Full time nurse faculty equivalent" means nursing faculty who are designated as full time employees by their institution.

(14) "Initial approval" means a newly established school or program that:

(a) Complies with the regulations of the Board; and

(b) Has not graduated its first class.

(15) "Informatics" means the use of technology in nursing practice.

(16) "Licensed practical nurse" means an individual *who is* licensed by the Board *or has a multistate licensure privilege* to practice licensed practical nursing *under the Nurse Licensure Compact*.

(17) "MHEC" means Maryland Higher Education Commission.

(18) "Program" means a school or program of registered nursing or licensed practical nursing.

(19) "Recommendation" means a condition with which a school may elect to comply.

(20) "Registered nurse" means an individual *who is* licensed by the Board *or has a multistate licensure privilege* to practice registered nursing *under the Nurse Licensure Compact*.

(21) "Requirement" means a mandatory condition that a school or program meets:

(a) For the school to be approved; and

(b) To ensure that graduates of the school or program are eligible to take the NCLEX-RN(r) and NCLEX-PN(r).

(22) "Simulation" means instructional activities and strategies that mimic the reality of a clinical environment and complement other clinical learning experiences.

(23) "USDOE" means the United States Department of Education.

## **07 Nursing Program Administrator.**

### **A. Qualifications.**

(1) Qualifications of the nursing program administrator include:

(a) Current licensure as a registered nurse in Maryland *or who has a multistate license privilege to practice registered nursing*;

(b) A graduate degree in nursing [for an individual employed after September 30, 1991];  
and

(c) Academic preparation or experience in administration.

(2) A doctorate in nursing or a related field is recommended for the nursing program administrator.

B. Responsibilities. The nursing program administrator, with the participation of the faculty, is responsible for:

(1) Recommendations for faculty appointment and review;

(2) The educational program or programs;

(3) Preparing and administering the budget;

(4) Formulating and implementing policies pertinent to the program, which include but are not limited to:

(a) Admission and progression;

(b) Advanced standing;

(c) Transfer and articulation;

(d) Withdrawal;

(e) Reinstatement;

(f) Evaluation;

(g) Graduation requirements; and

(h) Competency in oral and written communication of the English language;

(5) Determining the student/teacher ratio based on the objectives of the course, method of instruction used, and the requirements of the faculty;

(6) Determining the number of faculty, including clinical faculty, needed based on the:

(a) Number and academic level of enrolled students;

(b) Curriculum;

(c) Activities and responsibilities required of the faculty; and

- (d) Number and geographic locations of the clinical facilities;
- (7) Developing, maintaining, complying with, and periodically reviewing written agreements with cooperating agencies;
- (8) Implementing a faculty orientation and development program;
- (9) Implementing the entire program in accordance with Board regulations;
- (10) Assuring that all publications pertaining to the nursing program are clear, accurate, and current;
- (11) Developing and implementing a written plan that provides that all students participating in clinical practice settings are physically and mentally competent at all times to provide safe client care; and
- (12) Developing appropriate clinical learning experiences that reflect an understanding of the program's philosophy, objectives, outcomes or competencies, and curriculum.

#### **.08 Faculty and Clinical Instructors.**

##### **A. Qualifications of Nurse Faculty.**

###### **(1) Nurse faculty shall:**

- (a) Be currently licensed as a registered nurse in Maryland *or have a multistate licensure privilege to practice registered nursing under the Nurse Licensure Compact*;
- (b) Be academically and professionally qualified;
- (c) Maintain expertise appropriate to their teaching responsibilities; and
- (d) Have a minimum of 2 years of clinical experience as a registered nurse.

(2) Except as provided under §B of this regulation, nurse faculty **hired after August 10, 1998,** shall have a graduate degree in nursing.

(3) Non-nurse faculty, or nurses not meeting the requirements for faculty, may teach selected portions of the nursing curriculum that relate to their areas of expertise.

##### **B. Waiver of Graduate Degree in Nursing Requirement for Nursing Faculty.**

(1) A program experiencing a faculty shortage may petition the Board for a waiver of the graduate degree in nursing required by §A(2) of this regulation.

(2) The petition for a waiver of the graduate degree in nursing shall include documentation that the institution has attempted to hire faculty with graduate degrees and a summary of those efforts.

(3) The petition in §B(1) of this regulation shall include documentation verifying that the faculty applicant for whom the waiver is requested has:

- (a) A baccalaureate degree in nursing and a graduate degree in another field; or
- (b) A baccalaureate degree in nursing and:
  - (i) Is enrolled as a student in an approved graduate study program in nursing; and
  - (ii) Will complete the graduate study program in nursing within 36 months.

(4) If the graduate degree in nursing is waived by the Board:

(a) The faculty member for whom a waiver has been granted shall complete a minimum of 9 graduate credits in nursing within 24 months of the issuance of the waiver; and

(b) The program shall document completion of the required credits to the Board by the faculty member within 24 months of the date when the waiver was granted.

(5) If the faculty member fails to complete the 9 graduate credits required in nursing within 24 months of the granting of the waiver, the Board may withdraw the waiver.

(6) If the waiver has been withdrawn, the program shall require that the faculty member cease functioning as faculty. If the program fails to do so, the Board may take action under COMAR 10.27.03.17.

(7) Once the faculty member for whom the waiver was granted has met the 9 graduate credit waiver requirements, that faculty member is considered to have met the educational requirements of §A(2) of this regulation.

(8) The Board shall grant a waiver for a faculty member:

- (a) With experience in teaching; and
- (b) Who is within a semester of graduation from a graduate degree in nursing.

#### C. Qualifications of Clinical Nurse Faculty.

(1) A clinical nurse faculty member shall:

(a) Be currently licensed as a registered nurse in Maryland *or have a multistate licensure privilege to practice registered nursing under the Nurse Licensure Compact;*

(b) Have a degree in nursing at or above the baccalaureate level;

(c) Have a minimum of 2 years of clinical experience as a registered nurse; and

(d) Have the clinical experience necessary to function effectively and safely in the clinical nurse faculty's area of responsibility.



(2) A program may not, in any academic year, fill more than 25 percent of the program's full-time nurse faculty equivalent positions with clinical faculty whose highest nursing degree is at the baccalaureate level.

#### D. Responsibilities.

(1) Responsibilities of the faculty include participation in the planning, implementing, evaluating, and revising of the educational program.

(2) Faculty shall:

(a) Develop and implement standards for admission, progression, and graduation of students;

(b) Participate in academic advisement and guidance of students;

(c) Evaluate student performance;

(d) Maintain clinical skills in the faculty's area of responsibility;

(e) Develop and implement a plan to assure that all instructional materials are accessible, current, and relevant to the curriculum;

(f) Participate in the recruitment, selection, and promotion of faculty;

(g) Participate in peer evaluation of faculty performance; and

(h) Elicit student evaluation of teaching effectiveness.

(3) Clinical nurse faculty shall:

(a) Provide clinical instruction and supervision of students; and

(b) Evaluate student performance.

### **10.27.05 – Practice of Nurse Midwifery**

#### **.01 Definitions.**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) “ACME” means the Accreditation Commission for Midwifery Education.

(2) “ACNM” means the American College of Nurse Midwives.

(3) “Advanced practice registered nurse (APRN)” means a registered nurse who [holds a current license] *is certified by the Board* as:

(a) A certified nurse midwife (CNM);

(b) A certified registered nurse anesthetist (CRNA);

(c) A certified nurse practitioner (CRNP); *or*

(d) A clinical nurse specialist (CNS)[; *or*

(e) An advanced practice registered nurse/ psychiatric mental health (APRN/PMH)].

(4) “AMCB” means the American Midwifery Certification Board.

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

(6) “Certification” means the [status] *permission to practice nurse midwifery* granted by the *Board* to a registered nurse who has:

(a) Met all the specified requirements of a national certifying body recognized by the Board; and

(b) Complied with the requirements of this chapter.

(7) “Certified nurse midwife” means [a] *an advanced practice* registered nurse who[:

(a) Is certified by the AMCB or any other certifying body recognized by the Board;

(b) Has graduated from a Board-approved graduate level program for nurse midwives at the Masters’ level or higher;

(c) Has completed an advanced nursing education program with a specialization in midwifery that is accredited by:

(i) The National League for Nursing Accreditation Commission (NLNAC);

(ii) The Commission on Nursing Education (CCNE);

(iii) ACME; or

(iv) Any other accrediting body recognized by the Board; and

(d) Is ] is certified by the Board *to practice nurse midwifery in this State*.

(8) “Clinical practice guidelines” means written standards using guidelines *established by*:

(a)[ Established by the] *The* ACNM in Standards for the Practice of Midwifery, as amended or supplemented, and available from ACNM, 8403 Colesville Road, Suite 1550, Silver Spring, MD 20910; or

(b) Any other *national* certifying body recognized by the Board.

(9) "Delegated medical functions" means those functions that come within the definition of "practice medicine" in the Health Occupations Article, §14-101[(i)], Annotated Code of Maryland, that have been delegated to a certified nurse midwife to perform.

(10) ["Formulary" means an approved list of the categories of substances commonly used in the practice of nurse midwifery as determined by the Board in consultation with the MBP and the Maryland Board of Pharmacy.

(11) "MBP" means the Maryland Board of Physicians.] “*Multistate licensure privilege*”  
*has the meaning set forth in COMAR 10.27.01..01B.(11).*

[(12)](11) "Newborn" means an infant in the first 48 hours of life.

[(13)] (12) "Nurse midwifery" means the health care management of newborns and clients throughout their reproductive life cycle.

[(14) "Pharmacy Board" means the State Board of Pharmacy.

(15)] (13) "Physician" means an individual licensed to practice medicine in this State.

(14) “Registered Nurse” means an individual who is licensed by the Board or has a multistate licensure privilege to practice registered nursing in this State under the Nurse Licensure Compact.

**.02 Certification.**

A. An applicant for certification as a nurse midwife shall: [hold a current]:

(1) [License] *Hold a current Maryland license in good standing to practice registered nursing or a multistate licensure privilege to practice registered nursing in [Maryland] this State under the Nurse Licensure Compact;*

(2) *Have graduated from a Board approved graduate level program for nurse midwives at the Masters’ level or higher that is accredited by:*

*(a) The National League for Nursing Accreditation Commission (NLNAC);*

*(b) The Commission on Nursing Education (CCNE);*

*(c) ACME; or*

*(d) Any other accrediting body recognized by the Board;*

[(2)](3)*Hold a current [Certification] certification as a nurse midwife from the ACMB or any other national certifying body recognized by the Board;*

[(3)](4) [Complete the] *Submit to the Board a completed application for certification as a nurse midwife;*

(5) Submit an affidavit that the applicant agrees to comply at all times with the clinical practice guidelines in accordance with Regulation .01B [(7)](8) of this chapter when providing clinical midwifery services; [and]

(6) *Comply with all the requirement set forth in COMAR 10.27.01.04;*

(7) *Demonstrate written and oral competency in the English language; and*

[(5)] (8) Pay all fees.

B. If the applicant's nurse midwifery program was completed before July 1, 2014, and was not at a Master's degree or higher level, but the applicant otherwise qualifies *for certification*, the applicant [for certification as a CNM] shall provide the Board with:

(1) Verification of completion of a nurse midwifery program recognized by AMCB; and

(2) Current national certification by AMCB *or any other national certifying body recognized by the Board.*

#### **.08 Renewal of Certification.**

A. Certification as a nurse midwife expires at the same time as the nurse midwife's registered nursing license unless the certification is renewed.

B. Before a nurse midwife's certification expires, the *nurse* midwife may renew *the certification* biennially if the nurse midwife:

(1) [Submits documentation of a current national certification in midwifery from a certifying body recognized by the Board;

(2) Is otherwise entitled to be certified;

(3) Pays to the Board all appropriate renewal fees set by the Board; and

(4) Submits to the Board:

(a) A renewal application on the form that the Board requires; and

(b) Proof of enrollment in the Continuing Competency Assessment Program of the A.C.N.M. or, if initially certified after January 1, 1996, proof of enrollment in the AMCB

Certification Maintenance Program or other program approved by the Board] *Is otherwise entitled to be certified;*

*(2) Submits to the Board:*

*(a) Documentation of a current national certification as a nurse midwife from a national certifying body recognized by the Board;*

*(b) A completed renewal application on the form that the Board requires;*

*(d) Proof of enrollment in the Continuing Competency Assessment Program of the A.C.N.M. or, if initially certified after January 1, 1996, proof of enrollment in the AMCB Certification Maintenance Program or other program approved by the Board; and*

*(3) Pays all fees.*

*C. Certified nurse midwife renewal applicants who are authorized to practice registered nursing in this State under a multistate licensure privilege shall be periodically required to submit to a criminal history records check in accordance with the schedule and requirements set forth in COMAR 10.27.01.13J-N.*

*D. The certified nurse midwife shall ensure that the Board has a record of the renewed national certification if the national certification expires before the registered nurse license renewal date.*

*E. Certification as a nurse midwife shall be deemed to have lapsed if the Board does not have a record of a current active national certification.*

*F. Practicing on an expired national certification is prohibited and subject to discipline under Health Occupations Article, §8-316(a), Annotated Code of Maryland.*

## **.09 Compliance.**

[A.] The certified nurse midwife shall develop and comply with clinical practice guidelines as defined in Regulation .01B(8) of this chapter.

[B. The certified nurse midwife shall ensure that the Board has a record of the renewed certification if the certification expires before the registered nurse license renewal date.

C. Certification shall be deemed to have lapsed if the Board does not have a record of a current active certification.

D. Practicing on an expired national certification is prohibited and subject to discipline under Health Occupations Article, §8-316(a), Annotated Code of Maryland.]

#### **.10 Unlawful Practices.**

Pursuant to Health Occupations Article, [§§8-602 and 8-710] *Title 8, Subtitle 7*, Annotated Code of Maryland, an individual may not:

A. Practice nurse midwifery unless certified under these regulations or otherwise permitted by law to engage in those activities;

B. Use the title nurse midwife, certified nurse midwife, or any other similar designation unless certified by the AMCB, or other certifying body approved by the Board; or

C. Use the title certified nurse midwife unless certified by the Board.

#### **.11 Prescribing of Substances by a Certified Nurse Midwife.**

A. Pursuant to Health Occupations Article, §8-601, Annotated Code of Maryland, a certified nurse midwife may *prescribe*:

(1) [Prescribe substances included in the formulary developed by the Board in consultation with the MBP and Pharmacy Board] *Substances commonly used in the practice of nurse midwifery;*  
*and*

(2) Prescribe controlled substances on Schedules II—V under Criminal Law Article, §§5-403—5-406, Annotated Code of Maryland, [as determined by the Board in consultation with the MBP

and Pharmacy Board] *commonly used in the practice of nurse midwifery*; and

(3) Dispense substances prescribed in accordance with §A(1) and (2) of this regulation in the course of treating a client at a:

- (a) Nonprofit medical facility or clinic;
- (b) Health center operating on the campus of an institution of higher learning;
- (c) Public health facility;
- (d) Medical facility under contract with a State or local health department; or
- (e) Facility funded with public funds.

**[B. The Board shall:**

(1) Consult with the Maryland Board of Pharmacy and Maryland Board of Physicians to review the formulary and make revisions as necessary;

(2) Maintain a list of all certified nurse midwives who are authorized to prescribe;

(3) Maintain a record of the approved formulary; and

(4) Provide a copy of the approved formulary to Maryland pharmacies upon written request.]

**10.27.06 – Practice of Nurse Anesthetist**

**.01 Definitions.**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "A.A.N.A." means the American Association of Nurse Anesthetists.



(2) “*Advances practice registered nurse (APRN)*” means a registered nurse who is certified by the Board as:

- (a) *A certified nurse midwife (CNM);*
- (b) *A certified registered nurse anesthetist (CRNA);*
- (c) *A certified nurse practitioner (CRNP); or*
- (d) *A clinical nurse specialist (CNS).*

[(2)] (3) “Anesthesiologist” means a Maryland-licensed physician who:

- (a) Has had special training in the field of anesthesiology;
- (b) Administers anesthesia on a regular basis; and
- (c) Devotes a substantial portion of the physician's medical practice to the practice of anesthesiology.

[(3)](4) “Board” means the Board of Nursing.

[(4)] “BPQA” means the Board of Physician Quality Assurance.] “*Certification*” means the permission to practice nurse anesthesia granted by the Board to a registered nurse who has:

- (a) *Met all the specified requirements of a national certifying body recognized by the Board; and*
- (b) *Complied with the requirements of this Chapter.*

[(5)](6) “Certified registered nurse anesthetist (CRNA)” means [a] *an advanced practice* registered nurse who is certified by the Board to practice nurse anesthesia [by the Board] in this State.

[(6)](7) “Collaboration” means the development and implementation of an agreement between a nurse anesthetist and an anesthesiologist, licensed physician, or dentist concerning the

practice of nurse anesthesia.

[(7)] (8) "Licensed physician or dentist" means a Maryland-licensed physician or dentist who has knowledge and experience in resuscitation, anesthetic drugs, and their reactions.

[(8)] (9) "Perioperative assessment and management of patients" means the assessment and management of the patient preoperatively, *intraoperatively*, and postoperatively [, as well as monitoring of the patient during anesthesia].

(10) *"Multistate licensure privilege" has the meaning set forth in COMAR 10.27.01..01B.(11).*

[(9)] (11) "Practice of nurse anesthesia" means the performance of acts in collaboration with an anesthesiologist, licensed physician, or dentist, which require substantial specialized knowledge, judgment, and skill related to the administration of anesthesia, including:

- (a) Perioperative assessment and management of patients requiring anesthesia services;
- (b) Administering anesthetics;
- (c) Management of fluid in intravenous therapy; and
- (d) Respiratory care.

[(10)](12) "Qualified anesthesia provider" means a physician, dentist, or certified registered nurse anesthetist trained and duly authorized under the respective provisions of the Health Occupations Article to administer local, regional, and general anesthesia.

(13) *"Registered Nurse" means an individual who is licensed by the Board or has a multistate licensure privilege to practice registered nursing in this State under the Nurse Licensure Compact.*

**.02 Certification.**

A. An applicant for certification as a CRNA shall:

A. An applicant for certification as a CRNA shall:

(1) Hold a current *Maryland* license *in good standing or a multistate licensure privilege to* practice registered nursing in this State *under the Nurse Licensure Compact*;

(2) [Complete the application for certification as a nurse anesthetist;

(3) Pay all fees established by the Board;

(4) Complete the requirements for a degree or diploma] *Have graduated* from an education program in nurse anesthesia approved by the Board; [and]

[(5)](3) Hold current certification from the Council on Certification of Nurse Anesthetists or from another certifying body approved by the Board;

(4) *Submit to the Board a completed application for certification as a nurse anesthetist*;

(5) *Comply with all the requirements set forth in COMAR 10.27.01.04*;

(6) *Demonstrate oral and written competency in the English language; and*

(7) *Pay all fees.*

B. If the applicant's nurse anesthetist program was completed after January 1, 2008, the applicant for certification as a CRNA shall also provide to the Board [verification of completion of] *documentation that the applicant graduated from a graduate level accredited nurse anesthetist program with a master's degree or higher.*

C. A CRNA may not practice in this State until the CRNA has notified the Board of the name and license number of the collaborating physician or dentist.

D. The Board shall forward the name and license number of the collaborating physician or dentist to the appropriate regulatory board.

### **.03 Practice Before Certification.**

A. A registered nurse who has completed a program for preparation of nurse anesthetists and who has applied to take a national certifying examination acceptable to the Board may practice as a nurse anesthetist graduate before certification in the State, on approval of the Board, if the nurse:

- (1) Has a current license to practice nursing in the State *or a multistate licensure privilege to practice registered nursing in this State under the Nurse Licensure Compact*;
- (2) Submitted in full the application for State certification as a CRNA;
- (3) Paid all fees established by the Board;
- (4) Completed a nurse anesthetist program approved by the Board;
- (5) Practices under the supervision of an anesthesiologist or CRNA, if the supervising CRNA has a collaborative agreement with an anesthesiologist, if the supervisor is on site and immediately available to the nurse anesthetist graduate;
- (6) Provides the Board a copy of the admission document to the certification examination which must be taken not later than 6 months after program completion; and
- (7) Immediately notifies the Board and the supervising anesthesiologist or CRNA of the results of the certification examination.

B. A nurse anesthetist graduate who fails the certification examination shall immediately cease practice as a nurse anesthetist graduate.

### **.04 Renewal of Certification.**

A. Certification as a nurse anesthetist expires at the same time as the nurse anesthetist's registered nursing license unless the certification is renewed.

B. Before a nurse anesthetist's certification expires, the nurse anesthetist may renew the certification for an additional [1-year term] *biennially*, if the nurse anesthetist:

(1) Is otherwise entitled to be certified;

[(2) Pays all appropriate renewal fees set by the Board; and

(3)] (2) Submits to the Board:

(a) *Documentation of a current national certification as a nurse anesthetist from a national certifying body recognized by the Board;*

[(a)](b) *A completed renewal application on the form [required by] that the Board requires; and*

[(b) Satisfactory evidence that any certification received under Regulation .02 of this chapter is current]

(3) *Pays all fees.*

*C. Certified registered nurse anesthetist renewal applicants who are authorized to practice registered nursing in this State under a multistate licensure privilege shall be periodically required to submit to a criminal history records check in accordance with the schedule and requirements set forth in COMAR 10.27.12.13J.-N.*

*D. The certified nurse anesthetist shall ensure that the Board has a record of the renewed national certification if the national certification expires before the registered nurse license renewal date.*

*E. Certification as a nurse anesthetist shall be deemed to have lapsed if the Board does not have a record of a current active national certification.*

*F. Practicing on an expired national certification is prohibited and subject to discipline under Health Occupations Article, §8-316(a), Annotated Code of Maryland.*

### **10.27.13 – Safe Practice Committee**

#### **Chapter 13 [Rehabilitation] Safe Practice Committee**

#### **Chapter 13 [Rehabilitation] Safe Practice Committee**

##### **.01 Definitions.**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

*(1) “Applicant” means an individual who has submitted an application to the Board to be licensed as a registered nurse, licensed practical nurse, electrologist, or direct-entry midwife or to be certified as an advanced practice registered nurse, a nursing assistant, or medication technician in this State.*

*[(1)] (2) “Board” means the Maryland Board of Nursing.*

*[(2)] (3) “Committee” means the [Rehabilitation] Safe Practice Committee.*

*( 4) “Certificate holder” means a nursing assistant or medication technician.*

*[(4)](5) “Certified nursing assistant” means an individual certified as a nursing assistant by the Board.*

[(3) "Impaired nurse" means a nurse who is not capable of delivering safe nursing care due to drug or alcohol dependency or mental illness.]

( 6) *"Licensee" means a direct-entry midwife, electrologist, licensed practical nurse, registered nurse, or advanced practice registered nurse.*

(7) *"Licensed practical nurse" means an individual who is licensed by the Board or has a multistate licensure privilege to practice licensed practical nursing under the Nurse Licensure Compact.*

(8) *"Medication technician" means an individual certified as a medication technician by the Board.*

[(4)] (9) "Nurse" means registered nurse, *advanced practice registered nurse*, or licensed practical nurse.

[(5) "Nursing assistant" means a certified nursing assistant.]

(10) *"Participant" means a registered nurse, an advanced practice registered nurse, a licensed practical nurse, a nursing assistant, a medication technician, an electrologist, a licensed direct-entry midwife, or an applicant enrolled in the Safe Practice Program.*

[(6)] (11) "Program" means the [rehabilitation program] *Safe Practice Program*.

[(7) "Provider" means a board certified psychiatrist, licensed psychologist, or an individual with at least a master's degree in an accepted mental health or related field including the fields of counseling, nursing, psychology, social work, psychotherapy, or addictions. ]

(12) *"Registered Nurse" means an individual who is licensed by the Board or has a multistate licensure privilege to practice registered nursing in this State under the Nurse Licensure Compact.*

[(8) "Treatment facility" means a center for the treatment of addictions or an inpatient psychiatric unit.]

(13) *"Substance use disorder" means a disorder that occurs when an individual exhibits a pattern of behaviors ranging from the misuse of, dependence on, or addiction to drugs, alcohol, or other chemicals.*

**.02 [Rehabilitation] Safe Practice Committee.**

**A. Committee Appointments.**

- (1) Annually, before the September meeting, the Board shall determine the number of rehabilitation committees required in the State.
- (2) The Board shall make appointments to the committee in October in accordance with Health Occupations Article, §8-208(c)[(1)], Annotated Code of Maryland.
- (3) Appointments are for a 4-year term, except in the first year of any committee when the terms are staggered.
- (4) Committee members may be reappointed for one additional 4-year term.

**B. Committee Meetings.**

- (1) The committee shall determine where meetings are held and the frequency of meetings.
- (2) Confidential minutes shall be kept of the committee meetings and maintained in a confidential file at the Board's office.

**C. The Board shall review and approve all procedures established by the committee.**

**D. The committee shall function in accordance with Health Occupations Article, §8-208(j)—(q), Annotated Code of Maryland.**

***E. Powers and Duties of the Committee.***



*(1) The committee may:*

*(a) Evaluate each individual who requests to participate in the program or is referred to the program;*

*(b) Receive and review information about program participants; and*

*(c) Consider in each case if the participant can practice safely or an applicant qualifies for licensure or certification to practice.*

*(2) The committee shall:*

*(a) Prepare a written plan or agreement for each participant that establishes the requirements for supervision and monitoring; and*

*(b) Inform each licensee, certificate holder, or applicant who requests participation in the program about:*

*(i) The procedures to be followed;*

*(ii) The rights and responsibilities of a participant in the program;*

*(iii) The possible consequences for a participant's non-compliance with the program.*

*(3) At the request of the Board, the committee may evaluate a nurse, nursing assistant, medication technician, electrologist, or direct-entry midwife with a substance use disorder or mental illness for readiness to return to practice.*

*F. Annual Committee Report.*

*(1) The Committee shall submit to the Board each year, and as requested, a report that:*

*(a) Provides the number of cases accepted, denied, or terminated with compliance or noncompliance;*

*(b) The Number of cases referred to the program that were not eligible;*

*(c) The number of cases referred to the program who declined admission to the program; and*

*(d) A cost analysis of the program.*

**.03 Criteria for Participation in the Program.**

A. Admission to the program is voluntary.

B. [Impaired nurses] *Registered nurses, licensed practical nurses, direct-entry midwives, electrologists, medication technicians, advanced practice registered nurses, [or] nursing assistants, or applicants for licensure or certification with a substance use disorder or mental illness,* may be referred to the program through self-report, formal complaint, or the Board of Nursing.

C. [A nurse or nursing assistant] *A licensee, certificate holder, or applicant* requesting [admission to] *to participate in* the program may not have:

(1) Caused injury to an individual while the [nurse was practicing nursing or the nursing assistant was performing nursing assistant duties] *licensee or certificate holder was practicing as a licensee or certificate holder;* or

(2) Been arrested, convicted, or both, for diversion of controlled substances for sale or distribution.

D. The committee and [the nurse or nursing assistant] *each program participant* shall enter into a written agreement which lists the individual requirements for [the nurse's or nursing assistant's] *the participant's* participation in the program and the conditions which shall be met [by the nurse or nursing assistant] *by the participant.*

E. [Failure] *If a licensee, certificate holder, or applicant fails to enter into a written agreement provided by the committee, [shall result in the nurse or nursing assistant being [expelled from the Program and reported] the committee shall deny admission to the program and refer the licensee, certificate holder, or applicant to the Board for consideration of disciplinary action or denial of licensure or certification.*

[F. Failure to comply with the written agreement shall require that the nurse or nursing assistant be reported to the Board for disciplinary action.

G. Evaluation of a nurse or nursing assistant for participation in the program is the responsibility of the committee.

H. At the request of the Board, the committee may evaluate a nurse or nursing assistant with a substance abuse problem or mental illness for readiness to return to the practice of nursing.]

#### **[.04 Approval of Treatment Facilities.**

A. In order to qualify as a designated treatment facility to which nurses or nursing assistants in the program may be referred, the treatment facility shall meet the criteria in §§B—L of this regulation.

B. The treatment facility has a specific identified contact person to whom nurses or nursing assistants can be referred for assistance.

C. The treatment facility has both day and evening hours of availability to provide treatment services.

D. The costs of treatment services are clearly stated and defined to the committee and to the nurse or nursing assistant seeking assistance.

E. Drug-free treatment services are available and used in conjunction with appropriate individual and group therapy.

F. The treatment facility for chemically dependent nurses or nursing assistants shall have 12-step fellowships and peer support groups which are used by the treatment center. These groups shall be offered on site or schedules of groups meetings shall be available on site.

G. The treatment facility or provider is available to do evaluations and assessments on site or in a convenient location within an expedient time period, with the fees for these services clearly defined before the delivery of the services. The treatment facility or provider agrees to provide written reports of the evaluations and assessments to the committee in a designated period of time.

H. The treatment facility or provider agrees to disclose to the committee, upon request, all information in its possession regarding the issue of a nurse's or nursing assistant's impairment and the nurse's or nursing assistant's participation in the treatment facility in accordance with a signed release of information.

I. The treatment facility or provider agrees to provide progress reports at least quarterly and upon demand, and immediately if a significant event should occur in treatment that is related to the issues of impairment and the impairment's effect on the nurse's practice or the nursing assistant's performance of nursing assistant duties.

J. The treatment facility includes random supervised urine drug testing through a State certified laboratory to screen for illicit drug use. The treatment facility agrees to make available all results of these urine drug screens to the committee, and to inform the committee immediately should the urine drug screen be positive for the presence of an illicit drug.

K. The treatment facility meets the certification requirements of the State for residential, intermediate care, and outpatient drug and alcohol treatment and rehabilitation facilities.

L. The Committee shall evaluate the program of the treatment facilities at least annually to ensure that the stated criteria are maintained.]

**.04 Noncompliance with a written plan or agreement.**

(1) *The committee may expel a participant from the program for failure to comply with any of the conditions of the plan or agreement.*

(2) *The committee shall:*

(a) *Report to the Board the name and license number of any participant who is expelled from the program; and*

(b) *Transfer to the Board the records of any participant expelled from the program.*

(3) *A participant who is expelled from the program may be subject to discipline*

**.05 Board and Committee Records.**

[A. Records shall be maintained in a confidential file in the Board's office.

B. A nurse's or nursing assistant's records shall be destroyed 2 years after a nurse's or nursing assistant's discharge from the program.]

*A. All Board and committee records concerning a participant are confidential and are not subject to discovery or subpoena in any civil or criminal action or disclosure under Title 4 of the General Provisions Article, Annotated Code of Maryland.*

*B. Records shall be maintained in a confidential file in the Board's office.*

*C. After the committee has determined that a participant no longer requires monitoring and may practice safely, all records relating to the participant's participation in the program shall be purged and destroyed 2 years after the participant is discharged from the program.*

**.06 [Nurses or Nursing Assistants] *Participants Leaving the State.***

A. A [nurse or nursing assistant] *participant* who moves from this State to another state where a *safe practice or other* rehabilitation program is in place shall be transferred to that program.

B. A nurse *participant* who moves to a state where there is no rehabilitation program shall have the nurse's *program* records transferred to the Board of Nursing in that state.

C. [A nursing assistant] *All non-nurse participants* leaving the State [will] *shall* be referred to the agency responsible for regulating [nursing assistants] *their license or certificate* in that state and shall have the[ nursing assistant's] *participant's* records transferred to the responsible agency in that state.

**.07 Informational Booklet.**

The committee shall publish an informational booklet [describing the program] for the public *that describes the program.*



8. b.

# MEMORANDUM

**FROM:** Shirley A. Devaris RN, JD  
**Director of Legislation**  
**TO:** The Board  
**DATE:** August 23, 2017  
**IN RE:** Summary of Regulations Adopted in previous 12 months

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COMAR	CHAPTER	PURPOSE	ADOPTED
10.27.01.04 10.39.01.03 10.39.04.04 10.53.02.02	Licensure and Exam	CHRC requirements and rules for application: Nurses, CNAs, MTs, Electrologists, clarifies that applications not completed within 12 months will be treated as abandoned. Provides rules for submitting supporting documents. Repeal requirement for a photograph on applications.	2/13/2017
10.27.01.10	Licensure and Exam	Requirements for applicants who have graduated from a non-traditional on-line school without a clinical component. Need 1000 hours of active practice in 12 months immediately preceding application with documented proof.	8/28/17 (proposed)
10.27.07.02	Practice of Nurse Practitioner	Repealed the "Insect Sting Program" that authorized CRNPs to train and certify individuals for administration of Emergency Epinephrine. Epi pens now available without the certification.	8/28/17 (proposed)
10.27.21	Practice of Forensic Nurse Examiner	Made some minor changes per stakeholder request to training and renewal requirements and changed renewal period to biennial	2/27/2017
10.64.01	Direct- Entry Midwives	All new rules to regulate the practice. Regulations .01 - .19	12/19/2016