

**Vermont Board of Nursing**  
**Administrative Rules**  
effective: January 15, 2015

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## **Part 1 Introduction and General Provisions**

### **1.1 Purpose of the Rules**

a) The Board of Nursing (“the Board”) is created by the Vermont legislature. Chapter 28 of Title 26 of the Vermont Statutes gives the Board specific powers and duties. The Board has adopted these rules to aid applicants, licensees, and the general public to understand the requirements for the professions and activities regulated by the Board.

(b) The Board is created to protect the public health, safety, and welfare by setting standards for issuing licenses, licensing qualified applicants, and regulating the practice of license holders. The specific duties of the Board are set by the statutes in Chapter 28 of Title 26.

(c) The Board maintains a website at <http://vtprofessionals.org/>. Licensees should periodically consult the website for matters of interest to the profession.

### **1.2 Laws Governing the Board and Profession**

(a) Chapter 28 of Title 26 of the Vermont Statutes establishes the Board’s responsibilities for setting standards, issuing licenses, and regulation. Board powers are also conferred by Subchapter III of Chapter 5 of Title 3 “Professional Regulation,” the statutes creating and governing the Office of Professional Regulation, the “Office”. 3 V.S.A. §§ 121-132). In addition to the “Professional Regulation” statutes, the Board is subject to other state laws including the “Administrative Procedure Act” (3 V.S.A. §§ 801-849), the “Open Meeting Law” (1 V.S.A. §§ 310-314), the “Access to Public Records Law” (1 V.S.A. §§ 315-320), and the “Law of Professional Regulation” (3 V.S.A. §§ 121-132). In contested cases, the Board follows the Vermont Rules of Evidence, as modified by the Administrative Procedure Act. These laws set forth the rights of applicants, license holders, and members of the public. The Office provides legal counsel to help the Board comply with all laws affecting Board business.

(b) Applicants and licensees should be aware that Chapter 5 of Title 3 of the Vermont Statutes contains several statutes which govern regulation of licensed professionals. See among them, 3 V.S.A. § 129a which defines unprofessional conduct.

(c) “Vermont Statutes Online” are available on the Internet at <http://www.leg.state.vt.us>. The Board’s statutes and rules may be accessed through the Board’s website at <http://vtprofessionals.org/>.

**1.3 Location of Office** The Office of the Vermont State Board of Nursing and its Executive Director are located at the Office of the Secretary of State, Office of

Professional Regulation, 89 Main Street, Fl. 3, Montpelier, VT 05620-3402.

**1.4 Definitions** As used in these rules:

- (a) "Administrator" means a registered nurse who is responsible for administering an educational program or a nursing services department regardless of the title used by the governing organization. The term "administrator" includes an interim administrator or assistant administrator.
- (b) "Board" or "the Board" means the Vermont Board of Nursing, and includes its designees.
- (c) "Governing Organization" means the agency or institution that has the authority and responsibility for financing the nursing education program, employing the administrator and faculty, graduating students, and granting the diploma, certificate, or degree.
- (d) "Nursing Assistant" means licensed nursing assistant or LNA.
- (e) "NCLEX" means National Council Licensure Examination.
- (f) "Office" means the Office of Professional Regulation.
- (g) "Practical Nurse" means licensed practical nurse or LPN.
- (h) "Practice of nursing" means full-time or part-time employment either for hire or as a volunteer, where the qualifications for the position occupied require a registered or licensed practical nurse in the job description.
- (i) "Preceptor" means an Advanced Practice Registered Nurse or Registered Nurse who serves as a facilitator and supervisor of student learning experiences in a practice setting and is not a member of the nursing education program's faculty.
- (j) "Registered Nurse" means licensed registered nurse or RN.
- (k) Supervision
  - (1) "Direct Supervision" - means supervision of a licensee's practice by a registered nurse physically present on the unit.
  - (2) "On-Site Supervision" - means supervision of a licensee's practice by a specifically assigned nurse which requires monitoring of the licensee's practice. On-site supervision occurs on the premises of a facility.

**1.5 Expiration of Applications** An application must be completed within six months of submission except for those from international applicants which must be completed within one year.

## **1.6 Right to a Written Decision**

(a) The Board will notify applicants in writing of all decisions to either grant or deny a license, license renewal or reinstatement. If a license, renewal, or reinstatement is denied, the Board will give the applicant specific reasons and will also inform the applicant of the right to appeal the Board's decision. This is called a "preliminary denial."

(b) The Board, or the Office on behalf of the Board, most often issues a preliminary denial of licensure, renewal or reinstatement when it appears from the application and accompanying documents that the applicant does not meet all of the requirements for licensure. When this occurs, the applicant is notified of the right to file an appeal which is heard as a formal hearing by the Board. At the hearing the burden of proof is on the applicant to show that the preliminary denial was in error. After that hearing the Board issues a final decision in writing. If the decision affirms the preliminary denial of a license, the decision informs the applicant of his or her appellate rights.

**1.7 Initial License Issuance** An applicant issued an initial license within 90 days of the end of a licensing period will not be required to renew or pay the renewal fee. The license will be issued through the next full licensure period.

**1.8 Change of Name or Address** A licensee must report a change of name or mailing address within 30 days.

**1.9 License Renewal** Licenses are renewed on a schedule set by the Office according to procedures adopted by the Office.

**1.10 Inactive Status** When permitted by statute, the holder of an unencumbered license who does not intend to continue to practice may request in writing that the license be transferred to inactive status.

**1.11 Robert's Rules of Order** The Board may refer to Robert's Rules of Order as a guide for the conduct of meetings.

## **1.12 Board Meetings: Elections**

(a) The Board meets at least annually and elects a Chair, Vice Chair, and Secretary. This election is in September or at the Board's next meeting after September.

(b) The Board will hold an election to fill any officer vacancy.

**1.13 Chair Duties** The chair presides at all meetings and hearings.

**1.14 Vice Chair Duties** The vice chair assumes the duties of the chair when the chair is unable to perform them.

**1.15 Secretary Duties** The secretary shall perform those duties as requested by

the Board. The secretary shall assume the duties of the chair when the chair and vice chair are unable to do so.

**1.16 Executive Director: Qualifications** The Executive Director shall be a graduate of an approved nursing education program, hold a master's degree in nursing, and have at least five years' experience in nursing practice, including administration, teaching, or supervision in schools of nursing or health agencies.

**1.17 Executive Director: Authority** The Executive Director:

- (a) assists the Board in the conduct of its affairs. The Executive Director may employ the assistance of others as needed;
- (b) appoints persons to serve on committees. Committees shall include at least one member of the Board;
- (c) interprets policies, makes administrative decisions, provides consultation, regarding, but not limited to, nursing education, examination, registration, licensure, renewal, and practice;
- (d) surveys nursing education programs to determine approval status;
- (e) reviews and recommends approval of re-entry and refresher programs according to these rules and Board established guidelines;
- (f) assists the Board and prosecuting attorneys in investigating potential disciplinary cases; assists in preparing recommended disciplinary actions;
- (g) represents the Board at meetings of professional associations, agencies providing health care services, and institutions providing educational opportunities related to nursing and health care;
- (h) ensures the preparation of: agendas for meetings, reports, minutes of meetings and records of hearings; and correspondence of the Board;
- (i) requests secretarial and clerical assistance from the Office of the Secretary of State, Office of Professional Regulation, as needed to carry out the work of the Board;
- (j) orients new Board members and provides information for continuous updating of all members;
- (k) coordinates and supervises staff employed by or assigned to the Board;
- (l) reviews the expenditures of the Board in accordance with its approved budget; and

- (m) performs other functions as the Board may authorize.

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## **Part 2 Nursing Assistant Education**

### **2.1 Applicability**

- (a) All nursing assistant education programs shall meet the standards set forth in this Part.
- (b) As used in this Part, “program” means nursing assistant education program.

### **2.2 Mission and Objectives** Each nursing assistant education program shall have statements of:

- (a) purpose and mission; and
- (b) program objectives describing nursing assistant competencies.

### **2.3 Organization and Administration**

- (a) A program shall have an organizational chart depicting relationships, authority, responsibilities, channels of communication within the program, and the program’s relationship to other units within the governing organization.
- (b) A program shall have a written contract with any agency used as a clinical site.

### **2.4 Program Administrator** A nursing assistant education program administrator shall:

- (a) have overall responsibility for the program;
- (b) hold a current, unencumbered Vermont license as a registered nurse;
- (c) have at least three years’ experience as a registered nurse; and
- (d) have at least two years’ administrative and supervisory experience over nursing assistants.

### **2.5 Instructors**

- (a) Classroom and clinical instructors shall:
  - (1) hold a Vermont unencumbered license as a practical or registered nurse;
  - (2) have at least two years’ experience as a practical or registered nurse ; and
  - (3) have at least one year of clinical experience related to area(s) of instruction.
- (b) Instructor qualifications, job descriptions, and evaluations shall be available in writing.
- (c) Instructors shall document on-going professional development activities which may include:

- (1) academic study;
- (2) clinical practice;
- (3) workshops, conferences; and
- (4) other relevant activities.

**2.6 Facilities and Other Resources** Each nursing assistant education program shall have adequate facilities and resources including: classrooms, laboratories, offices, equipment, and supplies.

**2.7 Student Access to Information**

(a) Written admission, progression, completion, and dismissal procedures shall be available to the students.

(b) Student rights and responsibilities shall be available in writing.

**2.8 Program and Curriculum**

(a) A program shall include a minimum of 80 hours of education, 30 hours of which shall be supervised clinical experience in a health care facility.

(b) Clinical experience shall occur in state-licensed health care facilities or agencies.

(c) Curriculum must include:

- (1) Basic Nursing Care;
- (2) Personal Care ;
- (3) Basic Restorative Care;
- (4) Psychosocial Skills;
- (5) Care of the Cognitively Impaired;
- (6) Communication Skills;
- (7) Ethics and legal responsibilities;
- (8) Teamwork; and
- (9) Patient Safety.

**2.9 Patient Contact: Prerequisite**

(a) Prior to any direct contact with a patient, a student shall complete at least 16 hours of classroom/laboratory training in the following areas:

- (1) communication and interpersonal skills;
- (2) infection control;
- (3) safety and emergency procedures, including the Heimlich maneuver;
- (4) promoting residents' independence; and
- (5) respecting residents' rights.

(b) A student providing client care shall have on-site supervision by a program instructor who is a licensed practical or registered nurse employed by the program.

**2.10 Curriculum Implementation**

(a) Course outlines shall identify all aspects of a course;

(b) Instruction shall utilize a variety of teaching methods to accommodate learning differences.

### **2.11 Program Evaluation**

(a) Each program shall have a written plan for systematic evaluation of program objectives.

(b) Program evaluations shall be documented and include:

- (1) feedback from students;
- (2) exam vendor data on pass rates and testing patterns;
- (3) feedback from clinical site staff; and
- (4) Instructor and Program Administrator observations.

**2.12 Student Evaluation** A program shall evaluate and document student achievement at regular planned intervals. Students shall participate in the evaluations.

### **2.13 Student and Instructor Records**

(a) Student records shall be up to date and include admission documents, evaluations, skills checklists, transfer records, and a final evaluation of each student.

(b) Instructor records shall be up to date and include: documentation of the instructor's licensure, curriculum vitae, terms of employment, and evidence of on-going professional development activities.

## **Subpart A Approval Process for Nursing Assistant Education Programs**

### **2.14 Board Approval Required**

(a) A nursing assistant educational program shall meet the requirements set forth by statutes and these rules.

(b) Nursing assistant education programs in Vermont require Board approval.

(c) A state approved educational institution, health care agency, or private agency affiliated with a health care agency may apply to establish a nursing assistant education program.

### **2.15 Approval Process, New Program Application**

(a) An application, on a form available from the Board, shall be submitted at least three months prior to the anticipated date of the first class.

(b) A program shall not enroll students prior to receiving program approval.

**2.16 New Program Application Review and Approval Process** Upon receipt of an application the Board:

(a) may request additional information; and

- (b) may conduct a site visit; and
- (c) if the application is approved, notify the applicant.
- (d) If the governing organization of an approved program changes ownership, approval terminates. Program approval is not transferable. A successor program requires an new application and approval.

**2.17 Denial of Application** When an application is not approved, the Board will:

- (a) issue a preliminary denial letter explaining its decision;
- (b) notify the applicant of the right to file an appeal which is heard in a formal hearing by the Board. If the applicant does not appeal the preliminary denial within 30 days, the denial becomes final.
- (c) At the hearing the burden of proof is on the applicant to show that the preliminary denial was in error and that the applicant is entitled to approval.
- (d) After that hearing, the Board will issue a written final decision. If necessary, the decision will advise the applicant of how to file a further appeal.

**2.18 Annual Report** On forms available from the Board, Program Administrators shall by April 1 of each year submit to the Board a report on the program's compliance with statutes and these rules.

**2.19 Consultations**

- (a) Upon request, the Board may provide consultation regarding matters related to approval.
- (b) A program may be required to reimburse the Board's consultant for actual and necessary personal expenses incurred for meals, lodging, and travel.

**2.20 Existing Program Review**

- (a) One year after initial program approval and every two years thereafter, programs shall be re-evaluated for continuing approval.
- (b) Program representatives shall cooperate with review activities.
- (c) A representative of the Board will conduct a site visit.
- (d) Interim visits may be made at any time.
- (e) The Board shall notify a program of its review decision and may require that a program take necessary remedial steps for continuing approval.

## **2.21 Board Decision Following Review: Approval, Conditional Approval, or Termination**

(a) The Board will confirm continued program approval, if the Board determines that a program has complied with the requirements of statutes and these rules.

(b) The Board may grant conditional approval to a program which has not maintained full compliance with statutes and these rules.

(1) The Board may set a fixed period of time, not to exceed one year, to correct program deficiencies.

(2) Conditional approval may end, and full approval may be granted when a program has demonstrated full compliance.

(3) The Board will notify the program in writing that approval is withdrawn when a program has not shown full compliance with the conditions ordered within one year.

(c) The Board may withdraw approval and order that the program terminate when the Board concludes that a program has substantially failed to meet the requirements of statute and these rules.

**2.22 Changes in Program** A program shall notify the Board within 30 days of changes in mission, curriculum, outcomes, texts, instructors, or the number of hours in classroom and/or clinical settings. The Board may initiate a program review.

**2.23 Additional Grounds for Withdrawal of Approval** The Board may withdraw program approval when:

(a) a program does not permit unannounced survey visits;

(b) an educational institution loses state approval; or

(c) a health care agency loses state licensure, or is found to have provided substandard care.

**2.24 Involuntary Program Closing** When program approval is withdrawn:

(a) the program shall cease instruction and assist students to transfer to other approved programs;

(b) the program shall notify the Board of the closing and submit a list of students who have transferred to approved programs and the date of the last student's transfer.

(c) the date of the last student's transfer is the closing date of the program.

**2.25 Voluntary Program Closing** When a program decides to close, it shall:

(a) at least two weeks prior to the final closing date notify the Board in writing,

stating the reason, plan, and date of intended closing;

(b) permit currently enrolled students to complete the program;

(c) safeguard student records and notify the Board of how the records will be kept and how they may be accessed.

**2.26 Reinstatement** A program seeking reinstatement of approval shall demonstrate that it is able to meet the initial approval requirements of these rules.

### **2.27 Inactive Programs**

(a) A Program Administrator shall notify the Board when a program has admitted no students for 24 months, and

(b) program approval shall be withdrawn.

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## **Part 3 Nursing Assistants Licensing**

### **3.1 Applications**

(a) An application for licensure, renewal, or reinstatement shall be submitted on forms available from the Board and be accompanied by the appropriate fee.

(b) Supporting documents must be submitted within six months of filing the application, or the application will expire.

(c) The Board may require any applicant for licensure or relicensure to authorize, secure, and provide to the Board an assessment from an appropriately qualified professional person or previous employer of the applicant's current mental, physical, and professional ability to practice as a licensed nursing assistant.

### **3.2 Licensure by Examination**

(a) An applicant for licensure as a nursing assistant shall within two years of completing a Board approved nursing assistant education program or its equivalent in another state;

(1) pass a competency examination approved by the Board; and

(2) pay the application fee.

(b) The Board approves and oversees the administration, scoring and reporting of exams.

(c) A student enrolled in an RN or LPN program may be eligible for LNA licensure upon successful completion of:

(1) a course of study equivalent to that required for nursing assistants; and

(2) the nursing assistant competency examination.

**3.3 Licensure by Endorsement** The Board may grant a license to an applicant

who:

- (a) has submitted a completed application with the appropriate fee;
- (b) is currently licensed or certified as a nursing assistant in another state; and,
- (c) has practiced a minimum of 50 days (400 hours) in the last 2 years of paid compensation as a licensed or certified nursing assistant. Eight hours are equivalent to one day of nursing assistant practice.

**3.4 Those not Qualified for Endorsement** Applicants who do not qualify for licensure by endorsement must meet the requirements for licensure by examination.

### **3.5 Renewal: Active Practice Requirement**

- (a) To renew a nursing assistant license the nursing assistant shall document a minimum of 50 days (400 hours) in the last two years of paid compensation as a licensed nursing assistant.
  - (1) Eight hours are equivalent to one day of nursing assistant practice.
  - (2) Only time acquired while the LNA license is active will be accepted toward the active practice requirement.
- (b) Applicants may be required to provide a job description or other evidence that they have been engaged in active LNA practice. Documentation submitted under this subsection must be certified as true by employers or other appropriate persons.
- (c) A licensee who does not meet the active practice requirement shall repeat the nursing assistant education program and competency examination.

### **3.6 Reinstatement of an Expired License**

- (a) A license not renewed by the expiration date expires automatically.
- (b) To reinstate an expired license the applicant must:
  - (1) pay any license renewal fees;
  - (2) pay any applicable penalty; and
  - (3) meet renewal and reinstatement requirements in effect at the time.

### **3.7 Disabilities**

- (a) A candidate for the licensing examination who has a disability, as defined by the Americans with Disabilities Act, but who is otherwise qualified, shall not be deprived of the opportunity to take the examination solely by reason of that disability.
- (b) Reasonable testing accommodations may be provided to disabled candidates when the following materials have been reviewed and approved by the Board or the examination vendor:
  - (1) a letter of request from the student;
  - (2) a letter from the Program Administrator of the candidate's nursing assistant education program. This letter should describe accommodations and modifications made for the applicant during the education program; and

(3) documentation of the disability by an appropriate specialist with detailed information of accommodations needed.

### **3.8 Retaking Examinations**

(a) Candidates who fail to successfully complete their initial examination may take the examination an additional two times.

(b) Candidates who fail the examination three times shall, before being accepted for another examination, successfully complete another approved nursing assistant education program.

## **Subpart A Medication Nursing Assistants**

**3.9 Definition** A medication nursing assistant (MNA) is a licensed nursing assistant who has met the requirements of these rules and who is authorized by special endorsement to administer medications to residents in nursing homes.

**3.10 Supervision** An MNA is supervised on-site, on the unit by an LPN, RN, or APRN.

**3.11 Scope of Practice** A medication nursing assistant upon delegation by an LPN, RN, or APRN may:

(a) administer medications to individual residents;

(b) administer medication via oral, sublingual, buccal, inhalation, spray (on oral mucosa), topical, nasal, ocular, otic, and suppository (vaginal or rectal) route;

**3.12 Limitations** An MNA may:

(a) administer medications to a newly admitted resident only after the delegating nurse determines that the resident is stable, and then only according to facility policy.

(b) administer prn medication only after an RN assessment confirms the need for the medication.

**3.13 Exclusions** An MNA may not:

(a) administer injectable medications.

(b) administer medications new to the patient;

(c) make adjustments to dosage;

(d) take or transcribe orders;

(e) apply medicated dressings;

- (f) administer insulin;
- (g) administer bladder instillations;
- (h) calculate conversions;
- (i) dispose of medications; or
- (j) administer enteral feedings or medications.

## **Subpart B Obtaining and Renewing an MNA Endorsement**

### **3.14 Eligibility for MNA Endorsement**

(a) To be eligible for endorsement as a medication nursing assistant, an applicant must:

- (1) hold an unencumbered Vermont LNA license;
- (2) be at least 18 years of age;
- (3) have a high school diploma or G.E.D.;
- (4) have two years' experience consisting of no fewer than 4,000 hours of LNA experience of which at least one year and 2,000 hours were acquired in a long term care nursing facility;
- (5) complete an MNA training program approved by the Board; and
- (6) successfully complete MNA competency and math proficiency examinations approved by the Board.

(b) A complete application for the MNA endorsement must be submitted within one year of completing the MNA training program.

**3.15 Nursing Student Eligibility** An LPN or RN student in a Board approved nursing program who has completed MNA training content as part of the nursing program and successfully completed the examinations required above may be issued an MNA endorsement.

**3.16 Applicants from Other Jurisdictions** The Board may endorse a Vermont LNA who received MNA training in another jurisdiction so long as the applicant:

- (a) completed a training program determined to be substantially equivalent to Vermont's;
- (b) has successfully completed the MNA examinations used in Vermont; and
- (c) has met the requirements of Rule 3.14.

**3.17 Renewal of MNA Endorsement** To renew an MNA endorsement each MNA at the time of renewal must document completion of:

- (a) 4 hours of Board approved MNA related continuing education since the last renewal;

(b) LNA active practice requirements of which no less than 25% of the individual's LNA activities consisted of MNA activities.

### **Subpart C MNA Training Programs**

**3.18 MNA Program Board Approval Required** Before providing MNA training, an MNA program must receive Board approval. The process for receiving Board approval is set forth in Subpart A of Part 2 of these rules. The Board will approve a program which assures that participants are trained in:

- (a) communication and documentation;
- (b) ethical and legal responsibilities regarding medication administration;
- (c) medication use, side effects, abbreviations, look alike drugs, drug interactions, proper storage, and the need for reporting side effects;
- (d) apothecary and metric measurements;
- (e) patient safety principles regarding proper medication administration; and
- (f) facility policies regarding medication errors.

**3.19 MNA Training Program Requirements** To receive Board approval each MNA training program must:

- (a) employ a standardized textbook approved by the Board;
- (b) require no fewer than:
  - (1) 60 hours of class instruction including lab/simulation instruction; and
  - (2) 40 hours of supervised clinical instruction;
- (c) have instructors who:
  - (1) possess an unencumbered Vermont RN license;
  - (2) have at least 2 years' full-time practice experience of which one year was in clinical practice;
  - (3) have a baccalaureate or higher degree in nursing;
- (d) have a program administrator who:
  - (1) possesses an unencumbered Vermont RN license;
  - (2) has no less than three years' experience working in long term care facilities of which one year was in clinical practice; and
  - (3) has a baccalaureate or higher degree in nursing.

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## **Part 4 Nursing Education Programs**

### **General Provisions**

#### **4.1 Board Approval Required**

- (a) As used in this Part, “program” means nursing education program.
- (b) All nursing education programs in the State of Vermont require approval of the Board.
- (c) Nursing education programs shall be conducted in an accredited state-approved school. Accreditation may be by the New England Association of Colleges and Secondary Schools or another accrediting body recognized by the Board.
- (d) Effective July 1, 2020 all Vermont pre-licensure nursing education programs must be accredited by a national nursing accreditation organization approved by the Board.

**4.2 Oversight Information for the Board** The Board may at any time request information it deems necessary for oversight of proposed or existing nursing education programs.

**4.3 Site Visits**

(a) The Board may conduct a site visit to any proposed or existing nursing education program during the application review, during any review for extension of approval, or at any time deemed necessary to assess compliance with these rules.

(b) A nursing education program shall reimburse the Board for actual and necessary costs incurred for a site visit.

**4.4 Duty to Report Site or Administrative Changes** At any stage of operation or during the approval process the Program Administrator shall report to the Board in writing:

- (a) new sites or site changes;
- (b) administrative changes relating to and/or affecting the program.

**4.5 Curriculum Changes** At any stage of operation or during the approval process the program shall in writing request Board approval for:

- (a) significant changes in curriculum;
- (b) changes in the length of program; or,
- (c) reorganization of the entire curriculum.

**Subpart A Approval Process for New Nursing Education Programs**

**4.6 Application for Approval to Establish a Nursing Education Program** At least nine months before a program proposes to admit its first students, an authorized representative of the governing organization shall submit the following information:

- (a) the mission, purpose, and accreditation status of the governing organization;
- (b) a tentative overall plan for the program, including:

- (1) operational statements of mission and purpose;
  - (2) curriculum plan;
  - (3) organizational and administrative policies; and
  - (4) outcome measurements;
- (c) the qualifications of the Program Administrator;
- (d) a description of faculty including numbers and qualifications;
- (e) an organizational chart indicating lines of administrative authority and control within the organization and program, and what resources at the institution will be available to support the proposed program;
- (f) evidence of the feasibility of the program and community readiness to accept and support the program;
- (g) the certificate or degree to be offered;
- (h) a statement of clinical and academic facilities and resources including classroom, conference room, library, office space and skills laboratory;
- (i) evidence of financial resources sufficient for the planning, implementation and operation of the program;
- (j) a description of the anticipated student population; and
- (k) any other information showing that the proposed program will meet the requirements of these rules.

#### **4.7 Review Process**

- (a) The Board will review the application and determine whether further information is required.
- (b) Once the Board has formally determined that an application is complete, it will notify the applicant when it will consider the application.
- (c) The Board will advise the applicant in writing of its decision on the application.

**4.8 Preliminary Approval of Application** When the Board determines that an application is satisfactory, it will issue a preliminary approval. The applicant may then:

- (a) hire faculty, develop and implement the program, including:
- (1) written curriculum design with course objectives;
  - (2) plans for the use of all assigned facilities and resources, including the clinical areas in cooperating agencies;
  - (3) policies for student rights and responsibilities;
  - (4) description of evaluation methods and tools; and then

(b) begin operation of the program.

**4.9 Denial of Application** If an application is denied, the Board will:

(a) provide an explanation of its decision; and

(b) advise the applicant of the right to file an appeal which is heard in a formal hearing by the Board. If the applicant does not appeal the preliminary denial within 30 days, the denial becomes final.

(c) At the hearing the burden of proof is on the applicant to show that the denial was in error and that the applicant is entitled under the statutes and Rules to approval.

(d) After that hearing the Board will issue a written final decision. If necessary, the decision will advise the applicant of how to file a further appeal.

**4.10 Annual Reports** After a program has received preliminary approval, it shall submit annual reports on forms available from the Board.

(a) Each annual report shall be submitted no later than October 1 and cover the period between August 1 of the preceding year and July 31 of the year the report is submitted.

(b) The reports shall include:

(1) changes in mission, program outcomes, program evaluation, and organizational structure;

(2) curriculum changes made since the last report, or anticipated;

(3) names of all program faculty, dates of appointment, academic preparation, educational activities, major teaching responsibilities;

(4) faculty-student ratios;

(5) cooperating agencies used for clinical experience;

(6) student data, including, but not limited to: number of students admitted; attrition rate; NCLEX scores;

(7) response(s) to prior Board and national accreditation recommendations; and

(8) other information and/or materials as requested by the Board.

**4.11 Application for Full Program Approval**

(a) A program shall notify the Board when it graduates its first class.

(b) The program shall then submit a comprehensive narrative self-study report documenting the program's compliance with statutes and these rules.

(c) The self-study report shall be submitted to the Board to permit sufficient time to prepare for the site visit.

(d) The self-study shall be submitted both in electronic format and with three printed copies.

**4.12 Decision: Approval, Conditional Approval, or Termination** After review of the program's self-study report and its own evaluation, the Board will decide whether, or in what manner, the program may continue.

**4.13 Approval**

(a) If the Board determines that the program has complied with the requirements of statutes and these rules, it will grant approval to continue the program. Approval will be for a period of time determined by the Board. Approval may not exceed the duration of the national accrediting agency's accreditation, and in no event exceed ten years.

(b) Once approved, a program is considered to be an "existing program" subject to the requirements of Subsection B of this Part.

**4.14 Conditional Approval** The Board may grant conditional approval to a program which has not attained full compliance with statutes and these rules. The Board will set a reasonable time for the program to:

(a) submit an action plan; and

(b) correct any program deficiencies.

**4.15 Termination** Should the Board find that the program has substantially failed to meet the requirements of statute and these rules, it may withdraw approval and order that the program terminate. The Board may set conditions governing termination of the program.

**Subpart B: Requirements for Existing Vermont LPN and RN Education Programs**

**4.16 Applicability** Nursing education programs shall meet the standards set forth in this Subpart.

**4.17 Mission** The program shall have a mission consistent with that of the governing organization. As used in this Part, "Governing Organization" means the agency or institution that has the authority and responsibility for financing the nursing education program, employing the administrator and faculty, graduating students, and granting diplomas, certificates, or degrees.

**4.18 Organization** A program shall have an organizational structure depicting relationships and channels of communication within the program.

(a) A program's relationship to other units within the governing organization shall be clearly defined as to authority, responsibility, and channels of communication.

(b) Governance of the nursing program shall include nursing administration, faculty, and students.

#### **4.19 Program Administrator**

(a) The administrator of the program shall hold an unencumbered Vermont registered nurse license.

(b) The administrator is responsible for the administration, planning, implementation, and evaluation of the nursing education program and for the allocation of nursing program resources.

(c) The administrator of a master's degree or a doctoral degree nursing program shall have:

- (1) a master's degree in nursing and an earned doctoral degree from an accredited institution;
- (2) experience in teaching, research, curriculum development, administration; and
- (3) at least 2 years of clinical experience.

(d) The administrator of all other nursing programs shall have:

- (1) a master's degree or greater in nursing;
- (2) experience in teaching, curriculum development and administration; and
- (3) at least 2 years of clinical experience.

(e) The administrator's work load shall allow sufficient time to carry out administrative and leadership activities.

**4.20 Nursing Program Faculty** As used in this Part "nursing faculty" means nurses hired to teach in any capacity in a Vermont nursing education program.

(a) Nursing faculty must be sufficient in number and expertise to achieve the program outcomes.

(b) Nursing faculty shall hold a current unencumbered license to practice as a registered nurse in Vermont.

#### **4.21 Faculty Employment Descriptions and Personnel Policies**

(a) Each program shall have an employment description for each faculty position. The employment description must clearly identify teaching responsibilities, scholarship responsibilities, service expectations, and nursing practice requirements.

(b) Each program shall have written faculty personnel policies.

#### **4.22 Faculty, Graduate Degree Programs**

(a) A graduate degree nursing education program shall have a majority of faculty

holding earned doctorates from accredited institutions.

(b) All faculty must possess a master's degree or greater in nursing.

#### **4.23 Faculty, Bachelor and Associate Degree Programs**

(a) The nurse faculty of baccalaureate and associate degree nursing education programs who teach theory must hold a master's degree or greater in nursing or a related field approved by the Board and clinical experience relevant to the areas of instruction.

(b) Nursing clinical instructors must hold:

- (1) a master's degree in nursing; or
- (2) a bachelor's degree in nursing and a graduate degree in a related field approved by the Board; or
- (3) a bachelor's degree in nursing and be enrolled in a graduate program in nursing or a related field approved by the Board which must be completed within 3 years of initial faculty appointment; and
- (4) have clinical experience relevant to the areas of instruction.

#### **4.24 Faculty, Practical Nursing Programs**

(a) The nurse faculty of practical nursing education programs who teach theory must have at least a bachelor's degree with a major in nursing and clinical experience relevant to the areas of instruction;

(b) Nursing clinical instructors must hold, at a minimum, a bachelor's degree with a major in nursing and clinical experience relevant to the areas of instruction.

#### **4.25 Faculty From Other Disciplines, All Programs**

Faculty from other academic disciplines who teach theory courses shall have advanced academic preparation appropriate to the area of instruction. They are not required to hold a nursing degree.

**4.26 Preceptors** "Preceptor" as used in this Part, means an RN who facilitates and supervises student learning experiences in a practice setting and who is not a member of the nursing education program's faculty.

(a) Preceptors shall have expertise in the clinical area(s) for which they provide supervision.

(b) Preceptors or responsible representatives of each agency where clinical instruction occurs shall sign a written agreement with a nursing program. The agreement shall:

- (1) define the preceptor's role and relationship with students and clinical faculty; and
- (2) specify that preceptors provide student performance evaluations.

#### **4.27 Nursing Program Facilities and Other Resources**

- (a) Classrooms, conference rooms, laboratories and offices shall be sufficient to meet the purpose(s) of the nursing program and the needs of the students, faculty, administration, and staff.
- (b) Library space shall be sufficient, with relevant, current, comprehensive, and readily accessible holdings.
- (c) Educational resources shall be sufficient to meet curriculum objectives.
- (d) The nursing program shall have sufficient financial resources.
- (e) Support personnel and services are sufficient for faculty and administrative needs.

#### **4.28 Student Environment**

- (a) The program shall provide a learning environment conducive to academic achievement.
- (b) Each program shall have accurate and clearly written information available to students regarding:
  - (1) policies for admission, readmission, transfer, progression, advanced placement, dismissal, graduation, and Board of Nursing requirements for licensure;
  - (2) program costs and conditions for refunds;
  - (3) student rights and responsibilities;
  - (4) grievance, complaint, and appeal processes; and
  - (5) access to support services including health, counseling, academic guidance, and financial aid.
- (c) Each program shall provide opportunity for student participation in planning, implementation, and evaluation of academic policies and curriculum.

#### **4.29 Curriculum**

- (a) The curriculum must be consistent with the program's mission, purpose, professional standards, and program outcomes.
- (b) The curriculum is logically and sequentially organized.
- (c) Nursing education programs shall include clinical experience in state approved facilities. Clinical experiences must provide an opportunity for direct care in the promotion, prevention, restoration and maintenance of health in clients across the life span in a variety of settings. No more than 25% of clinical experience may be obtained

in a medium or high fidelity simulation laboratory.

(d) The governing organization shall have a written agreement with each entity where clinical experience occurs. The agreement should enable the Board to determine that the clinical experience provided is appropriate.

(e) Clinical experiences are selected and monitored by faculty.

**4.30 Registered Nursing Programs** A registered nursing program shall include content in pharmacology and nutrition. Each program must provide no less than:

(a) 180 theory hours and 400 clinical hours covering the following:

- (1) Adult Nursing;
- (2) Maternal/Infant Nursing;
- (3) Pediatric Nursing;
- (4) Psychiatric/Mental Health Nursing.

(b) 80 hours in Anatomy and Physiology;

(c) 40 hours in Microbiology;

(d) 80 hours covering both Humanities and Social/Behavioral Science.

**4.31 Practical Nurse Program Duration** The practical nurse curriculum shall require no less than one academic year to complete.

**4.32 Practical Nursing Programs** A practical nursing program shall include content in pharmacology and nutrition. Each program must provide no less than:

(a) 150 theory hours and 300 clinical hours covering all the following: Adult Nursing, Maternal/Infant Nursing, Pediatric Nursing, Psychiatric/Mental Health Nursing;

(b) 80 hours in Anatomy and Physiology ;

(c) 40 hours in Social/Behavioral Science.

**4.33 Student Evaluation** Each program shall document each student's achievement through periodic evaluations.

**4.34 Program Evaluation**

(a) Each program shall have a written plan for systematic evaluation for compliance with the requirements of these rules. Evaluations shall be used for future planning.

(b) Evaluation documentation includes, but is not limited to, completion / graduation rates, pass rates on NCLEX and other professional qualifying examinations.

**4.35 Records** A program shall maintain up to date educational records.

(a) Student files shall include admission data, written periodic evaluations, documentation of academic guidance, and transcripts.

(b) Faculty file records shall include proof of licensure, curriculum vitae, terms of employment, evidence of educational activities, and documentation of participation in relevant professional and community activities.

(c) Administrative file records shall include operational policies, minutes of faculty and committee meetings, reports to the governing organization, the Board and other accrediting bodies, fiscal accounting records, program bulletins, and catalogues.

#### **4.36 Program Publications**

(a) All program publications shall provide accurate information about the program and its governing organization.

(b) All program bulletins, catalogues, and brochures shall be dated.

#### **4.37 Advisory Committee** Each program shall have an advisory committee.

(a) The advisory committee shall consist of consumers, students, and other interested parties whose input shall be considered in the development and evaluation of the program.

(b) Written rules must describe the advisory committee's purpose, objective, function, and structure.

(c) Minutes of all meetings shall be on file in the administrative records of the program.

### **Subpart C Reporting and Re-Approval Process for Existing Nursing Programs**

**4.38 Annual Reports** An existing program shall submit annual reports on forms available from the Board.

(a) Each annual report shall be submitted no later than October 1 and cover the period between August 1 of the preceding year and July 31 of the year the report is submitted.

(b) Annual reports shall include:

(1) changes in mission and program objectives, program evaluation, and organizational structure;

(2) curriculum changes anticipated or made since the last report;

(3) names of all program faculty, dates of appointment, academic preparation, educational activities, major teaching responsibilities;

(4) faculty-student ratios;

(5) cooperating agencies used for clinical experience;

(6) student data, including, but not limited to: number of students

- admitted, attrition rate, NCLEX scores;
- (7) response(s) to prior Board and national accreditation recommendations; and
  - (8) other information and/or materials requested by the Board.

#### **4.39 Review of Existing Programs**

(a) One year before the end of the approved period of operation the Board will notify the program that a re-approval evaluation will be required.

(b) At least six weeks prior to the site visit the program shall submit a comprehensive self-study to the Board. The self-study shall address compliance with each of the requirements of these rules and applicable statutes.

(c) The Board will review the evaluation and conduct its own evaluation of the program.

- (1) The Board may accept an accreditation report, if available, to use as part of its evaluation.
- (2) Nursing education programs shall submit to the Board any accreditation report within 30 days of its issuance.
- (3) The Board may extend the approval period to accommodate a joint site visit with the national accreditors.

#### **4.40 Decision for Continued Approval, Conditional Approval, or Termination**

After review of the program's self-study report and its own investigation, the Board will decide whether, or in what manner, the program may continue.

**4.41 Approval** The Board will grant approval to continue the program if it determines that the program has complied with the requirements of statutes and these rules. Approval will be for a fixed period of time as determined by the Board but may not exceed the duration of the national accrediting agency's accreditation, and in no event exceed ten years.

**4.42 Conditional Approval** The Board may grant conditional approval to a program which has not maintained full compliance with statutes and these rules. The Board will give the program:

- (a) 90 days to submit an action plan for Board approval; and
- (b) a reasonable time to achieve full compliance.

**4.43 Termination** The Board may withdraw approval and order that the program terminate, if it finds that the program has not substantially complied with the requirements of statute and these rules. The Board may set conditions governing termination of the program.

**4.44 Voluntary Program Closure** The governing organization shall advise the Board of a decision to close its program.

- (a) The program shall:
  - (1) discontinue student admissions;

- (2) assist accepted applicants and current students to transfer to other approved programs; or,
  - (3) officially close when the last student has graduated.
- (b) All Board approval requirements shall be maintained until the last student has transferred or graduated.
- (c) The governing organization shall notify the Board where permanent program and student records are stored and how they may be retrieved.

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## **Part 5 Licensed Practical Nurse Licensure**

**5.1 Requirements for Licensure as a Licensed Practical Nurse** There are two ways to become licensed as a licensed practical nurse.

- (a) Examination: An applicant may apply on the basis of education and licensing examination;
- (b) Endorsement: In certain circumstances an applicant who is licensed in another jurisdiction may seek licensure on the basis of the other jurisdiction's license. This is called "licensure by endorsement."
- (c) The Board may require any applicant for licensure or re-licensure to authorize, secure, and provide to the Board an assessment from an appropriately qualified professional person or previous employer of the applicant's current mental, physical, and professional ability to practice as a licensed practical nurse.

**5.2 Applicants not Qualified for Endorsement** Applicants who do not qualify for licensure by endorsement must meet the requirements for licensure by examination.

**5.3 Licensure by Examination** To be eligible for licensure by examination as a licensed practical nurse, the applicant must:

- (a) graduate from an approved licensed practical nursing educational program as shown by a verification of education form, and for programs other than those in Vermont approved by the Board, an official transcript;
- (b) apply for and receive Board approval to take the NCLEX examination;
- (c) successfully complete the NCLEX practical nursing examination.
- (d) Application and successful NCLEX completion must occur within five years of the graduation date.

### **5.4 Disabilities**

(a) A candidate for examination who has a disability, as defined by the Americans with Disabilities Act, but who is otherwise qualified, shall not be deprived of the opportunity to take the licensing examination solely by reason of that disability.

(b) Reasonable testing accommodations may be provided to disabled candidates when the following materials have been reviewed and approved by the Board or the examination vendor:

- (1) a letter of request from the student;
- (2) a letter from the Program Administrator of the candidate's licensed practical nursing education program. This letter should describe accommodations and modifications made for the applicant during the education program; and
- (3) documentation of the disability by an appropriate specialist with detailed information of accommodations needed.

### **5.5 Retaking Examinations**

(a) An applicant must submit the retake application and fee.

(b) An applicant may retake the exam no sooner than 45 days after a previous examination attempt.

(c) An applicant who has not successfully completed the licensing examination within five years of graduation must once again successfully complete an approved nursing education program.

(d) Candidates who do not take a scheduled examination must reapply and submit the appropriate fee to the examination provider.

**5.6 Licensure by Endorsement and Experience** The Board may issue a license to an applicant who:

(a) is licensed in a United States jurisdiction on the basis of a U.S. nursing education program, and

(b) has practiced nursing in that jurisdiction for a minimum of 50 days (400 hours) in the previous 2 years, or 120 days (960 hours) in the previous 5 years .

(c) If there is a question about the applicant's education or practice of nursing, the board may require the applicant to provide a job description or other evidence of the required qualifications and expected job responsibilities. The job description shall be certified as true by employers or other appropriate persons.

**5.7 Exemption** A person holding an unencumbered license in another United States jurisdiction may practice nursing in Vermont under supervision of a Vermont unencumbered licensed RN, as a part of an educational offering. Practice under this exemption shall not exceed 30 days in any calendar year.

**5.8 Applicants with International Education** An applicant whose nursing education and initial license to practice was in a country other than the United States, shall be authorized to take a licensing examination once the Board has received:

(a) a completed application for licensure;

- (b) proof of completion of secondary school or its equivalent;
- (c) proof of graduation from a licensed practical nursing education program meeting the requirements of these rules;
- (d) a credentials review by an external agency that specializes in international academic credentials review which verifies that the applicant's nursing education meets the requirements of these rules; and
- (e) proof of licensure in the country of graduation;
- (f) proof of oral and written English proficiency, if the nursing education program was not conducted in English; and
- (g) documentation of a minimum of:
  - (1) 50 days (400 hours) of practice as a licensed practical nurse in the two years immediately preceding the application; or
  - (2) 120 days (960 hours) practice as a licensed practical nurse within five years of the application;
- (h) The documents in subsections (a) through (g) above must be in the English language.

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## **Part 6 Registered Nurse Licensure**

**6.1 Requirements for Licensure as a Registered Nurse** There are two ways to become licensed as an registered nurse.

- (a) Examination: An applicant may apply on the basis of education and licensing examination;
- (b) Endorsement: An applicant who is licensed in another jurisdiction may apply on the basis of the other jurisdiction's license. This is called "licensure by endorsement."
- (c) The Board may require any applicant for licensure or relicensure to authorize, secure, and provide to the Board an assessment from an appropriately qualified professional person or previous employer of the applicant's current mental, physical, and professional ability to practice as a registered nurse.

**6.2 Applicants Not Qualified for Endorsement** Applicants who do not qualify for licensure by endorsement must meet the requirements for licensure by examination.

**6.3 Licensure by Examination** To be eligible for licensure by examination as a registered nurse, the applicant must:

- (a) graduate from an approved registered nursing educational program as

shown by verification of education form, and for programs other than those in Vermont approved by the Board, an official transcript;

(b) apply for and receive Board approval to take the NCLEX examination;

- (c) successfully complete the NCLEX examination for registered nursing.
- (d) Both application and successful NCLEX completion must occur within five years of the graduation date.

#### **6.4 Disabilities**

- (a) A candidate for examination who has a disability, as defined by the Americans with Disabilities Act, but who is otherwise qualified, shall not be deprived of the opportunity to take the licensing examination solely by reason of that disability.
- (b) Reasonable testing accommodations may be provided to disabled candidates when the following materials have been reviewed and approved by the Board or the examination vendor:
  - (1) a letter of request from the student;
  - (2) a letter from the Program Administrator of the candidate's registered nursing education program. This letter should describe accommodations and modifications made for the applicant during the education program; and
  - (3) documentation of the disability by an appropriate specialist with detailed information of accommodations needed.

#### **6.5 Retaking Examinations**

- (a) An applicant must submit a retake application and fee.
- (b) An applicant may retake the exam no sooner than 45 days after a previous examination attempt.
- (c) An applicant who has not successfully completed the licensing examination within five years of graduation must once again successfully complete an approved nursing education program.
- (d) Candidates who do not take a scheduled examination must reapply and submit the appropriate fee to the examination provider.

#### **6.6 Licensure by Endorsement and Experience**      The Board may issue a license to an applicant who:

- (a) is licensed as a registered nurse in a United States jurisdiction on the basis of a U.S. nursing education program and
- (b) has practiced nursing in that jurisdiction for a minimum of:
  - (1) 50 days (400 hours) in the previous 2 years; or
  - (2) 120 days (960 hours) in the previous 5 years.
- (c) If there is a question about the applicant's education or practice of nursing, the Board may require the applicant to provide a job description or other evidence of the required qualifications and expected job responsibilities. The job description shall be certified as true by employers or other appropriate persons.

**6.7 Exemption** A person holding an unencumbered license in another United States jurisdiction may practice nursing in Vermont under supervision of a Vermont unencumbered licensed RN as a part of an educational offering. Practice under this exemption shall not exceed 30 days in any calendar year.

**6.8 Applicants with International Education** An applicant whose nursing education and current license to practice is from a country other than the United States, may take a licensing examination once the Board has received:

- (a) a completed application for licensure;
- (b) proof of completion of secondary school or its equivalent;
- (c) proof of graduation from a registered nursing education program meeting the requirements of these rules;
- (d) a credentials review by an external agency that specializes in international academic credentials review which verifies that the applicant's nursing education meets the requirements of these rules;
- (e) proof of licensure in the country of graduation; and
- (f) proof of oral and written English proficiency if the nursing education program was not conducted in English.
- (g) documentation of a minimum of:
  - (1) 50 days (400 hours) of practice as a licensed registered nurse in the two years immediately preceding the application; or
  - (2) 120 days (960 hours) practice as a licensed registered nurse within five years of the application;
- (h) The documents in subsections (a) through (g) above must be in the English language.

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## **Part 7 Requirements for Vermont Advanced Practice Registered Nurse (APRN) Education Programs**

**7.1 Eligible Colleges or Universities** The Board will approve a Vermont APRN education program which:

- (a) is offered by a college or university;
- (b) confers a graduate degree with a major in nursing or a graduate degree that prepares nurses to practice advanced practice nursing; and
- (c) meets the educational standards set by a national accrediting body and national certifying board approved by the Board.

**7.2 Organization** The relationship of the APRN education program to other units

within the governing organization shall be clearly defined as to authority, responsibilities, and channels of communication.

**7.3 Mission Statement** Each APRN program shall have a clearly written mission statement setting forth the program's purpose and desired outcomes.

**7.4 Program Administrator**

(a) The program administrator shall hold a Vermont unencumbered registered nurse license.

(b) The program administrator is responsible for the administration, planning, implementation, and evaluation of the nursing education program and for the allocation of nursing program resources.

(c) The program administrator of a master's degree or a doctoral degree advanced practice nursing program shall have:

- (1) a minimum of a master's degree in nursing and an earned doctoral degree from an accredited institution;
- (2) experience in teaching, research, curriculum development and administration; and
- (3) clinical experience.

(d) The administrator's work load shall allow sufficient time to carry out administrative and leadership activities.

**7.5 Faculty** Faculty shall include:

(a) APRNs who possess a doctoral degree and or a master's degree in nursing who:

- (1) possess an Vermont unencumbered APRN license in the role and population focus being taught; and
- (2) have practiced in that role and population focus.

(b) Faculty from other academic disciplines who teach theory courses shall have advanced academic preparation appropriate to the area of instruction.

**7.6 Curriculum Responsibilities** The administrator and faculty shall develop, organize, implement, and evaluate the curriculum.

**7.7 Curriculum Contents** Course descriptions and objectives shall be available in writing. The curriculum shall include but is not limited to:

(a) biological, behavioral, social sciences, and medicine, and pharmacotherapeutics relevant to practice as an advanced practice registered nurse; and prescriptive authority in the role and population focus;

(b) legal, ethical, and professional responsibilities of advanced practice registered nurses;

- (c) supervised clinical practice relevant to the role and population focus; and
- (d) advanced pharmacotherapeutics, advanced physical assessment, and advanced pathophysiology.

**7.8 Approval Process** To obtain and maintain Board approval, an APRN education program must follow the processes outlined in Subparts A and B of Part 4 of these Rules.

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## **Part 8 Advanced Practice Registered Nurses Licensing and Practice**

### **8.1 Definitions**

(a) Advanced Practice Registered Nurse (“APRN”) means “a licensed registered nurse authorized to practice in this state who, because of specialized education and experience, is endorsed to perform acts of medical diagnosis and to prescribe medical, therapeutic, or corrective measures under administrative rules adopted by the board.” 26 V.S.A. § 1572(4).

(b) “Collaborating Provider” as used in this Part means a Vermont APRN or Vermont licensed physician in a formal relationship with an APRN to advise, mentor, and consult. An APRN may have more than one collaborating provider.

(c) “Physician” means an individual licensed to practice medicine as a medical doctor under Title 26 Chapter 23 or an osteopathic physician under Chapter 33 of Title 26 of the Vermont Statutes Annotated.

(d) “Solo Practice” means one APRN practicing with no additional APRNs or licensed physicians.

**8.2 Roles** The Board may license an individual to practice as an APRN in the following roles:

- (a) Nurse Practitioner;
- (b) Certified Nurse Midwife;
- (c) Certified Registered Nurse Anesthetist; and
- (d) Clinical Nurse Specialist in Psychiatric and Mental Health Nursing.

**8.3 Identification** APRNs shall use, at a minimum, the license designation “APRN” for purposes of identification and documentation.

**8.4 Population Focus** Population Focus means that segment of the population, defined by age group or health status to which an APRN provides professional services:

The Board recognizes the following population focus areas:

- (a) Family/Individual across the life span;
- (b) Adult;
- (c) Neonatal;
- (d) Pediatric;
- (e) Geriatric;
- (f) Woman's Health/Gender Related; and
- (g) Psychiatric/Mental Health.

### **8.5 Scope of Practice**

- (a) Nurse practitioners providing primary care may be primary care providers of record.
- (b) The scope of an APRN includes:
  - (1) registered nurse scope of practice;
  - (2) acts of medical diagnosis including, ordering and interpreting diagnostic tests and procedures;
  - (3) prescribing medications;
  - (4) prescribing medical, therapeutic, or corrective measures;
  - (5) initiating written or verbal orders to other health care providers; and
  - (6) managing and evaluating care.

**8.6 APRN License Requirements** To be eligible for licensure as an APRN the applicant must:

- (a) hold an Vermont unencumbered registered nursing license;
- (b) meet the education requirements set forth below;
- (c) hold certification from a national board; and
- (d) meet the practice requirements.

**8.7 Education** To be eligible for an APRN license, an applicant shall:

- (a) have a degree or certificate as shown by the official transcripts from the

applicant's graduate nursing program in one of the four recognized APRN roles from:

- (1) a Vermont graduate nursing program approved by the Board; or
- (2) a United States graduate nursing program approved by a state or a national accrediting agency approved by the Board; and

(b) have successfully completed graduate level courses in:

- (1) advanced pharmacotherapeutics;
- (2) advanced patient assessment;
- (3) advanced pathophysiology.

**8.8 Certification Organizations** The Board may accept certification by a certifying organization which:

- (a) follows established certification testing and psychometrically sound, legally defensible standards for APRN certification exams;
- (b) assesses APRN core and role competencies across a minimum of one population focus of practice;
- (c) assesses specialty competencies, when applicable, separately from the APRN core role and population-focused competencies; and
- (d) is accredited by a national certification accreditation body.

**8.9 Education or Practice Requirement**

To be eligible for initial licensure or to renew or reinstate an APRN license, an applicant must have:

- (a) graduated from an APRN program within two years of making the application; or
- (b) practiced as an licensed APRN for a minimum of:
  - (1) 50 days (400 hours) in the previous two years; or
  - (2) 120 days (960 hours) in the previous five years; or
- (c) completed a Board approved APRN Refresher Course as set forth in Part 10 of these Rules within two (2) years of making the application.

**8.10 Practice Guidelines Approval** An APRN may not engage in clinical practice without Board approved practice guidelines.

**8.11 Practice Guidelines Review** Licensees who engage clinical practice as an APRN shall submit proposed practice guidelines for Board review and approval:

- (a) prior to initial employment;

(b) at least 30 days prior to a change in the APRN's employment, clinical role, population focus, or specialty; and

(c) if employed, or practicing as an APRN, with every license renewal.

**8.12 Practice Guidelines: Availability** Each APRN shall maintain a copy of the practice guidelines at each practice site. A copy of guidelines shall available upon request.

**8.13 Practice Guidelines: Contents** Practice guidelines must show that the APRN is practicing only in his or her certified role and population focus. Practice guidelines shall include:

(a) the APRN's name, role, population focus and certification;

(b) when applicable, the collaborator's name, specialty, Vermont license number, and phone number;

(c) the name, address, and phone number of the clinical practice site(s);

(d) a description of the clinical practice, including role, population focus, and general description of clients served; and

(e) a description of the APRN's current quality assurance plan.

**8.14 Transition to Practice: Collaborative Provider Agreement**

(a) The first 24 months and 2,400 hours of an APRN's practice in an initial role and/or population focus must be under a formal agreement with a collaborating provider.

(b) An APRN who obtains a subsequent certification in an additional role and population focus shall have a formal agreement with a collaborating provider for that role and population focus for no fewer than 12 months and 1,600 hours.

(c) An APRN shall maintain signed and dated copies of all collaborative provider agreements as part of the practice guidelines. An APRN required to practice under a collaborative provider agreement may not engage in solo practice in the role and population focus covered by the collaborative provider agreement.

(d) An APRN who completes the collaborative provider requirement shall, using the form available from the Board, notify the Board that the requirement have been satisfied.

**8.15 Collaborating Providers**

(a) The collaborating provider's license must be active and unencumbered.

(b) The collaborating provider shall practice in the same role and population focus or

specialty as the APRN.

(c) An APRN collaborating provider shall have practiced in the same role and population focus for a minimum of four years.

**8.16 Collaborating Provider Responsibilities** A collaborating provider shall:

- (a) review, sign, and date the APRN's practice guidelines;
- (b) serve as an advisor, mentor, and consultant to the APRN;
- (c) participate in quality assurance activities.

**8.17 APRN Group Practice**

(a) An APRN group practice must include one or more APRNs who are not required to practice under a collaborative provider agreement.

**8.18 License period** APRN licenses are renewed on a schedule set by the Office of Professional Regulation.

**8.19 Renewal Application Requirements** To renew an APRN license the applicant must show:

- (a) graduation from an approved APRN program within the past 2 years; or
- (b) documentation of APRN practice for a minimum of:
  - (1) 50 days (400 hours) in the previous 2 years; or
  - (2) 120 days (960 hours) in the previous 5 years; and
- (c) current certification by a national APRN specialty certifying organization; and
- (d) current practice guidelines (if employed); and,
- (e) current collaborating provider agreement (if required).

**8.20 Refresher Course**

(a) Individuals who have been out of practice for less than ten years and who do not meet the practice requirement for initial licensure, or renewal, or reinstatement of an APRN license must take a refresher course as set forth in Part 10 of these Rules. Once commenced, the course must be completed within 18 months.

(b) Individuals who have been out of practice for more than ten years must complete a new post-masters APRN program that includes a minimum of 500 clinical practice hours.

**8.21 Refresher Course Clinical Practice Permit** The Board may grant a refresher course clinical practice permit to an applicant who:

- (a) holds a Vermont RN license;
- (b) holds a national APRN certification.
- (c) The permit will be valid for no longer than six (6) months, and with Board approval may be renewed twice.
- (d) While engaged in practice under the permit, an individual must
  - (1) wear a name tag with the designation “APRN Applicant”; and
  - (2) indicate his or her status as an “APRN Applicant” when signing medical records or authorizing other medical or professional documents.

**8.22 Current Vermont APRN Endorsement** Those holding an active Vermont APRN endorsement as of June 23, 2011 shall be considered as having met all requirements for an APRN license under these rules.

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## **Part 9 License Renewal or Reinstatement**

**9.1 Renewal Schedule** Licenses are renewed on a biennial schedule set by the Office of Professional Regulation.

**9.2 Change of Name or Address** Licensees are required to notify the office within 30 days of a change in name or mailing address.

### **9.3 Active Practice Requirement and Re-Entry for RNs and LPNs**

(a) To renew a license, the applicant must have practiced nursing for a minimum of:

- (1) 50 days (400 hours) of the current licensing period, or
- (2) 120 days (960 hours) within five years of the end of the current licensing period.

(b) To reinstate a license, the applicant must have practiced nursing for a minimum of:

- (1) 50 days (400 hours) within two years of the reinstatement application; or
- (2) 120 days (960 hours) within five years of the reinstatement application.

(c) An applicant who does not meet the active practice requirements must first successfully complete a nursing re-entry program meeting the standards for Vermont re-entry programs set forth in Part 10 of these rules.

### **9.4 Re-Entry Program Permit**

(a) No person may participate in the clinical portion of a re-entry program without a permit from the Board.

(b) A re-entry program application must be accompanied by the applicable fee.

(c) The re-entry permit is valid for one year.

(d) Successful completion of the re-entry program must be documented on forms available from the Board.

**9.5 APRN Practice and Refresher Requirements** APRN practice and refresher requirements are addressed in Part 10 of these rules.

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## **Part 10 Re-Entry and Refresher Programs**

**10.1 Re-Entry and Refresher Program Requirement** Re-entry and refresher programs are necessary to prepare nurses who do not meet active practice requirements to resume licensed practice.

(a) Registered and licensed practical nurses who do not meet practice requirements for renewal or endorsement may not be licensed until they successfully complete a re-entry course.

(b) APRNs who do not meet practice requirements for renewal or endorsement may not be licensed until they successfully complete a refresher course.

**10.2 Re-Entry and Refresher Program Participant Identification** Participants in re-entry programs and refresher programs shall, during clinical experiences, wear name tags with the terms "LPN Applicant," "RN Applicant," or "APRN Applicant," as appropriate.

### **Subpart A: Re-Entry Programs for LPNs and RNs**

**10.3 Design** Re-entry programs may be individually designed or established by a nursing education program or a nursing service facility. Re-entry programs must be approved by the Board.

**10.4 Board Approval** The Board will approve a re-entry program which meets the requirements set forth below.

**10.5 General Requirements** The re-entry program:

(a) has a written purpose, program and unit objectives, and measurable outcomes;

(b) consists of:

(1) for LPNs: a minimum of 80 hours of theory and 80 hours of clinical experience;

(2) for RNs: a minimum of 120 hours of theory and a minimum of 120 hours of clinical experience;

(c) provides direct RN supervision for re-entry program clinical experience; and

(d) is located within, or if individually designed, is under the direction of a program providing nursing education.

(e) Re-entry programs are approved for five years.

### **10.6 Curriculum**

(a) The administrator and faculty shall develop, organize, implement, evaluate, and otherwise control the curriculum.

(b) A re-entry program curriculum shall include:

(1) nursing theory based on the nursing process;

(2) ethical and legal issues of practice;

(3) theoretical and clinical content across the life span; and

(4) clinical skills.

### **10.7 Administration and Faculty** Re-entry programs in Vermont shall have:

(a) an administrator who is currently licensed as a registered nurse, holds at least a bachelor's degree in nursing, and has relevant experience in nursing education;

(b) faculty, including preceptors for clinical services, who:

(1) hold a current Vermont unencumbered registered nurse license; and,

(2) have at least a bachelor's degree in nursing and recent relevant experience.

(c) faculty sufficient in number and expertise to meet the purposes and objectives of the programs.

### **10.8 Facilities and Other Resources** Each re-entry program shall have adequate facilities and other resources consistent with its purpose, objectives, and policies including:

(a) Classrooms, conference rooms, laboratories, and offices;

(b) Library space and holdings;

(c) Sites used for clinical experiences;

(d) Financial support; and

- (e) Support personnel.

### **10.9 Program Information and Policies for Students**

- (a) Program information documents shall describe each course, its length, dates of offerings, and eligibility qualifications.
- (b) Each re-entry program shall have available to students written policies regarding:
  - (1) admission, progression, course completion, and dismissal;
  - (2) providing academic guidance;
  - (3) student rights; and
  - (4) a fee schedule for the program.

**10.10 Survey Visits** The Board may conduct survey visits and shall be reimbursed for actual and necessary costs incurred for survey visits.

### **10.11 Evaluation**

- (a) Each re-entry program shall have a written plan for the systematic evaluation of the program and each of its components.
- (b) Evaluations shall include:
  - (1) documentation of each student's progress and a final evaluation of each student; and
  - (2) documentation of an evaluation of the program by each student.

### **10.12 Annual Report to the Board**

- (a) On or before October 1 of each year, each approved re-entry program shall submit an annual report to the Board. The report shall cover the one year period between August 1 of the preceding year and July 31 of the year the report is submitted.
- (b) The report shall include:
  - (1) changes in mission and program objectives, program evaluation, and organizational structure;
  - (2) curriculum changes anticipated or made since the last report;
  - (3) names of all program faculty, dates of appointment, academic preparation, educational activities, major teaching responsibilities;
  - (4) faculty-student ratios;
  - (5) cooperating agencies used for clinical experience;

- (6) student data, including, but not limited to: number of students admitted; attrition rate;
- (7) response(s) to prior Board recommendations; and
- (8) other information and/or materials as requested by the Board necessary for continued approval.

**10.13 Records** Re-entry programs shall maintain:

- (a) student records including student admission and termination data, written evaluations, and temporary permits;
- (b) files pertaining to the administrator, faculty, and clinical preceptors including documentation of current Vermont licensure, employment terms, curriculum vitae, performance evaluations; and
- (c) administrative files containing operational policies, minutes of program meetings, and financial records.

**10.14 Voluntary Program Closure** The institution shall advise the Board of a decision to close the re-entry program. The program shall:

- (a) cease admitting students;
- (b) assist accepted applicants and current students to transfer to other approved re-entry programs; or
- (c) officially close when the last student has completed the program.
- (d) All Board approval requirements shall be maintained until the last student has transferred or completed the program.

**Subpart B: Refresher Programs for APRNs**

**10.15 Design**

- (a) Refresher programs may be individually designed or established by a nursing education program or a nursing service facility. Each must be approved by the Board.
- (b) The Board may accept a Nationally Accredited Refresher Program in Vermont or elsewhere which meets the requirements of this Subpart.
- (c) Refresher programs are available to APRN's who have been out of practice for ten years or less.

**10.16 Approval Criteria** The Board will approve a refresher program which:

- (a) for a licensee who has been out of practice for less than five years consists of a minimum of:

- (1) 150 hours of theory; and
  - (2) 200 hours of clinical experience; or
- (b) for a licensee who has been out of practice for more than five years, but less than ten years consists of a minimum of:
- (1) 150 hours of theory and
  - (2) 400 hours of clinical experience; and
- (c) which provides on-site supervision:
- (1) by an APRN collaborating provider qualified under Part 8 of these rules holding a Vermont unencumbered APRN license, or a physician collaborating provider with an Vermont unencumbered license; and
  - (2) who practices in the same role and population focus.

**10.17 Curriculum** Refresher program curriculum shall include a review and update of:

- (a) advanced pharmacotherapeutics;
- (b) advanced assessment;
- (c) role and population specific theory and practice standards;
- (d) role and population specific clinical practicum; and
- (e) advanced practice nursing skills.

**10.18 Faculty** Refresher programs shall:

- (a) have an administrator who:
  - (1) holds a current unencumbered APRN license in the jurisdiction where the course is offered;
  - (2) holds a graduate degree in nursing, and
  - (3) has relevant experience in teaching advanced practice nursing.
- (b) have faculty, who:
  - (1) hold a current unencumbered APRN license in the jurisdiction where the course is offered;
  - (2) possess a graduate degree in nursing and relevant experience in the role and population focus consistent with the goals of the program.
- (c) have faculty sufficient in number and expertise to meet the purposes and objectives of the programs.
- (d) be located within or, if individually designed, be under the direction of a graduate nursing education program or an institutional nursing service education

department.

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## **Part 11     Alternative Program for Nurses and Nursing Assistants**

### **11.1     Alternative Program Created**

(a) As authorized by 26 V.S.A. § 1574(9) the Board has created “The Alternative Program” (“the Program”) for licensees and applicants eligible for licensure.

(b) The Alternative program’s goal is to protect public safety. It does so by permitting eligible individuals, for whom formal discipline is not necessary, to engage in:

- (1) chemical dependency rehabilitation, or
- (2) practice remediation.

(c) The Program is intended for persons:

- (1) with chemical dependencies; meaning physical or psychological reliance upon one or more substances including drugs or alcohol use of which has or can impair a licensee’s ability to practice; or
- (2) with professional practice deficiencies.

(d) Participation in the Alternative Program is not a right of a licensee or applicant. The Board, in its sole discretion, determines whether an individual is an acceptable candidate. ■

(e) Records pertaining to an individual’s participation in the program are not available to the public. They remain confidential except:

- (1) to the extent necessary to monitor and assure compliance with program requirements and then may, only as needed be shared with employers or others as determined by the program; or
- (2) when disclosed by the participant to another licensing authority.
- (3) a licensee’s participation in the program may be considered in any future disciplinary matter.

**11.2     Administration**     The Alternative Program is administered by a committee appointed by the Board.

(a) The committee and Executive Director, in their sole discretion, determine whether an individual is an appropriate candidate for participation in the Program. They review pertinent reports and information, and impose and monitor conditions as appropriate.

(b) As needed and subject to Board approval, the committee may adopt or revise protocols for the operation and scope of the Program.

**11.3     Chemical Dependency Rehabilitation: Eligibility**     A candidate for participation in chemical dependency rehabilitation must:

- (a) hold a license issued by the Board or be an eligible applicant for one;



- (b) voluntarily request admission to the Program;
- (c) if requested, agree to undergo a comprehensive assessment, at the applicant's expense, from a pre-approved qualified provider based on criteria determined by the committee;
- (d) not be ineligible for any of the reasons set forth in Rule 11.4 below.

**11.4 Chemical Dependency Rehabilitation: Ineligible Persons** An applicant may be ineligible to participate in the chemical dependency program if that person:

- (a) has pending felony charges or felony conviction(s) related to chemical dependency; or
- (b) has had within the preceding five years a restricted license for conduct that would constitute unprofessional conduct in this state; or
- (c) has diverted controlled substances; or
- (d) has consciously taken or disregarded a substantial risk of harm; or
- (e) presents an imminent danger to the public; or
- (f) has a recent history of chemical dependency and failed treatment; or
- (g) has an independent comprehensive assessment upon which the committee determines that the individual is not an appropriate candidate for the Program.

**11.5 Practice Remediation: Eligibility**

- (a) A candidate for participation in practice remediation must:
  - (1) hold a license issued by the Board or be an eligible applicant for one;
  - (2) agree to participate in the Program;
  - (3) agree to undergo a comprehensive assessment, at the applicant's expense, if requested, from a pre-approved qualified provider based on criteria determined by the committee
  - (4) agree that a practice deficiency has occurred; and
  - (5) not be ineligible for any of the reasons set forth in Rule 11.6 below.
- (b) The program must determine whether the individual's practice deficiency is likely to be corrected by remediation.

**11.6 Practice Remediation: Ineligible Persons** An applicant may be ineligible to participate in practice remediation program if that person:

- (a) has previously been disciplined by Vermont or another state Board of Nursing for conduct that would constitute unprofessional conduct in this state;

- (b) has attempted to conceal an error or falsify records;
- (c) has consciously taken or disregarded a substantial risk of harm;
- (d) has a practice deficiency that persisted after multiple remedial or counseling interventions; or
- (e) may pose a threat to the safety and welfare of the public while participating in the program;
- (f) has pending felony charges or a felony conviction related to the practice of nursing;
- (g) is, in the judgment of the program based on an independent review of the individual's physical or mental health, not an appropriate candidate for the program.

### **11.7 Contract**

- (a) Individuals accepted into the Alternative Program shall enter into a written contract with the Program. The contract shall set forth the terms, conditions, costs, and restrictions which the committee deems appropriate for the individual participant. The contract is an Order of the Board with which the individual must comply.
- (b) So long as the individual complies with the contract conditions, disciplinary action based on the conduct for which the individual was accepted into the Program will not be initiated.
- (c) An individual who fails to comply with the Program contract may be terminated from the Program and may be referred for formal disciplinary proceedings for violating a Board Order.

**11.8 Completion of the Program** Upon satisfactory completion of the program the licensee will be discharged.

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## **Part 12 Discipline**

**12.1 Disciplinary Procedure** The Board follows the Office procedure for processing, investigating, and prosecuting unprofessional conduct and unauthorized practice complaints. A copy of the complaint procedure may be obtained from the Office or online at <http://vtprofessionals.org/>.

**12.2 Confidentiality** The Board follows the confidentiality provisions of 3 V.S.A. § 131.

**12.3 Grounds for Discipline** 3 V.S.A. § 129a defines unprofessional conduct for

all professions affiliated with the Office of Professional Regulation including LNAs, LPNs, RNs and APRNs governed by these rules. 26 V.S.A. §§ 1582, 1595, and 1615 contain specific definitions of unprofessional conduct for these professions. See, <http://www.leg.state.vt.us/statutes/fullchapter.cfm?Title=26&Chapter=28>. Whenever 3 V.S.A. § 129a's provisions are in conflict or overlap with the statutes specifically governing these professions, or these rules, the provisions which provide greater safety to the public shall apply. Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession also constitutes unprofessional conduct. 3 V.S.A. § 129a(a)(3).

**12.4 Sanctions for Unprofessional Conduct** Disciplinary sanctions the Board may impose after a finding of unprofessional conduct include:

- (a) denial of licensure, renewal or reinstatement;
- (b) warnings or reprimands;
- (c) suspension for a period of time to be determined by the Board;
- (d) revocation;
- (e) limitations on practice;
- (f) setting conditions for practice or resumption of practice;
- (g) an administrative penalty.

**12.5 Public Records** All Board decisions on disciplinary complaints are public records. Unprofessional Conduct decisions are available online or from the office.

**12.6 Illegal Employment** 26 V.S.A. § 1584(a)(7) makes it unlawful for any person or agency or institution in Vermont to employ an unlicensed person to practice as a registered nurse, practical nurse, or nursing assistant.

**12.7 Duty to Report Employment Discipline** Employers must comply with reporting requirements for disciplinary action set forth in 3 V.S.A. §128.

effective date: January 15, 2015