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## BOARD OF NURSING RULES

AS OF JUNE 30, 2021

This version of the Administrative Rules of Montana is provided as a tool for board members and department staff. In case of inconsistencies, the rule text in the Montana Administrative Register is the official rule text and will prevail.

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DEPARTMENT OF LABOR AND INDUSTRY

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## Subchapter 1

## Organizational Rule

24.159.101 BOARD ORGANIZATION (1) The Board of Nursing hereby adopts and incorporates the organizational rules of the Department of Labor and Industry as listed in chapter 1 of this title. (History: 37-8-202, MCA; IMP, 2-4-201, MCA; NEW, Eff. 1/3/75; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2006 MAR p. 2035.)

## Subchapter 2

## Procedural Rules

24.159.201 PROCEDURAL RULES (1) The Board of Nursing hereby adopts and incorporates the procedural rules of the Department of Labor and Industry as listed in chapter 2 of this title. (History: 37-8-202, MCA; IMP, 2-4-201, MCA; NEW, Eff. 1/3/75; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2006 MAR p. 2035.)

24.159.202 PUBLIC PARTICIPATION (1) The Board of Nursing hereby adopts and incorporates by this reference the public participation rules of the Department of Commerce as listed in chapter 2 of Title 8. (History: 37-8-202, MCA; IMP, 2-3-103, MCA; NEW, 1978 MAR p. 611, Eff. 4/25/78; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from Commerce, 2006 MAR p. 2035.)

## Subchapter 3

## Definitions

24.159.301 DEFINITIONS (1) "Accrediting organization" means a professional organization that establishes standards and criteria for continuing education programs.

(2) "Advanced Practice Registered Nurse" or "APRN" means a registered nurse licensed by the board to practice as an advanced practice registered nurse pursuant to 37-8-202, MCA. Four APRN roles are recognized by Montana law:

- (a) Certified Nurse Practitioner (CNP);
- (b) Certified Nurse Midwife (CNM);
- (c) Certified Registered Nurse Anesthetist (CRNA); and
- (d) Clinical Nurse Specialist (CNS).

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

(4) "Certifying body" means a board-recognized national certifying organization that uses psychometrically sound and legally defensible examinations for certification in APRN roles and population focus.

(5) "Charge Nurse" means the nurse who is in charge of patient and/or resident care during a nursing shift. An LPN may serve as a charge nurse in the absence of an RN in a long-term care facility, pursuant to 37-8-102, MCA.

(6) "CNOR" means the documented validation of the professional achievement of identified standards of practice by an individual registered nurse providing care for patients before, during, and after surgery.

(7) "Competency" means performing skillfully and proficiently the functions that are within the role of the licensee, and demonstrating the interrelationship of essential knowledge, judgment, and skills.

(8) "Contact hours" means the time period of instruction determined by the continuing education provider and indicated on the participant's certificate of completion. One academic semester credit equals 15 contact hours; one academic quarter credit equals 12.5 contact hours.

(9) "Continuing education" means a planned learning activity that occurs in a classroom, online, audio-conference, video-conference, or as independent study. All continuing education must be approved by an accrediting organization or provided by an accredited academic institution of higher learning, a continuing education provider, or a certifying body.

(10) "Continuing education provider" means an entity approved by an accrediting organization to provide continuing education programs.

(11) "Delegation" means the act of authorizing and directing a UAP to perform a specific nursing task in a specific situation in accordance with these rules.

(12) "Department" means the Montana Department of Labor and Industry as provided for in Title 2, chapter 15, part 17, MCA.

(13) "Direction" means a communication of a plan of care based upon assessment of a patient by a registered nurse or a licensed independent health care provider pursuant to 37-8-102, MCA, that sets forth the parameters for the provision of care or for the performance of a procedure.

(14) "Direct supervision" means the supervisor is on the premises and is quickly and easily available.

(15) "Drug" means a substance defined by 37-7-101, MCA.

(16) "Focused nursing assessment" is conducted by a licensed practical nurse and is an appraisal of an individual's status and situation at hand, contributing to the comprehensive assessment by the registered nurse, supporting ongoing data collection, deciding who needs to be informed of the information, and when to inform.

(17) "Health team" means a group of health care providers which may, in addition to health care practitioners, include the client, family, and significant others.

(18) "Immediate supervision" means the supervisor is on the premises and is within audible and visual range of the patient.

(19) "Independent study" means a self-paced learning activity directed by a continuing education provider that includes both a mechanism for evaluation and feedback to the learner.

(20) "National accreditation" means the ongoing review, evaluation, and approval of nursing education programs by a national nursing accrediting agency that is recognized by the U.S. Department of Education. Nursing education programs without national accreditation are nonaccredited programs.

(21) "National professional organization" means a board-recognized professional nursing membership organization that delineates nursing practice standards and guidelines.

(22) "New nursing education program" means the initiation or addition of a new terminal degree or certificate in nursing education that prepares graduates for initial licensure.

(23) "Nursing assessment" means a systematic collection of data to determine the patient's health status and to identify any actual or potential health problems.

(24) "Nursing procedures" means those nursing actions selected and performed in the delivery of safe and effective patient/client care.

(25) "Nursing process" means the traditional systematic method nurses use when they provide:

- (a) nursing care including assessment;
- (b) nursing analysis;
- (c) planning;
- (d) nursing intervention; and
- (e) evaluation.

(26) "Nursing task" means an activity that requires the use of nursing knowledge, skills, and/or abilities.

(27) "Ordering" means authorizing durable medical devices and equipment, nutrition, diagnostic, and supportive services, including, but not limited to, home healthcare, hospice, and physical and occupational therapy.

(28) "Peer review" means the process of evaluating the practice of nursing, conducted by a peer-reviewer.

(29) "Peer-reviewer" for APRN practice means a licensed APRN or physician whose credentials and practice encompass the APRN's scope and type of practice setting. The peer-reviewer may be a consultant working for a professional peer review organization.

(30) "Population focus" for APRN practice means the section of the population which the APRN is certified to practice within. The categories of population focus are: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related, or psychiatric/mental health.

(31) "Practical Nurse" means the same thing as "Licensed Practical Nurse," "PN," and "LPN," unless the context of the rule dictates otherwise. The practice of practical nursing is defined at 37-8-102, MCA.

(32) "Preceptorship" for APRN education means supervised training in the role, population focus, or specialty area of APRN practice.

(33) "Prescriber" as defined in 37-7-502, MCA, means a medical practitioner as defined in 37-2-101, MCA, licensed under the professional laws of the state to administer and prescribe medicine and drugs.

(34) "Prescribing" means specifying advanced nursing intervention(s) intended to implement the defined strategy of care.

(35) "Prescription drug" as defined in 37-7-101, MCA, means any drug that is required by federal law or regulation to be dispensed only by a prescription subject to section 503(b) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. 353.

(36) "PRN medication" ("pro re nata," Latin for "according as circumstances may require") means medication taken as necessary for the specific reason stated in the medication order, together with specific instructions for its use.

(37) "Registered Nurse" means the same thing as "RN" and "Professional Nurse," unless the context of the rule dictates otherwise. The practice of professional nursing is defined at 37-8-102, MCA.

(38) "Routine medication" means medication taken regularly at the same time each day using the same route, or on the same days of the week, at the same time, using the same route.

(39) "Simulation" means instructional techniques designed to replace or amplify real clinical nursing experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. The evidence-based learning shall replicate patient care scenarios and are designed to foster clinical decision-making and critical thinking. Scenarios may include the use of medium or high-fidelity mannequins, standardized patients, role playing, and computer-based critical thinking simulations. An instructional simulation scenario shall include the elements of pre-briefing, replication of a patient care scenario, and debriefing. Skill acquisition and task training alone, as in the traditional use of a skills laboratory, do not qualify as simulated client care and therefore do not meet the requirements for direct client care hours.

(40) "Stable" means a situation in which the patient's clinical and behavioral status is determined to be non-fluctuating or in which the fluctuations are expected and the interventions planned.

(41) "Standard" means an authoritative statement by which the board can judge the quality of nursing education or practice. A standard is established by authority, custom, or general consent as a model or example; something set up for the measure of quantity, weight, extent, value, or quality. A standard is substantially well established by usage in speech and writing and widely recognized as acceptable.

(42) "Standardized procedures" means routinely executed nursing actions for which there is an established level of knowledge and skill.

(43) "Strategy of care" means the goal-oriented plan developed to assist individuals or groups to achieve optimum health potential. This includes initiating and maintaining comfort measures, promoting and supporting human functions and responses, establishing an environment conducive to well-being, providing health counseling and teaching, and collaborating on certain aspects of the medical regimen, including, but not limited to, the administration of medications and treatments.

(44) "Supervision" or "general supervision" means provision of guidance by a qualified nurse or a person specified in 37-8-102, MCA, for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

(45) "Supervisor" means the health care professional identified by these rules as the person qualified to supervise another in the performance of nursing procedures and care.



(46) "Unlicensed assistive person" or "UAP" means any person, regardless of title, who is not a licensed nurse and who functions in an assistive role to the nurse and receives delegation of nursing tasks.

(47) "Verification" of licensure, education, or prior disciplinary action against a license must be submitted to the board in writing, from a primary source. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-101, 37-8-102, 37-8-202, 37-8-422, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 1709, Eff. 8/15/08; AMD, 2008 MAR p. 2641, Eff. 11/7/08; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2011 MAR p. 2144, Eff. 10/14/11; AMD, 2013 MAR p. 1609, Eff. 9/6/13; AMD, 2016 MAR p. 1010, Eff. 6/4/16; AMD, 2017 MAR p. 604, Eff. 5/13/17; AMD, 2019 MAR p. 1055, Eff. 7/27/19.)

## Subchapter 4

## General Provisions

24.159.401 FEES (1) The fee for licensure (RN or LPN) by examination (NCLEX) is \$100, payable at the time the application is submitted. This fee is retained by the board if the application is withdrawn.

(2) The application fee required for requesting board approval to retake the examination (NCLEX) for RN or LPN is \$50.

(3) The fee for licensure (RN or LPN) by endorsement is \$200, payable at the time the application is submitted. This fee is retained by the board if the application is withdrawn.

(4) The application fee for each APRN specialty certification is \$75, and a fee of \$50 for renewal of each specialty certification thereafter.

(5) The license (RN or LPN) renewal fee is \$100 per renewal period.

(6) The fee to reactivate a license (RN or LPN) is \$100.

(7) The prescriptive authority application fee is \$100.

(8) The renewal fee for prescriptive authority is \$75 per renewal period.

(9) The fee for the board resending a renewal application is \$20.

(10) The fee for a printed copy of the laws and rules book is \$15. The fee for a copy of the laws and rules in CD-Rom format is \$5, with no restrictions on downloading laws and rules from the board web site or making duplicate copies from the original copy ordered.

(11) The fee for a temporary RN or LPN permit is \$25.

(12) The fee for a temporary permit for an APRN is \$35.

(13) The fee for medication aide I or II initial licensure is \$25.

(14) The fee for medication aide I or II licensure renewal is \$20 per year.

(15) The fee for a new nursing education program application and initial site survey is \$5000.

(16) The fee for board review of a special report from a nursing education program, as defined by ARM 24.159.635, is \$200.

(17) The fee for a site survey of a board-approved nursing education program, due to program noncompliance with educational standards, is \$3000.

(18) Additional standardized fees are specified in ARM 24.101.403. (History: 37-1-134, 37-1-319, 37-8-202, 37-8-426, MCA; IMP, 37-1-134, 37-1-141, 37-8-202, 37-8-426, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1994 MAR p. 2815, Eff. 10/28/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2001 MAR p. 2152, Eff. 10/26/01; AMD, 2002 MAR p. 2315, Eff. 8/30/02; AMD, 2003 MAR p. 2863, Eff. 12/25/03; AMD, 2004 MAR p. 2393, Eff. 10/8/04; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2011 MAR p. 2144, Eff. 10/14/11; AMD, 2015 MAR p. 642, Eff. 5/29/15.)

24.159.402 FEE ABATEMENT (1) The board adopts and incorporates by reference the September 24, 2004, fee abatement rule of the Department of Labor and Industry found at ARM 24.101.301.

(2) A copy of ARM 24.101.301 is available by contacting the Board of Nursing, 301 South Park Avenue, P.O. Box 200513, Helena, MT 59620-0513. (History: 37-1-131, MCA; IMP, 17-2-302, 17-2-303, 37-1-134, MCA; NEW, 2005 MAR p. 1687, Eff. 9/9/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.403 NONROUTINE APPLICATIONS (1) For the purpose of processing nonroutine applications, the board incorporates the definitions of routine and nonroutine at ARM 24.101.402 by reference.

(2) Nonroutine applications must be reviewed and approved by the board before a license may be issued. (History: 37-1-131, MCA; IMP, 37-1-101, 37-1-131, MCA; NEW, 2009 MAR p. 1404, Eff. 8/14/09; AMD, 2015 MAR p. 642, Eff. 5/29/15; AMD, 2019 MAR p. 1055, Eff. 7/27/19; AMD, 2021 MAR p. 556, Eff. 5/15/21.)

24.159.404 MILITARY TRAINING OR EXPERIENCE (1) Pursuant to 37-1-145, MCA, the board shall accept relevant military training, service, or education toward the requirements for licensure as a registered nurse (RN), licensed practical nurse (LPN), advanced practice registered nurse (APRN), and medication aide (MA) I and II.

(2) Relevant military training, service, or education must be completed by an applicant while a member of either:

- (a) United States Armed Forces;
- (b) United States Reserves;
- (c) state national guard; or
- (d) military reserves.

(3) An applicant must submit satisfactory evidence of receiving military training, service, or education that is equivalent to relevant licensure requirements of a registered nurse (RN), licensed practical nurse (LPN), advanced practice registered nurse (APRN), and medication aide (MA) I and II. Satisfactory evidence includes:

(a) a copy of the applicant's military discharge document (DD 214 or other discharge documentation);

(b) a document that clearly shows all relevant training, certification, service, or education the applicant received while in the military, including dates of training and completion or graduation; and

(c) any other documentation as required by the board.

(4) The board shall consider all documentation received to determine whether an applicant's military training, service, or education is equivalent to relevant licensure requirements. (History: 37-1-145, MCA; IMP, 37-1-145, MCA; NEW, 2014 MAR p. 2037, Eff. 9/5/14.)

Rule 24.159.405 reserved

24.159.406 BOARD OBJECTIVES (1) The board shall function in the field of nursing as an administrative and supervisory agency within the governmental structure and shall:

- (a) implement the nursing practice act by promulgating and enforcing rules and regulations to protect the public health, safety, and welfare;
- (b) prescribe standards for the evaluation of nursing education programs preparing persons for registration and licensure and approve those programs which have achieved and are maintaining these minimum standards;
- (c) assure safe standards of nursing practice through examination, licensure, and renewal of licenses of qualified applicants including endorsement of qualified registered and practical nurses from other jurisdictions;
- (d) control the practice of nursing in the interest of society by means of investigation and appropriate legal action;
- (e) provide interpretation and consultation services to individuals and groups in matters relating to nursing education and nursing practices; and
- (f) collaborate and cooperate with other appropriate agencies or groups in efforts to assure public safety and to promote competent nursing practice. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.407 MEETINGS OF THE BOARD (1) The annual meeting shall be held in the first quarter of the state fiscal year.

(2) Special meetings may be called by the president or at the written request of two board members. The reason for the special meeting shall be stated in the call.

(3) Meeting dates for the next calendar year shall be approved by the board at its annual meeting in the year prior to its application.

(4) Board members shall receive a meeting agenda and other information as applicable to review prior to each meeting. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1994 MAR p. 1424, Eff. 5/27/94; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.408 OFFICERS OF THE BOARD (1) The term of office for each officer shall be for one year and shall begin on July 1. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; TRANS, from Commerce, 2006 MAR p. 2035.)

24.159.409 DUTIES OF THE PRESIDENT OF THE BOARD (1) The president shall:

(a) preside at all board meetings. In the event that the president is absent from a board meeting, a president pro-tem shall be elected by members present at the meeting to serve for that meeting;

(b) appoint members to serve on committees as may be created and may serve as ex-officio members of all committees with the exception of the screening panel;

(c) serve as the official representative of the board in its contacts with governmental, civic, business, and other organizations;

(d) retain the right to vote on all matters before the board;

(e) perform such other functions as pertain to the office of the president.

(History: 37-8-202, MCA; IMP, 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1996 MAR p. 418, Eff. 2/9/96; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.410 DUTIES OF MEMBERS OF THE BOARD (1) The members acting as the board shall:

(a) transact the general business of the board;

(b) provide advice to the department concerning roles and functions of the board;

(c) develop and amend rules consistent with the law, to fulfill the provisions of the nursing practice act;

(d) develop policies for the transaction of board business which are consistent with good administrative practice;

(e) recommend the budget according to the laws and rules of the state of Montana. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1991 MAR p. 2435, Eff. 12/13/91; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.411 PARLIAMENTARY AUTHORITY (REPEALED) (History: 37-8-202, MCA; IMP, 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 5/6/76; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

Rule 24.159.412 reserved

24.159.413 APPLICANTS WITH CRIMINAL CONVICTIONS (1) The board incorporates ARM 24.101.406 by reference with the following modifications:

(a) Nonviolent misdemeanor convictions involving use or sale of drugs or alcohol in (5)(a) are nonroutine and will be processed under ARM 24.159.414 if those convictions totaled two or more for which the conviction date is five years or less from the application date.

(b) Nonviolent felony convictions involving use or sale of drugs or alcohol in (5)(b) are nonroutine and will be processed under ARM 24.159.414 if the conviction date is ten years or less from the application date.

(c) Violent misdemeanor or felony convictions in (6) are routine if the conviction date is more than ten years before the application date, unless the applicant is still in custody due to the conviction or staff otherwise determines the applicant engaged in egregious conduct implicating risk to public safety. (History: 37-1-131, MCA; IMP, 37-1-101, 37-1-131, MCA; NEW, 2021 MAR p. 556, Eff. 5/15/21.)

24.159.414 APPLICANTS WITH EVIDENCE OF IMPAIRMENT BY SUBSTANCE USE (1) An application deemed "nonroutine" under ARM 24.159.403 or ARM 24.159.413, based upon matters involving criminal convictions related to the use or sale of drugs or alcohol, or substance use disorder/chemical dependency, shall be resolved as follows:

(a) The department may issue a license to an applicant who:

(i) has satisfied or discharged all conditions of court-ordered sanctions; and

(ii) was not subject to any finding of substance use disorder/chemical dependency.

(b) The department may issue a license to an applicant with a finding of substance use disorder/chemical dependency if:

(i) the applicant completed all treatment requirements at least five years before the application date or successfully completed all monitoring requirements of this or any other state, territory, country, or jurisdiction; and

(ii) no criminal charges were filed, and no legal interventions occurred in the past five years, including but not limited to domestic violence or employment actions.

(c) The Nurses Assistance Program (NAP) shall review all applications that do not result in issuance of a license under (a) or (b) as follows:

(i) NAP may seek additional documentation from the applicant;

(ii) NAP may request an applicant to consent to assessments and evaluations; and

(iii) NAP shall provide recommendations and rationale to the board including:

(A) an applicant's suitability for the NAP alternative track; or

(B) the necessity for further assessments or evaluation for substance use disorder/chemical dependency or mental health issues. (History: 37-1-131, MCA; IMP, 37-1-101, 37-1-131, MCA; NEW, 2021 MAR p. 556, Eff. 5/15/21.)

Rule 24.159.415 reserved



24.159.416 QUALIFICATIONS FOR EXECUTIVE DIRECTOR OF THE BOARD (1) An executive director shall provide administrative services to the board to ensure:

(a) that policies and board processes are consistent with state and federal laws and regulations;

(b) that nursing education curricula and programs are consistent with Montana nursing statutes and rules and national education standards through oversight of periodic and ongoing approval processes;

(c) that licensure and related processes are efficient and effective;

(d) oversight of licensee compliance with nursing statutes and rules, including administrative direction of staff and board member compliance activities; and

(e) that necessary resources and support are provided to nursing board members and staff to enable those individuals or groups to perform their functions effectively.

(2) The executive director must be:

(a) a citizen of the United States;

(b) a graduate of an approved school of nursing;

(c) a holder of at least a master's degree with postgraduate courses in nursing;

(d) a registered professional nurse with at least three years experience in teaching or administration in an approved school of nursing, and three years clinical nursing practice.

(e) licensed as a registered professional nurse in Montana. (History: 37-8-204, 37-8-319, MCA; IMP, 37-8-204, MCA; NEW, 2001 MAR p. 2152, Eff. 10/26/01; TRANS, from Commerce, 2006 MAR p. 2035.)

## Subchapter 5

## Nurse License Compact

24.159.501 DEFINITIONS (1) For the purpose of the enhanced Nurse Licensure Compact:

(a) "Commission" means the Interstate Commission of Nurse Licensure Compact Administrators.

(b) "Compact" means the nurse licensure compact that became effective on July 20, 2017, and implemented on January 19, 2018.

(c) "Convert" means to change the status of a multistate license or privilege to practice.

(d) "Deactivate" means to change the status of a multistate license or privilege to practice.

(e) "Disqualifying event" means an incident which results in a person becoming disqualified or ineligible to retain or renew a multistate license. This includes but is not limited to the following:

(i) any adverse action resulting in an encumbrance;

(ii) current participation in an alternative program;

(iii) a misdemeanor offense related to the practice of nursing (which includes, but is not limited to, an agreed disposition); or

(iv) a felony offense (which includes, but is not limited to, an agreed disposition).

(f) "Independent credentials review agency" means a nongovernmental evaluation agency that verifies and certifies that foreign nurse graduates have graduated from nursing programs that are academically equivalent to nursing programs in the United States.

(g) "Licensure" includes the authority to practice nursing granted through the process of examination, endorsement, renewal, and/or reinstatement.

(h) "Prior compact" means the nurse licensure compact that was in effect until January 19, 2018.

(i) "Unencumbered license" means a license in good standing with no current discipline, conditions, or restrictions. (History: 37-8-202, MCA; IMP, 37-8-501, MCA; NEW, 2015 MAR p. 1389, Eff. 9/11/15; AMD, 2018 MAR p. 1819, Eff. 9/8/18.)

24.159.502 ENHANCED NURSE LICENSURE COMPACT RULES (1) As a party state to the compact, the board is bound by the compact rules, adopted by the commission.

(2) The compact rules can be found at <https://www.ncsbn.org/enlcrules.htm>. (History: 37-8-202, MCA; IMP, 37-8-501, MCA; NEW, 2018 MAR p. 1819, Eff. 9/8/18.)

Rule 24.159.503 reserved

24.159.504 ISSUANCE OF A LICENSE BY A COMPACT STATE  
(REPEALED) (History: 37-8-451, MCA; IMP, 37-8-451, 37-8-452, MCA; NEW,  
2015 MAR p. 1389, Eff. 9/11/15; REP, 2018 MAR p. 1819, Eff. 9/8/18.)

Rules 24.159.505 and 24.159.506 reserved

24.159.507 LIMITATIONS ON MULTISTATE LICENSURE PRIVILEGE -  
DISCIPLINE (REPEALED) (History: 37-8-451, MCA; IMP, 37-8-451, 37-8-452,  
MCA; NEW, 2015 MAR p. 1389, Eff. 9/11/15; REP, 2018 MAR p. 1819, Eff. 9/8/18.)

Rules 24.159.508 and 24.159.509 reserved

24.159.510 INFORMATION SYSTEM (REPEALED) (History: 37-8-451,  
MCA; IMP, 37-8-451, 37-8-452, MCA; NEW, 2015 MAR p. 1389, Eff. 9/11/15; REP,  
2018 MAR p. 1819, Eff. 9/8/18.)

## Subchapter 6

## Nursing Education Programs

24.159.601 STATEMENT OF PURPOSE FOR NURSING EDUCATION PROGRAM RULES (REPEALED) (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; REP, 2015 MAR p. 644, Eff. 5/29/15.)

Rules 24.159.602 and 24.159.603 reserved

24.159.604 PROGRAM STANDARDS (1) All programs shall meet these standards:

(a) The purpose and outcomes of the program shall be consistent with accepted standards of nursing practice appropriate for graduates of the type of program offered and be made available to prospective and current students in public documents.

(b) The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the program.

(c) The program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement.

(d) The curriculum shall provide didactic and clinical learning experiences consistent with program outcomes.

(e) Faculty and students shall participate in program planning, implementation, evaluation, and continuous improvement.

(f) The program administrator shall be a professionally and academically qualified RN with institutional authority and administrative responsibility for the program.

(g) Professionally, academically, and clinically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement.

(h) The fiscal, human, physical, clinical, and technical learning resources shall be adequate to support program processes, security, and outcomes.

(i) Program information communicated by the program shall be accurate, complete, consistent, and readily available. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 6/30/15.)

24.159.605 ORGANIZATION AND ADMINISTRATION OF PROGRAMS

(1) Parent institutions conducting a program must be accredited by an accrediting agency that is recognized by the U.S. Department of Education.

(2) The organizational structure of the program must be comparable to similar programs of the parent institution.

(3) Institutional policies governing the program must be consistent with those policies governing other educational programs of the parent institution.

(4) Policies governing faculty employment must be in writing and consistent with those of the parent institution.

(5) The program must provide students with written policies and demonstrate evidence of following these policies regarding:

(a) admission, readmission, progression, dismissal, and graduation requirements;

(b) personal health practices, designed to protect students, clients and faculty members, and requiring student compliance;

(c) information regarding the process of obtaining a license; and

(d) access to the institution/program catalog.

(6) Programs must maintain current records of student achievement within the program and provide students with evaluations based on expected outcomes.

(History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

24.159.606 EDUCATIONAL FACILITIES FOR PROGRAMS (1) There must be safe and accessible physical facilities and resources for students and faculty.

(2) Physical facilities must be appropriate to meet the educational and clinical needs of the program. Classrooms, laboratories, offices, and conference rooms must be of adequate size, number, and type according to the number of students and purposes for which these areas are to be used.

(3) The program must ensure:

(a) adequate supplies and equipment necessary to achieve program outcomes; and

(b) adequate and convenient access by students and faculty to library and information resources necessary to achieve program outcomes.

(4) All clinical agencies with which the program maintains cooperative agreements for use as clinical learning experiences must have licensure, approval, or accreditation appropriate to each agency.

(a) Cooperative agreements between nursing programs and clinical agencies must be current, in writing, signed by the responsible officers of each, and must set forth the following:

(i) faculty responsibilities for teaching and clinical supervision of students, including responsibilities for planning and supervising learning experiences;

(ii) a reasonable time frame for contract termination to ensure completion of the current semester or quarter of student clinical experiences;

(iii) agency's roles and responsibilities for student oversight and communication with faculty; and

(iv) health requirements of students and faculty. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15; AMD, 2019 MAR p. 1055, Eff. 7/27/19.)

Rule 24.159.607 reserved

24.159.608 PLACEMENT OF AN OUT-OF-STATE NURSING STUDENT IN A MONTANA CLINICAL PRACTICE SETTING (1) The placement of a student enrolled in an out-of-state pre-licensure program for clinical practice in a Montana facility must be approved by the Montana Board of Nursing or by its executive director.

(2) The request for placement of an out-of-state student in a Montana clinical practice setting must be submitted to the board in writing. The request must be signed by the director of the out-of-state nursing education program. The request for a clinical placement in Montana must include:

(a) documentation of an out-of-state program's unconditional board approval and accreditation by a national nursing accrediting agency approved by the U.S. Department of Education;

(b) name, address, and contact information of the student seeking placement in a Montana clinical practice setting;

(c) name and location of clinical practice setting where the out-of-state nursing education program seeks to place the student;

(d) name and contact information of the person employed at the Montana clinical practice setting who will serve as the primary liaison between the out-of-state nursing education program, the Montana board, and the Montana clinical facility;

(e) names, contact information, and educational credentials for Montana clinical preceptor(s) and out-of-state faculty member(s) who will participate in the student's clinical experience in Montana;

(f) detailed description of the preceptorship, including the specific practice area that will be the focus for the out-of-state student's clinical experience;

(g) explicit plan for out-of-state faculty supervision of the preceptor and out-of-state student in the Montana clinical practice setting;

(h) verification from relevant directors of Montana programs that placement of the out-of-state student in the identified Montana clinical practice setting will not displace a Montana nursing student;

(i) copy of the written agreement between the out-of-state program and the facility where the Montana clinical practice setting is located, which identifies preceptor(s), primary liaison, and out-of-state clinical faculty. The agreement must specify the responsibilities and delineate the functions of each entity in ensuring a quality educational experience for the out-of-state student; and

(j) any out-of-state faculty member who is involved in the direct care of a patient in Montana must hold an unencumbered Montana license.

(3) The clinical preceptors, working with the out-of-state nursing faculty and the student in the Montana clinical practice setting, must meet the qualifications outlined by ARM 24.159.665. The preceptor is responsible for ensuring that the out-of-state student complies with all Montana laws and rules related to nursing.

(4) Out-of-state faculty member(s) are responsible for ensuring safe, accessible, and appropriate preceptor supervision of the out-of-state student's Montana clinical practice experience.

(5) Montana board staff may conduct a site visit at the proposed clinical practice setting, either before or during the out-of-state student placement. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

24.159.609 PROGRAM EVALUATION (1) All nursing programs must have and follow a written, systematic plan for evaluation and ongoing assessment of student learning, published program outcomes, and compliance with board rules. The plan must effectively support the achievement of the expected program outcomes and provide evidence of a system of continuous quality improvement.

(2) The plan must include:

(a) measurable outcomes of student learning;

(b) measurable aggregate program outcomes, including:

(i) NCLEX pass rate with five-year trend data;

(ii) student and alumni satisfaction with the program;

(iii) employer satisfaction with graduates of the program; and

(iv) program completion rates, including the program entry point and time period to completion as specified by the program.

(c) processes to obtain evaluation data;

(d) time frame for data collection and analysis;

(e) evidence of a system of continuous quality improvement;

(f) opportunities for participation in the evaluation process by students, faculty, clinical staff, and employers of graduates; and

(g) a process for measuring student attrition and analysis of the reasons.

(3) Program revisions must be based on evidence collected through the evaluation process. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

Rule 24.159.610 reserved

24.159.611 PROGRAM CLOSURE AND RECORDS STORAGE (1) A program may close voluntarily or may be closed involuntarily due to withdrawal of board approval. Prior to closure, the program must:

- (a) maintain the standards for nursing education during the transition to closure;
- (b) prepare and execute a plan that addresses the transition or placement of students who have not completed the program; and
- (c) make arrangements for the secure storage and access to academic records and transcripts. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, 37-8-302, MCA; NEW, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

24.159.612 PROGRAM ANNUAL REPORT (1) An annual report for the academic year ending June 30 must be submitted by September 1 of each year, except in the year in which the program submits a self-study report to the board or a national nursing accrediting agency.

- (2) The purpose of the annual report is to provide current data for ongoing program evaluation by the board. The report must include:
  - (a) enrollment and graduation data for the academic year, including:
    - (i) number of students in each program track if more than one track; and
    - (ii) student demographic data, including in-state and out-of-state residency, race/ethnicity, and gender.
  - (b) number of unfilled student positions and number of qualified applicants not accepted;
  - (c) names and qualifications of full-time and part-time faculty, and Clinical Resource Registered Nurses (CRRNs);
  - (d) names of faculty on board waiver and dates of each waiver period;
  - (e) summary of substantive changes reported to the board during the past year, pursuant to ARM 24.159.635;
  - (f) description of progress made by program on improvements recommended by the board or program's accrediting body;
  - (g) use of clinical simulation; and
  - (h) other information as requested by the board. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, 37-8-302, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 1997 MAR p. 626, Eff. 4/8/97; AMD, 2001 MAR p. 2152, Eff. 10/26/01; AMD, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15; AMD, 2019 MAR p. 1055, Eff. 7/27/19.)



Rules 24.159.613 and 24.159.614 reserved

24.159.615 RECOGNIZED ACCREDITATION BODIES (REPEALED)

(History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, 37-8-302, MCA; NEW, 2003 MAR p. 1080, Eff. 5/23/03; AMD, 2004 MAR p. 641, Eff. 3/26/04; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; REP, 2015 MAR p. 644, Eff. 5/29/15.)

Rules 24.159.616 through 24.159.624 reserved

24.159.625 ESTABLISHMENT OF A NEW PROGRAM (1) The applicant shall notify the board of the intent to establish a new program by providing the following information for a Phase I application:

- (a) results of a needs assessment, including identification of potential and available students and employment opportunities for program graduates;
- (b) commitment by the governing institution of sufficient financial and other resources necessary for the planning, implementation, and continuation of the program;
- (c) evidence of governing institution approval and support;
- (d) evidence of community support;
- (e) type of program proposed;
- (f) description of proposed clinical opportunities and availability of resources;
- (g) availability of a qualified faculty and program director;
- (h) total proposed student enrollment;
- (i) a proposed timeline for initiating the program;
- (j) description of how the proposed program may affect existing programs that share the proposed clinical sites; and
- (k) indication that plans and the needs assessment regarding the proposed program have been shared with the directors of all programs in the state.

(2) Board approval of a Phase I application permits the applicant to continue planning, but does not assure subsequent approval of Phase II.

(3) The next step is Phase II, application for initial approval for admission of students. The applicant shall provide the following information to the board:

- (a) name of a qualified nurse administrator who has been appointed to administer the program;
- (b) list of sufficient qualified faculty, CRRNs, and administrative staff to develop and initiate the program;
- (c) overview of total curriculum, including:
  - (i) course descriptions appropriate to each level of education provided; and
  - (ii) course sequence and schedule.
- (d) contracts for each clinical site;
- (e) description of use of each clinical site by other programs;
- (f) numbers of students to be placed at each clinical site;
- (g) rationale for choice of each clinical site, including description of anticipated student experiences;
- (h) initial program evaluation plan; and
- (i) student policies for admission, progression, retention, and graduation.

(4) Prior to Phase II approval, the board shall conduct an onsite program inspection visit to verify the information in the written report and ascertain the readiness of the program to admit students.

(5) Following board approval of Phase II application, the program may admit students. The board shall notify NCSBN for NCLEX testing purposes. Students graduating from a program under Phase II approval are eligible to sit for the NCLEX examination.

(6) The last step is Phase III, full approval of the program. The board shall grant full approval of a program upon:

(a) submission by the program of a self-study report, any applicable fees per ARM 24.159.401, and completion of a site survey by the board that verifies that the program is in compliance with the board's nursing education standards. The visit is to be held following the graduation of the first class of students.

(7) The board may grant full approval, conditional approval, or deny approval, as outlined in ARM 24.159.640. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, 37-8-302, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2003 MAR p. 1080, Eff. 5/23/03; AMD, 2005 MAR p. 742, Eff. 5/13/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

Rules 24.159.626 through 24.159.629 reserved

24.159.630 CONTINUED APPROVAL OF PROGRAMS (1) The board shall evaluate approved programs for continued approval by monitoring and analyzing program performance through:

- (a) periodic survey visits and reports;
- (b) accreditation visits and reports;
- (c) annual reports; and
- (d) other sources of information regarding achievement of program

outcomes, including:

- (i) student retention and attrition;
- (ii) faculty turnover;
- (iii) complaints about the program from students, graduates, or faculty regarding program issues; and
- (iv) data regarding NCLEX performance.

(2) Programs shall maintain annual NCLEX pass rates for first-time test takers that are no less than ten percentage points below the national average. If a program's pass rate is ten percentage points or more below the national average pass rate, the program must submit a report analyzing the variance and a plan to meet the pass rate requirement. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, 37-8-302, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; TRANS, from ARM 8.32.414, & AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 1997 MAR p. 1176, Eff. 4/8/97; AMD, 2003 MAR p. 1192, Eff. 5/23/03; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

Rule 24.159.631 reserved

24.159.632 PROGRAM SURVEYS (1) To ensure ongoing compliance with the board's statutes and rules, those approved programs not accredited by a national nursing accreditation agency recognized by the U.S. Department of Education must be surveyed onsite and reevaluated for continued approval at least every five years. Each time a program survey is performed, the entire program is evaluated for all components under board jurisdiction.

(2) Before an onsite survey, a school must submit a self-study report to the board providing evidence of compliance with the appropriate nursing education rules 45 days before the scheduled onsite survey.

(3) The onsite survey is performed by the board's executive director or education consultant and a qualified site visitor on dates mutually agreeable to the board and the program. The site visitor must have expertise in relation to the type of program being reviewed.

(a) The surveyors' report should be made available to the program within 20 days of the onsite survey.

(b) The program may submit a written response to the survey report within 14 days.

(4) The board shall review the final survey report and any program response and make a finding regarding the program's compliance with the rules.

(5) Following the board's review and decision, the program director and the leadership of the parent institution will be notified of the finding, and the program status will be placed on the board web site.

(6) The board may site visit a program at any time, as deemed necessary by the board or at the request of the school. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, 37-8-302, MCA; NEW, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

Rules 24.159.633 and 24.159.634 reserved

24.159.635 REQUIREMENTS FOR REPORTING SUBSTANTIVE CHANGES (1) The program director or academic chief officer is required to report to the board any proposed substantive change that may affect the program's compliance with the nursing education rules. Substantive changes include, but are not limited to:

- (a) changes in legal status, control, or ownership of the parent institution;
- (b) change in accreditation or approval status of the program or the program's parent institution;
- (c) major curriculum revisions;
- (d) change in degree offerings or program options;
- (e) additional geographic sites or locations;
- (f) change in program director;
- (g) major reduction in financial or other program resources; or
- (h) additional enrollment changes that require increases to the program's resources or that may affect the availability of clinical settings.

(2) Board approval is required prior to additional enrollment changes that require increases to the program's resources or that may affect the availability of clinical settings. Only programs in full approval status may make such a request. The request must be submitted a minimum of 30 days prior to the board meeting, at which the additional enrollment changes will be considered. For proposed additional enrollment changes, the following information must be included:

- (a) purpose and classification of program;
- (b) the anticipated number of students;
- (c) evidence of adequate clinical and academic facilities to support the additional enrollment;
- (d) evidence of adequate financial resources for the planning, implementation, and maintenance of the enrollment changes;
- (e) evidence of the need for the additional enrollment changes;
- (f) evidence of adequate faculty resources;
- (g) tentative timetable for planning and initiating the enrollment changes;
- (h) description of how the additional enrollment may affect the existing nursing programs in the state, and indication that plans and the feasibility study regarding the additional enrollment have been shared with the directors of existing Montana programs;
- (i) curriculum modifications required to accommodate the targeted student population; and
- (j) a plan for continued assessment using the program evaluation plan.

(3) Any additional information requested by the board must be provided by the program in the period and manner specified by the board. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, 37-8-302, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 2152, Eff. 10/26/01; AMD, 2003 MAR p. 1080, Eff. 5/23/03; AMD, 2005 MAR p. 742, Eff. 5/13/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

Rules 24.159.636 through 24.159.639 reserved

24.159.640 CONDITIONAL APPROVAL, WITHDRAWAL OF APPROVAL, OR DENIAL (1) The board shall make a change in approval status when a school does not meet the requirements of the applicable statutes and rules to the satisfaction of the board. The board shall notify the school of a change in approval status and the time and manner in which the school must correct the deficiencies.

(2) The board may place a program on conditional approval when the board determines that an approved program is not in compliance with the board rules. The board may require the submission of an action plan, subject to board approval, to correct the identified program deficiencies.

(3) The board shall withdraw approval if a program fails to correct deficiencies within the time specified or in accordance with a board-approved action plan. When approval is withdrawn, the board shall remove the program from the list of approved programs and notify the applicable national accrediting body and the NCSBN testing services that the program is no longer approved. Whenever approval has been withdrawn, the program may not recruit or admit students prospectively without specific board approval.

(4) A program denied approval or given less than full approval status is entitled to notice and a hearing to contest the decision under the same procedures provided licensees, in accordance with the Montana Administrative Procedure Act and Title 37, chapter 1, part 3, MCA.

(5) Once a program corrects deficiencies, the board shall reinstate the program to conditional or approval status, as deemed appropriate by the board. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, 37-8-302, MCA; NEW, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

Rules 24.159.641 through 24.159.649 reserved

24.159.650 PROGRAM DIRECTOR (1) A program must be administered by a full-time program director who shall possess the following qualifications:

(a) a current unencumbered license to practice as a registered nurse in the state of Montana;

(b) a graduate degree in nursing from a nationally recognized accredited program;

(c) at least two years of experience in nursing practice;

(d) at least two years of experience in nursing education; and

(e) educational preparation or experience in curriculum development and administration.

(2) The program director is responsible for:

(a) ensuring that all faculty, CRRNs, and preceptors meet the requisite qualifications and maintaining current records of those qualifications and performance evaluations;

(b) ensuring that clinical agency contracts are executed periodically, according to institutional or program policy;

(c) faculty assignments and evaluations;

(d) managing educational resources; and

(e) compliance with board rules.

(3) All program directors shall have appropriate rank, position and authority to carry out the duties set forth above. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2001 MAR p. 167, Eff. 1/26/01; AMD, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

Rules 24.159.651 through 24.159.654 reserved



24.159.655 PROGRAM FACULTY (1) There must be a sufficient number of qualified faculty to meet the purposes and objectives of the program. Faculty includes all nurses employed by the program to provide didactic and/or clinical/laboratory experiences. Clinical resource nurses (CRRNs) and preceptors are not considered faculty.

(2) Clinical and didactic faculty shall hold unencumbered Montana nursing licenses to practice nursing.

(3) Faculty shall have primary responsibility for the development and provision of the academic program(s), including participation in program policy development.

(4) Faculty shall maintain continuing professional development in each area of academic responsibility.

(5) Faculty involved in simulations, both didactic and clinical, shall have training in best practices in the use of simulation.

(6) Faculty members who have responsibility for clinical teaching shall have relevant education and/or experience and meet all of the faculty qualifications for the program level in which they are teaching.

(7) Faculty member titles should be consistent with faculty functions and the same as or equivalent to titles of faculty of other units of the parent institution.

(8) Faculty members shall be responsible for:

(a) planning, implementing, and evaluating learning experiences;

(b) participating in academic student advising;

(c) student and peer evaluation of teaching effectiveness; and

(d) participating in the selection of new faculty and the promotion and tenure of existing faculty.

(9) Faculty workloads should be equitable, and must allow time for:

(a) class and lab preparation;

(b) didactic and clinical teaching;

(c) program evaluation and performance improvement;

(d) improvements of teaching methods;

(e) student advising;

(f) participation in faculty organization and committees;

(g) attendance at professional meetings; and

(h) participation in continuing education activities, as required by these rules.

(10) When providing direct patient care, no more than ten students may be supervised at a time by a faculty member. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15; AMD, 2019 MAR p. 1055, Eff. 7/27/19.)

24.159.656 FACULTY QUALIFICATION REPORT (REPEALED) (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-204, 37-8-301, 37-8-302, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2010 MAR p. 2651, Eff. 11/13/10; REP, 2015 MAR p. 644, Eff. 5/29/15.)

Rules 24.159.657 and 24.159.658 reserved

24.159.659 FACULTY FOR REGISTERED NURSING PROGRAMS (1) All nursing faculty members, including part-time faculty, shall:

- (a) hold an unencumbered license as a registered nurse in Montana;
- (b) have preparation for teaching in their respective area of responsibility including at least two years of registered nursing practice; and
- (c) except as otherwise provided in these rules, hold at least a graduate degree in nursing from a nationally accredited program. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

Rules 24.159.660 and 24.159.661 reserved

24.159.662 FACULTY FOR PRACTICAL NURSING PROGRAMS (1) All nursing faculty, including part-time, shall:

- (a) hold a current unencumbered license to practice professional nursing in Montana;
- (b) have at least two years of experience in nursing practice; and
- (c) hold a minimum of a baccalaureate degree in nursing. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2011 MAR p. 2144, Eff. 10/14/11; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

24.159.663 WAIVER OF FACULTY QUALIFICATIONS (1) Programs may hire a limited number of faculty members who do not meet the educational qualifications as noted in ARM 24.159.659 and 24.159.662. In the event that this occurs, the program must immediately notify the board in writing of the hire and include a written plan for meeting that qualification.

(2) Programs may employ a maximum of ten percent or two faculty members, whichever is greater, based on total faculty FTE, who do not hold a graduate degree in nursing (for registered nurse education programs) or a baccalaureate degree in nursing (for practical nurse education programs). Those individuals shall have no more than five years from the date of employment to obtain the requisite degree. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 2015 MAR p. 644, Eff. 5/29/15.)

Rule 24.159.664 reserved

24.159.665 CLINICAL PRECEPTORS (1) Clinical preceptors may be used to enhance, but not replace, faculty-directed clinical learning experiences.

(2) When utilizing preceptors, faculty members are responsible for:

(a) ensuring safe, accessible and appropriate supervision based on client health status, care setting, course objectives, and student level of preparation;

(b) ensuring appropriate preceptor qualifications and scope of responsibility;

(c) ensuring that the preceptor demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student; and

(d) providing the lecture and laboratory portions of a course. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; AMD, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

24.159.666 USE OF CLINICAL RESOURCE REGISTERED NURSES (CRRNS) (1) A clinical resource registered nurse (CRRN) is an RN with an unencumbered Montana nursing license who provides supervision, demonstration, and collaborative evaluation of student performance in a clinical or laboratory setting.

(2) CRRNs may be used to enhance, but not replace, faculty-directed clinical learning experiences. The supervising faculty member is responsible for all students in the clinical setting, including those supervised by the CRRNs. The maximum number of nursing students a CRRN may supervise at any one time is ten.

(3) The CRRN is solely responsible for students and must have no concurrent clinical responsibilities.

(4) When using CRRNs, faculty members remain responsible for:

(a) assuring that assigned duties are appropriate to the CRRN scope of responsibilities;

(b) ensuring safe, accessible, and appropriate supervision based on client health status, care setting, course objectives, and student level of preparation;

(c) the lecture, clinical, and laboratory portions of a course, including actively teaching in the course for which the clinical experience is assigned; and

(d) performing the summative clinical evaluation based on individual course objectives and student clinical performance. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, 37-8-302, MCA; NEW, 2003 MAR p. 1080, Eff. 5/23/03; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15.)

24.159.667 USE OF CLINICAL RESOURCE LICENSED PRACTICAL NURSES (CRLPN) (1) A clinical resource licensed practical nurse (CRLPN) is an LPN with an unencumbered Montana nursing license who provides supervision, demonstration, and collaborative evaluation of practical nursing student performance with skilled care long-term care patients.

(a) A CRLPN is required to have at least two years of experience within the past five years in a skilled care long-term care setting (this does not include experience in assisted living settings or independent living settings).

(2) CRLPNs may be used to enhance, but not replace, faculty-directed clinical learning experiences. The supervising faculty member is responsible for all students in the clinical setting, including those supervised by CRLPNs. The maximum number of nursing students a CRLPN may supervise at any one time is eight.

(3) The CRLPN is solely responsible for students and must have no concurrent clinical responsibilities.

(4) When using CRLPNs, faculty members remain responsible for:

(a) assuring that assigned duties are appropriate to the CRLPN scope of practice;

(b) ensuring safe, accessible, and appropriate supervision based on client health status, care setting, course objectives, and student level of preparation;

(c) the lecture, clinical, and laboratory portions of a course, including actively teaching in the course for which the clinical experience is assigned; and

(d) performing the summative clinical evaluation based on individual course objectives and student clinical performance. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, 37-8-302, MCA; NEW, 2019 MAR p. 2370, Eff. 12/28/19.)

Rules 24.159.668 and 24.159.669 reserved

24.159.670 CURRICULUM GOALS AND GENERAL REQUIREMENTS FOR PROGRAMS (1) A curriculum is the content and learning experiences designed to facilitate student achievement of the educational objectives.

(2) The faculty shall develop, review, and update the curriculum on an ongoing basis. The curriculum must meet the following general criteria:

(a) reflect the guiding principles, organizational framework, purpose, and educational objectives of the program and be consistent with the statutes and rules governing the practice of nursing, as well as the national standards and codes of ethics for nursing practice;

(b) contain content, clinical experiences, and strategies of active learning directly related to program or course goals and objectives, in order to develop safe and effective nursing practice;

(c) demonstrate that simulation activities are linked to programmatic outcomes; and

(d) contain evidence of current trends and professional standards and practice guidelines.

(3) The curriculum must include concepts related to the care of individuals across the lifespan including, but not limited to:

(a) health maintenance promotion and restoration;

(b) risk reduction;

(c) disease prevention; and

(d) palliative care.

(4) The length, organization, sequencing, and placement of courses must be consistent with the guiding principles and objectives of the program and assure that previously learned concepts are further developed and extend throughout the program.

(5) For each clinical credit, there shall be at least two hours of applied experience.

(6) For each course utilizing simulation, no more than 50 percent of clinical hours shall be replaced with simulation hours. Upon request by a program, the board may temporarily allow all programs to exceed the 50 percent cap on simulation due to extenuating circumstances such as a state or national emergency. (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 644, Eff. 5/29/15; AMD, 2019 MAR p. 1055, Eff. 7/27/19; AMD, 2020 MAR p. 965, Eff. 5/30/20.)

Rules 24.159.671 through 24.159.673 reserved

24.159.674 PROFESSIONAL NURSING CURRICULUM SPECIFIC TO BACCALAUREATE DEGREE (REPEALED) (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; REP, 2015 MAR p. 644, Eff. 5/29/15.)

Rules 24.159.675 and 24.159.676 reserved

24.159.677 PROFESSIONAL NURSING CURRICULUM SPECIFIC TO ASSOCIATE DEGREE (REPEALED) (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; REP, 2015 MAR p. 644, Eff. 5/29/15.)

Rules 24.159.678 and 24.159.679 reserved

24.159.680 CURRICULUM REQUIREMENTS FOR PRACTICAL NURSING PROGRAMS (REPEALED) (History: 37-8-202, 37-8-301, MCA; IMP, 37-8-202, 37-8-301, MCA; NEW, 1997 MAR p. 626, Eff. 7/1/97; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; REP, 2015 MAR p. 644, Eff. 5/29/15.)

Subchapters 7 and 8 reserved

## Subchapter 9

## Medication Aides

24.159.901 DEFINITIONS (1) "Allowable routes" means oral, sublingual, topical, ophthalmic, otic, nasal, and inhalant methods of administration, except as otherwise provided by rule.

(2) "General supervision", with respect to a medication aide I means at least quarterly onsite review by a supervising nurse of a medication aide I's medication administration skills, and the guidance of a supervising nurse to include a written plan addressing questions and situations that may arise when the supervising nurse is not available. Such a plan must include access to a health care professional.

(3) "Medication aide I" means an employee of an assisted living facility who, under the general supervision of a Montana licensed nurse, administers PRN and routine medication as defined in ARM 24.159.301, to residents of the assisted living facility, and who:

- (a) is 18 years of age or older;
- (b) has a high school diploma; and
- (c) has successfully passed a board-approved medication aide I training program and examination.

(4) "Medication aide II" means an employee of a long-term care facility licensed to provide skilled nursing care as defined in 50-5-101, MCA, uses standardized procedures in the administration of drugs as defined in 37-7-101, MCA, as assigned by and under the supervision of a Montana licensed nurse, administers medication to residents of the long-term care facility, and who:

- (a) has a high school diploma or equivalent;
- (b) is a Certified Nursing Assistant (CNA);
- (c) has 4,000 hours of experience as a CNA in a long-term care facility;
- (d) maintains a current valid certificate in cardiopulmonary resuscitation; and
- (e) has successfully passed a board-specified medication aide II training program.

(5) "Supervision", with respect to medication aide II, means a provision of general supervision by a professional or practical nurse who is on the premises for the accomplishment of medication administration. (History: 37-8-202, 37-8-426, MCA; IMP, 37-8-202, 37-8-423, MCA; NEW, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2011 MAR p. 2144, Eff. 10/14/11.)

Rule 24.159.902 reserved

24.159.903 PURPOSE OF STANDARDS OF PRACTICE FOR LICENSED MEDICATION AIDES (1) The purpose of the standards is to:

(a) establish minimal acceptable levels of safe and effective practice for medication aides; and

(b) serve as a reference for the board to evaluate safe and effective medication aide practice. (History: 37-1-131, 37-8-202, 37-8-426, MCA; IMP, 37-8-101, 37-8-426, MCA; NEW, 2004 MAR p. 2393, Eff. 10/8/04; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2011 MAR p. 2144, Eff. 10/14/11.)

Rule 24.159.904 reserved



24.159.905 GENERAL REQUIREMENTS FOR MEDICATION AIDE I TRAINING PROGRAMS AND INSTRUCTORS

(1) The board shall approve medication aide I training programs. The program must include the following components:

- (a) "the six rights of medication administration";
- (b) purposes of medications;
- (c) classes of medications;
- (d) allowable routes of administration of medications;
- (e) care, storage, and regulation of controlled substances and medications;
- (f) how to administer medications;
- (g) adverse reactions, side effects, and allergies to medications;
- (h) medication log;
- (i) medication error reporting;
- (j) documentation;
- (k) how and when to report to the supervising nurse; and
- (l) a skills checklist.

(2) The training program shall be no less than 32 hours of didactic classroom presentation, eight hours of simulated practical experience, and 40 hours of direct, supervised clinical experience.

(3) The training program must assure an instructor to student ratio of one instructor to no more than five students in the clinical practice setting and one instructor to no more than ten students in the clinical laboratory setting. The supervised clinical experience shall be obtained under the direction of a nurse with an unencumbered Montana license, and who need not be the board-approved instructor.

(4) The board shall approve instructors for medication aide I training programs. The training program instructor must:

- (a) be a nurse with an unencumbered Montana license;
- (b) have at least two years of nursing experience in the last five years, one year of which shall be in long-term care or home health, hospice, assisted living, or other community based setting; or, be a state certified nursing assistant instructor; and
- (c) have a working knowledge of assisted living facility rules and regulations.

(History: 37-1-131, 37-8-202, MCA; IMP, 37-8-101, 37-8-202, 37-8-422, MCA; NEW, 2004 MAR p. 2393, Eff. 10/8/04; AMD, 2005 MAR p. 2251, Eff. 11/11/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2011 MAR p. 2144, Eff. 10/14/11.)

24.159.906 MEDICATION AIDE II TRAINING PROGRAM CURRICULUM

(1) The board adopts and incorporates by reference the curriculum content outline as published in the December 2010 report of House Joint Resolution 17, regarding the utilization of medication aides in long-term care nursing homes, except Module 4: Medication Administration, Routes of Administration, (M) Suppositories because a medication aide II is not allowed to administer medications by this route. Copies of the curriculum content outline are available from the Board of Nursing, 301 S. Park Avenue, P.O. Box 200513, Helena Montana, 59620, or can be viewed on the Board of Nursing's web site at [www.nurse.mt.gov](http://www.nurse.mt.gov).

(2) The medication aide II must also receive training in the subcutaneous injection of insulin from labeled and preset or predrawn insulin delivery device(s). (History: 37-8-426, MCA; IMP, 37-8-423, MCA; NEW, 2011 MAR p. 2144, Eff. 10/14/11; AMD, 2015 MAR p. 642, Eff. 5/29/15.)

Rules 24.159.907 through 24.159.909 reserved

24.159.910 GENERAL REQUIREMENTS FOR LICENSURE AS MEDICATION AIDE I (1) The applicant for licensure may apply to take the Montana medication aide I exam if the applicant:

(a) has completed a board-approved medication aide I training program as outlined in these rules; or

(b) holds an unencumbered certification or license in another state or U.S. jurisdiction to administer medications.

(2) In order to be licensed as a medication aide I in Montana, the applicant shall pass the board-approved medication aide I exam.

(a) The applicant may take the examination up to three times. If not successful on the third try, the applicant must retake and pass the medication aide I training program before being eligible to take the examination again.

(b) The applicant must pass the exam within 12 months of satisfactorily completing the medication aide I training program, or else the applicant must complete the training program again before being eligible to take the exam.

(3) The application will be kept on file for one year. If the applicant fails to complete the requirements for application within one year, a new application and fee will be required.

(4) Licenses shall be issued for one-year periods, and shall expire on the date set by ARM 24.101.413.

(5) Renewal notices will be sent as specified in ARM 24.101.414, which must be completed and returned to the board before the date set by ARM 24.101.413, together with the renewal fee. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-1-141, 37-8-101, 37-8-202, MCA; NEW, 2004 MAR p. 2393, Eff. 10/8/04; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2011 MAR p. 2144, Eff. 10/14/11.)

24.159.911 GENERAL REQUIREMENTS FOR LICENSURE AS MEDICATION AIDE II (1) The applicant for licensure as medication aide II must:

(a) submit a completed application and application fee;

(b) provide proof of high school diploma or equivalent;

(c) hold a valid certificate from the Department of Public Health and Human Services as a certified nursing assistant (CNA);

(d) have been employed as a CNA in a long-term care facility for a minimum of 4,000 hours;

(e) hold a valid CPR certificate;

(f) provide proof of successful passage of the board-approved medication aide II exam at 80 percent proficiency; and

(g) provide a certificate of completion from a medication aide II training program as outlined in these rules; or

(h) hold an unencumbered certification or license in another state or U.S. jurisdiction that is determined by the board to be reasonably equivalent to the board-specified program.

(2) The application will be kept on file for one year. If the applicant fails to complete the requirements for application within one year, a new application and fee will be required.

(3) Licenses shall be issued for one-year periods and shall expire on the date set by ARM 24.101.413.

(4) Renewal notices will be sent as specified in ARM 24.101.414, which must be completed and returned to the board before the date set by ARM 24.101.413, together with the renewal fee. (History: 37-8-426, MCA; IMP, 37-8-423, 37-8-426, MCA; NEW, 2011 MAR p. 2144, Eff. 10/14/11.)

24.159.912 CONTINUING EDUCATION REQUIREMENTS FOR MEDICATION AIDE II (1) A Montana licensed medication aide II must complete 12 contact hours of continuing education each annual license renewal period. The continuing education must be in pharmacology and medication administration.

(2) The board may prorate the requirement for continuing education contact hours upon the written request of a medication aide II who practices in Montana for a period of less than one year. (History: 37-8-426, MCA; IMP, 37-8-423, 37-8-426, MCA; NEW, 2011 MAR p. 2144, Eff. 10/14/11.)

Rules 24.159.913 and 24.159.914 reserved

24.159.915 STANDARDS RELATED TO THE RESPONSIBILITIES OF A MEDICATION AIDE I (1) The medication aide I shall:

- (a) practice under the general supervision of a nurse with an unencumbered Montana license;
- (b) practice only in an assisted living facility as defined by 50-5-101, MCA;
- (c) administer only medications that are in:
  - (i) a unit dose package; or
  - (ii) a prefilled medication holder;
- (d) administer only PRN and routine medications as defined in ARM

24.159.301;

- (e) administer medications only by allowable routes as defined in ARM

24.159.901, except:

- (i) insulin may be subcutaneously injected from a labeled and preset or predrawn insulin delivery device; and
- (f) notify the supervising nurse if:
  - (i) the patient has a change in medication and the medication is not available as described in (1)(c); or
  - (ii) the medication aide has observed a change in the patient's physical or mental condition. (History: 37-1-131, 37-8-202, MCA; IMP, 37-8-202, 37-8-422, MCA; NEW, 2004 MAR p. 2393, Eff. 10/8/04; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2011 MAR p. 2144, Eff. 10/14/11.)

24.159.916 STANDARDS RELATED TO THE RESPONSIBILITIES OF A MEDICATION AIDE II (1) The medication aide II shall:

- (a) practice only in a long-term care facility licensed to provide skilled nursing care as defined by 50-5-101, MCA;
- (b) practice under the supervision of a professional or practical nurse who holds an unencumbered Montana nursing license and is on the premises;
- (c) administer medications only by allowable routes as defined in ARM 24.159.901, except insulin may be subcutaneously injected from a labeled and preset or predrawn insulin delivery device;
- (d) notify the supervising nurse if the medication aide II has observed a change in the patient's physical or mental condition; and
- (e) follow the conduct rules as found in ARM 24.159.2301.

(2) A medication aide II cannot:

- (a) administer PRN medication as defined in ARM 24.159.301;
- (b) convert or calculate dosages;
- (c) accept and process medication order changes; or
- (d) provide information or education to a patient beyond basic knowledge of medications and medication administration. (History: 37-8-426, MCA; IMP, 37-8-424, MCA; NEW, 2011 MAR p. 2144, Eff. 10/14/11.)

## Subchapter 10

## Licensed Practical Nurses

Rules 24.159.1001 and 24.159.1002 reserved

24.159.1003 PURPOSE OF STANDARDS OF NURSING PRACTICE FOR THE PRACTICAL NURSE (1) The purpose of the standards is to:

(a) establish minimum acceptable levels of safe and effective practice for the practical nurse; and

(b) serve as a guide for the board to evaluate safe and effective nursing care.

(History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1985 MAR p. 1556, Eff. 10/18/85; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 1709, Eff. 8/15/08.)

24.159.1004 STANDARDS RELATED TO THE PRACTICAL NURSE'S APPLICATION OF THE NURSING PROCESS

(1) The practical nurse shall perform standardized, focused nursing assessments in the care of clients by:

(a) collecting, reporting, and recording objective and subjective data in an accurate and timely manner. Data collection includes:

- (i) observation about the condition or change in condition of the client; and
- (ii) signs and symptoms of deviation from normal health status.

(2) The practical nurse shall participate in the development of the strategy of care in collaboration with other members of the health team by:

- (a) providing data;
- (b) identifying priorities;
- (c) setting realistic and measurable goals;
- (d) identifying measures to maintain comfort, support human functions and responses, and maintain an environment conducive to well-being; and
- (e) providing health teaching.

(3) The practical nurse shall participate in the implementation of the strategy of care by:

- (a) providing nursing care for clients under the supervision of licensed health care providers as per 37-8-102, MCA;
- (b) providing an environment conducive to safety and health; and
- (c) documenting and otherwise communicating nursing interventions and client responses to care with other members of the health care team via written, electronic, or verbal mechanisms of communication, as appropriate, based on client evaluations.

(4) The practical nurse shall contribute to the modification of the strategy of care. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1985 MAR p. 1556, Eff. 10/18/85; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 1709, Eff. 8/15/08.)

24.159.1005 STANDARDS RELATED TO THE PRACTICAL NURSE'S RESPONSIBILITIES AS A MEMBER OF THE HEALTH TEAM (1) The practical nurse shall:

- (a) have knowledge of the statutes and rules governing nursing and function within the legal boundaries of practical nursing practice;
- (b) accept responsibility for individual nursing actions and competence;
- (c) function under the supervision of licensed health care providers as per 37-8-102, MCA;
- (d) consult with and seek guidance from registered nurses and/or other health team members as necessary;
- (e) function as a member of the health team;
- (f) contribute to the formulation, interpretation, implementation, and evaluation of the objectives and policies related to practical nursing practice;
- (g) participate in the evaluation of nursing practices;
- (h) report unsafe nursing practice to the board and unsafe practice conditions to recognized authorities;
- (i) report the practice of nursing by unlicensed individuals to the board;
- (j) conduct practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, or handicap;
- (k) respect the dignity and rights of clients regardless of social or economic status, personal attributes, or nature of health problems;
- (l) respect the client's right to privacy by protecting confidential information, unless obligated by law to disclose such information;
- (m) respect the property of clients, family, significant others, and the employer; and
- (n) follow the written, established policies and procedures of the health care organization that are consistent with this chapter. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1985 MAR p. 1556, Eff. 10/18/85; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 1709, Eff. 8/15/08.)

24.159.1006 STANDARDS RELATED TO THE PRACTICAL NURSE'S ROLE IN COSMETIC PROCEDURES (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-102, MCA; NEW, 2004 MAR p. 641, Eff. 3/26/04; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 1709, Eff. 8/15/08; AMD, 2009 MAR p. 1404, Eff. 8/14/09; REP, 2018 MAR p. 186, Eff. 1/27/18.)

Rules 24.159.1007 through 24.159.1009 reserved



24.159.1010 STANDARDS RELATED TO INTRAVENOUS (IV) THERAPY

(1) Prior to performing IV therapy, the practical nurse must have successfully completed a course of study that includes a process for evaluation, demonstration, and documentation of the knowledge, skills, and abilities required for safe administration of IV therapy procedures. Education and competency may be obtained through a board-approved, prelicensure nursing education program or a course of study utilizing appropriate education methods and qualified faculty.

(2) The practical nurse who has met the education and competency requirements of this rule may perform the following functions with venous access devices (central, midline, and peripheral) under the appropriate level of supervision:

- (a) calculate and adjust IV infusion flow rate, including monitoring and discontinuing infusions;
- (b) observe and report subjective and objective signs of adverse reactions to any IV administration and initiate appropriate nursing interventions;
- (c) draw blood;
- (d) monitor access site and perform site care and maintenance;
- (e) monitor infusion equipment;
- (f) change administration set, including add-on device and tubing;
- (g) perform intermittent flushes for line patency maintenance;
- (h) convert a continuous infusion to an intermittent infusion;
- (i) insert or remove a peripheral venous access device, except central or midline catheters;
- (j) initiate and administer IV medications and fluids with the exception of the medications specifically prohibited in ARM 24.159.1011;
- (k) administer the following classifications of medications for adult clients via push or bolus:
  - (i) analgesics (including opiates);
  - (ii) antiemetics;
  - (iii) analgesic antagonists;
  - (iv) diuretics;
  - (v) corticosteroids;
  - (vi) standard flush solutions (heparin or saline); or
  - (vii) glucose.
- (l) administer, monitor, and discontinue parenteral nutrition, fat emulsion solutions;
- (m) assume monitoring of the administration of blood, blood components, or plasma volume expanders after the registered nurse has initiated and monitored the client for fifteen minutes; and
- (n) discontinue the infusion of blood, blood components, or plasma volume expanders.

(3) Under the direct supervision of a dialysis registered nurse, the following hemodialysis procedures may be performed by a competent practical nurse:

- (a) insert an arterio-venous fistula/graft needle;
- (b) administer prescribed local anesthesia as needed prior to dialysis needle insertion;
- (c) access, draw blood, flush with a normal saline solution or a specific heparin flush solution, and change dressings of hemodialysis central venous catheters; and
- (d) administer prescribed doses of routine dialysis heparin. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1997 MAR p. 1176, Eff. 4/8/97; AMD, 1998 MAR p. 2473, Eff. 9/11/98; AMD, 2000 MAR p. 954, Eff. 4/14/00; AMD, 2002 MAR p. 3149, Eff. 11/15/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2180, Eff. 8/15/08; AMD, 2015 MAR p. 1389, Eff. 9/11/15.)

24.159.1011 PROHIBITED INTRAVENOUS (IV) THERAPIES (1) The practical nurse may not perform any of the following IV therapy procedures:

- (a) initiate blood, blood components, and plasma volume expanders;
  - (b) access or program an implanted IV infusion pump;
  - (c) insert or remove any IV access device placed for central or midline administration;
  - (d) manage central venous access devices for hemodynamic monitoring;
  - (e) perform repair of central or midline venous access devices; or
  - (f) perform arterial sticks, blood draws, or inline flushes.
- (2) The practical nurse may not administer the following IV medications or IV fluids:

- (a) oxytocics;
- (b) neonatal and pediatric medications;
- (c) antineoplastic and chemotherapy drugs;
- (d) investigational and experimental drugs;
- (e) colloid therapy;
- (f) hyperosmolar solutions not appropriate for peripheral venous infusion;
- (g) thrombolytic or fibrinolytic agents;
- (h) tissue plasminogen activators, or immunoglobulins;
- (i) medications for purposes of procedural sedation, moderate sedation, or anesthesia;
- (j) medications requiring titration;
- (k) medications or fluids via an epidural, intrathecal, intraosseous, umbilical route, or ventricular reservoir; or
- (l) medications or fluids via an arteriovenous fistula or graft, except for dialysis per ARM 24.159.1010. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1997 MAR p. 1176, Eff. 4/8/97; AMD, 1999 MAR p. 2437, Eff. 10/22/99; AMD, 2000 MAR p. 954, Eff. 4/14/00; AMD, 2002 MAR p. 3149, Eff. 11/15/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 1709, Eff. 8/15/08; AMD, 2011 MAR p. 2144, Eff. 10/14/11.)

Rules 24.159.1012 through 24.159.1020 reserved

24.159.1021 TEMPORARY PRACTICE PERMIT (1) Graduates of approved practical United States nursing education programs may be granted a temporary permit to practice practical nursing provided that:

(a) application for Montana licensure, supporting credentials, and fee have been submitted and approved by the board;

(b) the graduate has also applied for and been accepted for a licensing examination scheduled no later than 90 days following graduation; and

(c) the graduate has submitted a complete application for a temporary permit.

(2) The temporary permit issued to a graduate who does not pass the exam referred to in (1)(b) becomes null, void, and invalid three days after the board mails notification to the graduate of the exam result. Mailing is completed when notification is deposited in the U.S. mail. The graduate shall immediately return the temporary permit to the board office upon receipt of the notice that the graduate failed the exam referred to in (1)(b). Failure to do so is grounds for denial of a subsequent license application from the graduate and such other remedies as are provided by law.

(3) The temporary permit issued to a graduate who passes the exam referred to in (1)(b) remains valid until the license is granted or until two weeks after the board mails notification to the graduate of the exam result, whichever occurs first. Mailing is completed when notification is deposited in the U.S. mail.

(4) An applicant for licensure by endorsement in Montana may be granted a temporary permit to practice practical nursing provided the applicant has submitted a completed application as described in ARM 24.159.1028 and that the initial screening by board staff shows no current discipline as identified in ARM 24.159.1028 in the last two years. Online verification of licensure from a U.S. board of nursing web site may serve as verification for the purpose of issuing a temporary permit. The temporary permit will remain valid until a license is granted or until notice of proposal to deny license is served, whichever occurs first. In the event that neither contingency has occurred within 90 days of issuance of the temporary permit to the endorsement applicant, the temporary permit shall expire on the 90th day following its issuance unless an extension is granted by the board.

(5) A practical nurse who is employed under a temporary practice permit shall function only under the direct supervision of a registered nurse, advanced practice registered nurse, physician, naturopathic physician, physician assistant, optometrist, dentist, osteopath, or podiatrist, who is on the premises where and when the permittee is working and is specifically assigned the responsibility of supervising the performance of the temporary practice permittee. The supervisor must hold an unencumbered Montana license unless exempt as provided in Title 37, MCA, relative to the supervisor's profession or occupation. (History: 37-1-319, 37-8-202, MCA; IMP, 37-1-305, 37-1-319, 37-8-103, MCA; Eff. 12/31/72; AMD, 1981 MAR p. 143, Eff. 2/14/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1848, Eff. 10/14/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2005 MAR p. 1687, Eff. 9/9/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10.)

24.159.1022 GENERAL REQUIREMENTS FOR LICENSURE (1) The requirements for licensure of practical nurses in Montana include the provision that the applicant has written a state board test pool examination or national council licensing examination (NCLEX) in a state of the United States. (History: 37-8-202, MCA; IMP, 37-8-406, 37-8-416, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 2000 MAR p. 2681, Eff. 10/6/00; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.1023 GROUNDS FOR DENIAL OF A LICENSE (1) A license may be denied for:

- (a) failure to meet requirements or standards established by law or by rules adopted by the board;
- (b) failure to pass the licensing examination;
- (c) fraud or misrepresentation in association with the examination application, licensure application, or licensure examination;
- (d) conduct which would be grounds for discipline under 37-1-316, MCA; or
- (e) conviction of a felony except as provided in 37-1-203, MCA. (History: 37-1-136, 37-8-202, MCA; IMP, 37-1-136, 37-1-137, 37-1-316, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2004 MAR p. 2393, Eff. 10/8/04; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.1024 LPN LICENSURE BY EXAMINATION (1) An applicant for licensure as an LPN by examination shall submit to the board the required fees and a completed application, including the following information:

(a) an official transcript, sent to the board directly from the educational institution, verifying date of graduation and degree or credential conferred;

(b) proof of successful passage of NCLEX-PN;

(i) Applicants must complete all educational requirements and the board must receive all credentials prior to determining the applicant eligible to test.

(ii) Candidates failing the examination are not eligible to retest for a period determined by the testing entity, and must submit an examination retake fee.

(c) license verification and, if not in English, a certified translation, from any state, territory, or country in which the applicant holds or has held a professional license or credential;

(d) documentation, including jurisdiction and date, of any previous professional license denial or withdrawal of application; and

(e) detailed explanation and supporting documentation for each affirmative answer to background questions on application.

(2) Applications are kept on file for one year. Applicants failing to complete the application process within one year must complete a new application and submit new application fees.

(3) Internationally educated LPN license applicants must comply with requirements in ARM 24.159.1029. (History: 37-1-131, 37-8-202, 37-8-415, MCA; IMP, 37-1-131, 37-8-415, 37-8-416, 37-8-418, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; AMD, 1981 MAR p. 143, Eff. 2/14/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1988 MAR p. 2720, Eff. 12/23/88; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2005 MAR p. 1686, Eff. 9/9/05; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2011 MAR p. 2144, Eff. 10/14/11; AMD, 2015 MAR p. 462, Eff. 5/29/15.)

24.159.1025 PRACTICAL NURSE REEXAMINATION (REPEALED)

(History: 37-1-131, 37-8-202, 37-8-406, MCA; IMP, 37-8-202, 37-8-416, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; AMD, 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1985 MAR p. 108, Eff. 2/1/85; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2005 MAR p. 1686, Eff. 9/9/05; AMD, 2005 MAR p. 1687, Eff. 9/9/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; REP, 2011 MAR p. 2144, Eff. 10/14/11.)

Rules 24.159.1026 and 24.159.1027 reserved

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24.159.1028 LPN LICENSURE BY ENDORSEMENT (1) An applicant for licensure as an LPN by endorsement shall submit to the board the required fees and a completed application, including the following information:

(a) license verification and, if not in English, a certified translation, from the state, territory, or country in which the applicant currently holds an active LPN license in good standing;

(b) license verification and, if not in English, a certified translation, from any state, territory, or country in which the applicant has held any professional license or credential, including verification of applicant's original licensure by examination;

(c) documentation, including jurisdiction and date, of any previous professional license denial or withdrawal of application; and

(d) detailed explanation and supporting documentation for each affirmative answer to background questions on application.

(2) Applications are kept on file for one year. Applicants failing to complete the application process within one year must complete a new application and submit new application fees. (History: 37-1-131, 37-8-202, 37-8-415, MCA; IMP, 37-1-131, 37-1-304, 37-8-415, 37-8-418, MCA; NEW, Eff. 6/4/77; AMD, 1978 MAR p. 392, Eff. 3/25/78; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2004 MAR p. 2393, Eff. 10/8/04; AMD, 2005 MAR p. 1687, Eff. 9/9/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 462, Eff. 5/29/15.)

24.159.1029 LPN LICENSURE BY EXAMINATION FOR INTERNATIONALLY EDUCATED APPLICANTS (1) An internationally educated applicant for licensure as an LPN by examination shall submit to the board the required fees and a completed application, including the following information:

(a) Results of a credentials review by a credentials review agency or another board of nursing that verifies the equivalency of the international LPN education program to LPN education programs in the United States;

(b) proof of successful passage of NCLEX-PN;

(i) Applicants must complete all educational requirements and the board must receive all credentials prior to determining the applicant eligible to test.

(ii) Candidates failing the examination are not eligible to retest for a period determined by the testing entity, and must submit an examination retake fee.

(c) license verification and, if not in English, a certified translation, from any state, territory, or country in which the applicant holds or has held a professional license or credential;

(d) documentation, including jurisdiction and date, of any previous professional license denial or withdrawal of application; and

(e) detailed explanation and supporting documentation for each affirmative answer to background questions on application.

(2) Applications are kept on file for one year. Applicants failing to complete the application process within one year must complete a new application and submit new application fees. (History: 37-1-131, 37-8-202, 37-8-415, MCA; IMP, 37-1-131, 37-8-415, 37-8-416, 37-8-418, MCA; NEW, 2005 MAR p. 1687, Eff. 9/9/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 462, Eff. 5/29/15.)

Rules 24.159.1030 through 24.159.1035 reserved



24.159.1036 PREPARATION OF LICENSES (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-101, 37-8-202, 37-8-401, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2003 MAR p. 2861, Eff. 12/25/03; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

24.159.1037 RENEWALS (1) The licensee must fill out the renewal application and return it to the board by the date set by ARM 24.101.413, together with the renewal fee. Upon receiving the renewal application and fee, the board shall issue a certificate of renewal for the two-year period following the renewal date set by ARM 24.101.413. If the renewal application is postmarked after the renewal deadline, it is subject to the late penalty fee specified in ARM 24.101.403.

(2) The provisions of ARM 24.101.408 apply. (History: 37-1-131, 37-1-141, 37-8-202, MCA; IMP, 37-1-134, 37-1-141, 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1987 MAR p. 1620, Eff. 9/25/87; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2002 MAR p. 2315, Eff. 8/30/02; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2019 MAR p. 1055, Eff. 7/27/19.)

24.159.1038 INACTIVE STATUS (REPEALED) (History: 37-1-131, 37-1-319, 37-8-202, MCA; IMP, 37-1-131, 37-1-319, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2004 MAR p. 2393, Eff. 10/8/04; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; REP, 2015 MAR p. 642, Eff. 5/29/15.)

Rule 24.159.1039 reserved

24.159.1040 DUPLICATE OR LOST LICENSES (REPEALED) (History: 37-8-202, MCA; IMP, 37-1-134, 37-8-202, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

24.159.1041 VERIFICATION OF LICENSURE (1) Licensees requesting verification and documentation of Montana licensure status to another United States board of nursing jurisdiction or foreign country shall submit a completed request with the appropriate fee to [www.nursys.com](http://www.nursys.com) or NCSBN, 35331 Eagle Way, Chicago, IL 60678-1353.

(2) Licensees requesting paper verifications shall submit a completed request to the board office. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-304, 37-8-202, MCA; NEW, 1987 MAR p. 1620, Eff. 9/25/87; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2003 MAR p. 2863, Eff. 12/25/03; TRANS, from Commerce, 2006 MAR p. 2035.)

Rules 24.159.1042 through 24.159.1045 reserved

24.159.1046 SUPERVISION OF PROBATIONARY LICENSEES

(REPEALED) (History: 37-1-136, 37-1-319, 37-8-202, MCA; IMP, 37-1-136, 37-1-319, 37-8-202, MCA; NEW, 2002 MAR p. 3399, Eff. 12/13/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; REP, 2015 MAR p. 462, Eff. 5/29/15.)

Rules 24.159.1047 through 24.159.1051 reserved

24.159.1052 LICENSEE PROBATION OR REPRIMAND OF A LICENSEE

(1) A licensee may be placed on probation or reprimanded based on grounds specified in 37-1-316, MCA, or ARM 24.159.2301. (History: 37-1-136, 37-8-202, MCA; IMP, 37-1-136, 37-1-137, 37-1-316, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2004 MAR p. 2393, Eff. 10/8/04; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.1053 LICENSE REAPPLICATION CONSIDERATIONS AFTER DENIAL, REVOCATION, OR SUSPENSION

(1) Reapplication for a license previously denied, revoked, or suspended must include evidence of rehabilitation, or elimination or cure of the conditions for denial, revocation, or suspension.

(2) Evaluation of reapplication for a license denied will be based upon, but not limited to:

(a) the severity of the act or omission which resulted in the denial of license; and/or

(b) the conduct of the applicant subsequent to the denial of license; and/or

(c) the lapse of time since denial of license; and/or

(d) compliance with any condition the board may have stipulated as a prerequisite for reapplication; and/or

(e) the degree of rehabilitation attained by the applicant as evidenced by statements sent directly to the board from qualified people who have professional knowledge of the applicant; and/or

(f) personal interview by the board, at their discretion. (History: 37-8-202, MCA; IMP, 37-1-136, 37-8-202, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

Subchapter 11 reserved

## Subchapter 12

## Registered Nurses

Rules 24.159.1201 and 24.159.1202 reserved

24.159.1203 PURPOSE OF STANDARDS OF NURSING PRACTICE FOR THE REGISTERED NURSE (1) The purpose of the standards is to:

(a) establish minimal acceptable levels of safe and effective practice for the registered nurse; and

(b) serve as a guide for the board to evaluate safe and effective nursing care.

(History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1985 MAR p. 1556, Eff. 10/18/85; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.1204 STANDARDS RELATED TO THE REGISTERED NURSE'S RESPONSIBILITY TO APPLY THE NURSING PROCESS (1) The registered nurse shall conduct and document nursing assessments of the health status of individuals and groups by:

(a) collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner. The data includes, but is not limited to:

- (i) biophysical, emotional, and mental status;
- (ii) growth and development;
- (iii) cultural, spiritual, and socio-economic background;
- (iv) family health history;
- (v) information collected by other health team members;
- (vi) client knowledge and perception about health status and potential, or maintaining health status;
- (vii) ability to perform activities of daily living;
- (viii) patterns of coping and interacting;
- (ix) consideration of client's health goals;
- (x) environmental factors (e.g., physical, social, emotional, and ecological);

and

- (xi) available and accessible human and material resources;
- (b) sorting, selecting, reporting, and recording the data;
- (c) validating, refining, and modifying the data by utilizing available resources, including interactions with the client, family, significant others, and health team members.

(2) The registered nurse shall establish and document nursing analysis which serves as the basis for the strategy of care.

(3) The registered nurse shall develop the strategy of care based upon data gathered in the assessment and conclusions drawn in the nursing analysis. This includes:

- (a) identifying priorities in the strategy of care;
- (b) collaboration with the client to set realistic and measurable goals to implement the strategy of care;
- (c) prescribing nursing intervention(s) based on the nursing analysis; and
- (d) identifying measures to maintain comfort, to support human functions and positive responses, and to maintain an environment conducive to teaching to include appropriate usage of health care facilities.

- (4) The registered nurse shall implement the strategy of care by:
- (a) initiating nursing interventions through:
    - (i) giving direct care;
    - (ii) assisting with care;
    - (iii) assigning and delegating care; and
    - (iv) collaborating and/or referring when appropriate;
  - (b) providing an environment conducive to safety and health;
  - (c) documenting nursing interventions and responses to care to other members of the health team; and
  - (d) communicating nursing interventions and responses to care to other members of the health team.
- (5) The registered nurse shall evaluate the responses of individuals or groups to nursing interventions. Evaluation shall involve the client, family, significant others, and health team members.
- (a) Evaluation data shall be documented and communicated to appropriate members of the health team.
  - (b) Evaluation data shall be used as a basis for reassessing client health status, modifying nursing analysis, revising strategies of care, and prescribing changes in nursing interventions.
  - (c) Research data shall be utilized in nursing practice. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1997 MAR p. 626, Eff. 4/8/97; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.1205 STANDARDS RELATED TO THE REGISTERED NURSE'S RESPONSIBILITIES AS A MEMBER OF THE NURSING PROFESSION

- (1) The registered nurse shall:
- (a) have knowledge of the statutes and rules governing nursing and function within the legal boundaries of nursing practice;
  - (b) accept responsibility for individual nursing actions and competence and base practice on validated data;
  - (c) obtain instruction and supervision as necessary when implementing nursing techniques or practices;
  - (d) function as a member of the health team;
  - (e) collaborate with other members of the health team to provide optimum client care;
  - (f) consult with nurses and other health team members and make referrals as necessary;
  - (g) contribute to the formulation, interpretation, implementation, and evaluation of the objectives and policies related to nursing practice within the employment setting;
  - (h) participate in the evaluation of nursing through peer review;
  - (i) report unsafe nursing practice to immediate supervisor and the board, and unsafe practice conditions to any and all recognized federal, state, county, municipal, or private bodies organized with powers to regulate and enforce nursing practice conditions;
  - (j) report practice of nursing by unlicensed individuals to the board;
  - (k) delegate to another only those nursing measures which that person is prepared or qualified to perform;
  - (l) supervise others to whom nursing interventions are delegated;
  - (m) retain professional accountability for nursing care when delegating nursing interventions;
  - (n) conduct practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, or handicap;
  - (o) respect the dignity and rights of clients regardless of social or economic status, personal attributes, or nature of health problems;
  - (p) respect the client's right to privacy by protecting confidential information unless obligated by law to disclose the information; and
  - (q) respect the property of clients, family, significant others, and the employer. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 2000 MAR p. 2683, Eff. 10/6/00; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.1206 STANDARDS RELATED TO THE REGISTERED NURSE'S ROLE IN COSMETIC PROCEDURES (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-102, MCA; NEW, 2004 MAR p. 641, Eff. 3/26/04; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2009 MAR p. 1404, Eff. 8/14/09; REP, 2018 MAR p. 186, Eff. 1/27/18.)

24.159.1207 REGISTERED NURSE FIRST ASSIST (1) A registered nurse first assistant (RNFA) is a perioperative registered nurse who:

(a) is certified as a CNOR with proof of completion from the Competency and Credentialing Institute (CCI) approved RNFA education program;

(b) works in collaboration with the surgeon and other health care team members to achieve optimal patient outcomes;

(c) has acquired the necessary knowledge, judgment, and skills specific to the expanded role of RNFA clinical practice;

(d) intraoperatively practices at the direction of the surgeon; and

(e) does not concurrently function as a scrub person. (History: 37-8-202, MCA; IMP, 33-22-114, 33-31-102, 37-8-202, MCA; NEW, 2011 MAR p. 2144, Eff. 10/14/11.)

Rules 24.159.1208 through 24.159.1220 reserved



24.159.1221 TEMPORARY PRACTICE PERMIT (1) Graduates of approved professional United States nursing education programs may be granted a temporary permit to practice registered nursing provided that:

(a) application for Montana licensure, supporting credentials, and fee have been submitted and approved by the board;

(b) the graduate has applied for and been accepted for a licensing examination scheduled no later than 90 days following graduation; and

(c) the graduate has submitted a complete application for temporary permit.

(2) The temporary permit issued to a graduate who does not pass the exam referred to in (1)(b) becomes null, void, and invalid three days after the board mails notification to the graduate of the exam result. Mailing is completed when notification is deposited in the U.S. mail. The graduate shall immediately return the temporary permit to the board office upon receipt of the notice that the graduate failed the exam referred to in (1)(b). Failure to do so is grounds for denial of a subsequent license application from the graduate and such other remedies as are provided by law.

(3) The temporary permit issued to a graduate who passes the exam referred to in (1)(b) remains valid until the license is granted or until two weeks after the board mails notification to the graduate of the exam result, whichever occurs first. Mailing is completed when notification is deposited in the U.S. mail.

(4) An applicant for licensure by endorsement in Montana may be granted a temporary permit to practice registered nursing provided the applicant has submitted a completed application as described in ARM 24.159.1228 and that the initial screening by board staff shows no current discipline as identified in ARM 24.159.1228 in the last two years. Online verification of licensure from a U.S. board of nursing web site may serve as verification for the purpose of issuing a temporary permit. The temporary permit will remain valid until a license is granted or until notice of proposal to deny license is served, whichever occurs first. In the event that neither contingency has occurred within 90 days of issuance of the temporary permit to the endorsement applicant, the temporary permit shall expire on the 90th day following its issuance unless an extension is granted by the board.

(5) A registered nurse who is employed under a temporary practice permit shall function only under the direct supervision of a registered nurse, advanced practice registered nurse, physician, naturopathic physician, physician assistant, optometrist, dentist, osteopath, or podiatrist, who is on the premises where and when the permittee is working and is specifically assigned the responsibility of supervising the performance of the temporary practice permittee. The supervisor must hold an unencumbered Montana license unless exempt as provided in Title 37, MCA, relative to the supervisor's profession or occupation. (History: 37-1-319, 37-8-202, MCA; IMP, 37-1-305, 37-1-319, 37-8-103, MCA; Eff. 12/31/72; AMD, 1981 MAR p. 143, Eff. 2/14/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1848, Eff. 10/14/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2005 MAR p. 1687, Eff. 9/9/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10.)

24.159.1222 GENERAL REQUIREMENTS FOR LICENSURE (1) The requirements for licensure of registered nurses in Montana include the provision that the applicant has written a state board test pool examination or national council licensing examination (NCLEX) in a state of the United States. (History: 37-8-202, MCA; IMP, 37-8-406, 37-8-416, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 2000 MAR p. 2681, Eff. 10/6/00; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.1223 GROUNDS FOR DENIAL OF A LICENSE (1) A license may be denied for:

- (a) failure to meet requirements or standards established by law or by rules adopted by the board;
- (b) failure to pass the licensing examination;
- (c) fraud or misrepresentation in association with the examination application, licensure application, or licensure examination;
- (d) conduct which would be grounds for discipline under 37-1-316, MCA; or
- (e) conviction of a felony except as provided in 37-1-203, MCA. (History: 37-1-136, 37-8-202, MCA; IMP, 37-1-136, 37-1-137, 37-1-316, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2004 MAR p. 2393, Eff. 10/8/04; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.1224 RN LICENSURE BY EXAMINATION (1) An applicant for licensure as an RN by examination shall submit to the board the required fees and a completed application, including the following information:

- (a) an official transcript, sent to the board directly from the educational institution, verifying date of graduation and degree or credential conferred;
- (b) proof of successful passage of NCLEX-RN;
  - (i) Applicants must complete all educational requirements and the board must receive all credentials prior to determining the applicant eligible to test.
  - (ii) Candidates failing the examination are not eligible to retest for a period determined by the testing entity, and must submit an examination retake fee.
- (c) license verification and, if not in English, a certified translation, from any state, territory, or country in which the applicant holds or has held a professional license or credential;
- (d) documentation, including jurisdiction and date, of any previous professional license denial or withdrawal of application; and
- (e) detailed explanation and supporting documentation for each affirmative answer to background questions on application.

(2) Applications are kept on file for one year. Applicants failing to complete the application process within one year must complete a new application and submit new application fees.

(3) Internationally educated RN license applicants must comply with requirements in ARM 24.159.1229. (History: 37-1-131, 37-8-202, 37-8-405, MCA; IMP, 37-1-131, 37-1-134, 37-8-405, 37-8-406, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; AMD, 1981 MAR p. 143, Eff. 2/14/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1988 MAR p. 2720, Eff. 12/23/88; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2005 MAR p. 1686, Eff. 9/9/05; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2011 MAR p. 2144, Eff. 10/14/11; AMD, 2015 MAR p. 462, Eff. 5/29/15.)

24.159.1225 REGISTERED NURSE REEXAMINATION (REPEALED)

(History: 37-1-131, 37-8-202, 37-8-406, MCA; IMP, 37-8-202, 37-8-406, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; AMD, 1980 MAR p. 2970, Eff. 11/29/80; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1985 MAR p. 108, Eff. 2/1/85; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2005 MAR p. 1686, Eff. 9/9/05; AMD, 2005 MAR p. 1687, Eff. 9/9/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; REP, 2011 MAR p. 2144, Eff. 10/14/11.)

Rules 24.159.1226 and 24.159.1227 reserved

24.159.1228 RN LICENSURE BY ENDORSEMENT (1) An applicant for licensure as an RN by endorsement shall submit to the board the required fees and a completed application, including the following information:

(a) license verification and, if not in English, a certified translation, from the state, territory, or country in which the applicant currently holds an active RN license in good standing;

(b) license verification and, if not in English, a certified translation, from any state, territory, or country in which the applicant has held any professional license or credential, including verification of applicant's original licensure by examination;

(c) documentation, including jurisdiction and date, of any previous professional license denial or withdrawal of application; and

(d) detailed explanation and supporting documentation for each affirmative answer to background questions on application.

(2) Applications are kept on file for one year. Applicants failing to complete the application process within one year must complete a new application and submit new application fees. (History: 37-1-131, 37-8-202, 37-8-405, MCA; IMP, 37-1-131, 37-1-134, 37-1-304, 37-8-405, MCA; NEW, Eff. 6/4/77; AMD, 1978 MAR p. 392, Eff. 3/25/78; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2004 MAR p. 2393, Eff. 10/8/04; AMD, 2005 MAR p. 1687, Eff. 9/9/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 462, Eff. 5/29/15.)

24.159.1229 RN LICENSURE BY EXAMINATION FOR INTERNATIONALLY EDUCATED APPLICANTS (1) An internationally educated applicant for licensure as an RN by examination shall submit to the board the required fees and a completed application, including the following information:

(a) Results of a credentials review by a credentials review agency or another board of nursing that verifies the equivalency of the international RN education program to RN education programs in the United States;

(b) proof of successful passage of NCLEX-RN;

(i) Applicants must complete all educational requirements and the board must receive all credentials prior to determining the applicant eligible to test.

(ii) Candidates failing the examination are not eligible to retest for a period determined by the testing entity, and must submit an examination retake fee.

(c) license verification and, if not in English, a certified translation, from any state, territory, or country in which the applicant holds or has held a professional license or credential;

(d) documentation, including jurisdiction and date, of any previous professional license denial or withdrawal of application; and

(e) detailed explanation and supporting documentation for each affirmative answer to background questions on application.

(2) Applications are kept on file for one year. Applicants failing to complete the application process within one year must complete a new application and submit new application fees. (History: 37-1-131, 37-8-202, 37-8-405, MCA; IMP, 37-1-131, 37-1-134, 37-8-405, 37-8-406, MCA; NEW, 2005 MAR p. 1687, Eff. 9/9/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR. p. 2346, Eff. 11/7/08; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2015 MAR p. 462, Eff. 5/29/15.)

Rules 24.159.1230 through 24.159.1235 reserved

24.159.1236 PREPARATION OF LICENSES (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-101, 37-8-202, 37-8-401, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2003 MAR p. 2861, Eff. 12/25/03; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

24.159.1237 RENEWALS (1) The licensee must fill out the renewal application and return it to the board by the date set by ARM 24.101.413, together with the renewal fee. Upon receiving the renewal application and fee, the board shall issue a certificate of renewal for the two-year period following the renewal date set by ARM 24.101.413. If the renewal application is postmarked after the renewal deadline, it is subject to the late penalty fee specified in ARM 24.101.403.

(2) The provisions of ARM 24.101.408 apply. (History: 37-1-131, 37-1-141, 37-8-202, MCA; IMP, 37-1-134, 37-1-141, 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1987 MAR p. 1620, Eff. 9/25/87; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2002 MAR p. 2315, Eff. 8/30/02; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2019 MAR p. 1055, Eff. 7/27/19.)

24.159.1238 INACTIVE STATUS (REPEALED) (History: 37-1-131, 37-1-319, 37-8-202, MCA; IMP, 37-1-131, 37-1-319, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2004 MAR p. 2393, Eff. 10/8/04; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; REP, 2015 MAR p. 642, Eff. 5/29/15.)

Rule 24.159.1239 reserved

24.159.1240 DUPLICATE OR LOST LICENSES (REPEALED) (History: 37-8-202, MCA; IMP, 37-1-134, 37-8-202, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

24.159.1241 VERIFICATION OF LICENSURE (1) Licensees requesting verification and documentation of Montana licensure status to another United States board of nursing jurisdiction or foreign country shall submit a completed request with the appropriate fee to [www.nursys.com](http://www.nursys.com) or NCSBN, 35331 Eagle Way, Chicago, IL 60678-1353.

(2) Licensees requesting paper verifications shall submit a completed request to the board office. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-304, 37-8-202, MCA; NEW, 1987 MAR p. 1620, Eff. 9/25/87; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2003 MAR p. 2863, Eff. 12/25/03; TRANS, from Commerce, 2006 MAR p. 2035.)

Rules 24.159.1242 through 24.159.1245 reserved

24.159.1246 SUPERVISION OF PROBATIONARY LICENSEES

(REPEALED) (History: 37-1-136, 37-1-319, 37-8-202, MCA; IMP, 37-1-136, 37-1-319, 37-8-202, MCA; NEW, 2002 MAR p. 3399, Eff. 12/13/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; REP, 2015 MAR p. 462, Eff. 5/29/15.)

Rules 24.159.1247 through 24.159.1251 reserved

24.159.1252 LICENSEE PROBATION OR REPRIMAND OF A LICENSEE

(1) A licensee may be placed on probation or reprimanded based on grounds specified in 37-1-316, MCA, or ARM 24.159.2301. (History: 37-1-136, 37-8-202, MCA; IMP, 37-1-136, 37-1-137, 37-1-316, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2004 MAR p. 2393, Eff. 10/8/04; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.1253 LICENSE REAPPLICATION CONSIDERATIONS AFTER DENIAL, REVOCATION, OR SUSPENSION

(1) Reapplication for a license previously denied, revoked, or suspended must include evidence of rehabilitation, or elimination or cure of the conditions for denial, revocation, or suspension.

(2) Evaluation of reapplication for a license denied will be based upon, but not limited to:

(a) the severity of the act or omission which resulted in the denial of license; and/or

(b) the conduct of the applicant subsequent to the denial of license; and/or

(c) the lapse of time since denial of license; and/or

(d) compliance with any condition the board may have stipulated as a prerequisite for reapplication; and/or

(e) the degree of rehabilitation attained by the applicant as evidenced by statements sent directly to the board from qualified people who have professional knowledge of the applicant; and/or

(f) personal interview by the board, at their discretion. (History: 37-8-202, MCA; IMP, 37-1-136, 37-8-202, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

Subchapter 13 reserved



## Subchapter 14

## Advanced Practice Registered Nurses

24.159.1401 DEFINITIONS (REPEALED) (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 2002 MAR p. 3399, Eff. 12/13/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; REP, 2008 MAR p. 2346, Eff. 11/7/08.)

Rule 24.159.1402 reserved

24.159.1403 PURPOSE OF STANDARDS OF PRACTICE FOR THE ADVANCED PRACTICE REGISTERED NURSE (1) The purpose of the standards is to:

(a) establish minimal acceptable levels of safe and effective practice for the APRN; and

(b) serve as a reference for the board to evaluate safe and effective advanced practice nursing care. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 2002 MAR p. 3399, Eff. 12/13/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06.)

24.159.1404 STANDARDS RELATED TO THE ADVANCED PRACTICE REGISTERED NURSE'S RESPONSIBILITY TO APPLY THE NURSING PROCESS (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 2002 MAR p. 3399, Eff. 12/13/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; REP, 2013 MAR p. 1609, Eff. 9/6/13.)

24.159.1405 STANDARDS RELATED TO THE ADVANCED PRACTICE REGISTERED NURSE (1) The APRN shall:

(a) adhere to the standards for the RN in Title 24, chapter 159, subchapter 12, Administrative Rules of Montana;

(b) abide by the current practice standards and guidelines established by a national professional organization for the APRN's role and population focus;

(c) possess the knowledge, judgment, and skill to safely and competently function within the APRN's role and population focus; and

(d) adhere to the requirements for APRN competence development in ARM 24.159.1469, APRN Competence Development.

(2) The APRN is accountable to patients, the nursing profession, and to the board for complying with the rules and statutes for the quality of advanced nursing care rendered, for recognizing limits of knowledge and experience, for planning for the management of situations beyond the APRN's expertise, and for consultation with or referring patients to other health care providers as appropriate. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, 37-8-409, MCA; NEW, 2002 MAR p. 3399, Eff. 12/13/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13.)

24.159.1406 APRN PRACTICE (1) The APRN licensed in Montana may only practice in the role and population focus in which the APRN has current national certification. APRN practice is an independent and/or collaborative practice and may include:

(a) establishing medical and nursing diagnoses, treating, and managing patients with acute and chronic illnesses and diseases; and

(b) providing initial, ongoing, and comprehensive care, including:

(i) physical examinations, health assessments, and/or other screening activities;

(ii) prescribing legend and controlled substances when prescriptive authority is successfully applied for and obtained;

(iii) ordering durable medical equipment, diagnostic treatments and therapeutic modalities, laboratory imaging and diagnostic tests, and supportive services, including, but not limited to, home healthcare, hospice, and physical and occupational therapy;

(iv) receiving and interpreting results of laboratory, imaging, and/or diagnostic studies;

(v) working with clients to promote their understanding of and compliance with therapeutic regimens;

(vi) providing instruction and counseling to individuals, families, and groups in the areas of health promotion, disease prevention, and maintenance, including involving such persons in planning for their health care; and

(vii) working in collaboration with other health care providers and agencies to provide and, where appropriate, coordinate services to individuals and families.

(History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, 37-8-409, MCA; NEW, 2013 MAR p. 1609, Eff. 9/6/13.)

Rules 24.159.1407 through 24.159.1410 reserved

24.159.1411 TEMPORARY PERMITS FOR GRADUATE APRNS

(REPEALED) (History: 37-8-202, 37-8-409, MCA; IMP, 37-8-202, 37-8-409, MCA; NEW, 1996 MAR p. 419, Eff. 2/9/96; AMD, 2000 MAR p. 2681, Eff. 10/6/00; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; REP, 2013 MAR p. 1609, Eff. 9/6/13.)

24.159.1412 APPLICATION FOR INITIAL APRN LICENSURE (1) The applicant for APRN licensure must possess a current Montana RN license.

(2) The applicant must submit the APRN application form provided by the department and the nonrefundable fee.

(3) The applicant shall request that an official transcript, from an accredited graduate-level education program, be sent to the board directly from the applicant's APRN program to verify the date of completion and degree conferred.

(4) The applicant shall submit evidence of preceptorship (if not shown on transcript).

(5) The applicant shall submit a copy of current national certification in APRN role and population focus, congruent with education preparation.

(6) The board shall keep the application on file for one year. If the applicant fails to complete the requirements for application within one year, a new application must be submitted.

(7) When the board approves a licensed RN's application for APRN licensure, the RN will be issued an APRN license in addition to the applicant's current RN license.

(8) An additional application is needed for APRN prescriptive authority. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-1-134, 37-8-202, 37-8-409, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1987 MAR p. 1620, Eff. 9/25/87; AMD, 1991 MAR p. 2435, Eff. 12/31/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1998 MAR p. 2164, Eff. 8/14/98; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13; AMD, 2015 MAR p. 462, Eff. 5/29/15.)

24.159.1413 ADVANCED PRACTICE NURSING TITLE (1) Only a licensed RN holding a current Montana APRN license has the right to use the title of APRN, and the appropriate title of Certified Nurse Practitioner (CNP), Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), or Clinical Nurse Specialist (CNS).

(2) At a minimum, each CRNA and CNM shall use the designation of APRN and the certified role for purposes of identification and documentation:

(a) CRNA will use APRN-CRNA; and

(b) CNM will use APRN-CNM.

(3) At a minimum, each CNS and CNP shall use the designation of APRN followed by the certified role and population focus for purposes of identification and documentation. For example:

- (a) a Family Nurse Practitioner would be designated as APRN-FNP;
  - (b) a Women's Health Nurse Practitioner would be designated as APRN-WHNP; and
  - (c) an Adult Clinical Nurse Specialist would be designated as APRN-ACNS.
- (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2001 MAR p. 167, Eff. 1/26/01; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13.)

24.159.1414 EDUCATIONAL REQUIREMENTS AND QUALIFICATIONS FOR APRN (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, 37-8-409, MCA; NEW, 1983 MAR p. 10, Eff. 1/14/83; AMD, 1985 MAR p. 108, Eff. 2/1/85; AMD, 1988 MAR p. 2720, Eff. 12/23/88; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1995 MAR p. 847, Eff. 5/12/95; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2005 MAR p. 742, Eff. 5/13/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; REP, 2015 MAR p. 462, Eff. 5/29/15.)

24.159.1415 GENERAL REQUIREMENTS FOR LICENSURE (REPEALED) (History: 37-8-202, MCA; IMP, 37-8-406, 37-8-416, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 2000 MAR p. 2681, Eff. 10/6/00; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; REP, 2008 MAR p. 2346, Eff. 11/7/08.)

24.159.1416 GROUNDS FOR DENIAL OF A LICENSE (1) The board may deny an application for APRN licensure for:

- (a) failure to meet requirements or standards established by law or by rules adopted by the board;
- (b) failure to possess an active Montana RN license;
- (c) fraud or misrepresentation in association with the licensure application or certifying examination; or
- (d) unprofessional conduct that would be grounds for discipline under 37-1-316, MCA. (History: 37-1-136, 37-8-202, MCA; IMP, 37-1-136, 37-1-137, 37-1-316, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2004 MAR p. 2393, Eff. 10/8/04; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08.)

24.159.1417 LICENSURE BY EXAMINATION REQUIREMENTS

(REPEALED) (History: 37-8-202, MCA; IMP, 37-1-131, 37-8-406, 37-8-416, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; AMD, 1981 MAR p. 143, Eff. 2/14/81; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1988 MAR p. 2720, Eff. 12/23/88; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2005 MAR p. 1686, Eff. 9/9/05; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; REP, 2008 MAR p. 2346, Eff. 11/7/08.)

24.159.1418 LICENSURE BY ENDORSEMENT (1) An applicant for APRN

licensure by endorsement shall submit to the board:

- (a) completed applications for both RN and APRN licensure in Montana;
- (b) transcript from an advanced nursing education program, which must be sent to the board directly from the program and must indicate date of completion and degree conferred;
- (c) verification of APRN licensure status from all jurisdictions for preceding two years;
- (d) verification of current national certification in APRN role and population focus; and
- (e) the required fees for APRN licensure by endorsement as specified by ARM 24.159.401.

(2) The board may, on a case-by-case basis, issue a license to an applicant for APRN licensure by endorsement, whose license is under investigation or in disciplinary action of a board in another jurisdiction, or to an applicant who is under investigation for a felony criminal offense.

(3) An applicant for APRN licensure by endorsement in Montana may be granted a temporary APRN permit concurrent with a temporary permit to practice registered nursing, pursuant to ARM 24.159.1221. (History: 37-1-131, 37-8-202, 37-8-409, MCA; IMP, 37-1-131, 37-1-304, 37-8-409, MCA; NEW, Eff. 6/4/77; AMD, 1978 MAR p. 392, Eff. 3/25/78; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2004 MAR p. 2393, Eff. 10/8/04; AMD, 2005 MAR p. 1687, Eff. 9/9/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13.)

Rules 24.159.1419 through 24.159.1423 reserved

24.159.1424 CONTINUING EDUCATION REQUIREMENTS (REPEALED)

(History: 37-1-131, 37-1-319, 37-8-202, MCA; IMP, 37-1-131, 37-1-141, 37-8-202, MCA; NEW, 2008 MAR p. 2346, Eff. 11/7/08; REP, 2013 MAR p. 1609, Eff. 9/6/13.)

Rule 24.159.1425 reserved

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24.159.1426 PREPARATION OF LICENSES (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-101, 37-8-202, 37-8-401, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2003 MAR p. 2861, Eff. 12/25/03; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2008 MAR p. 2346, Eff. 11/7/08.)

24.159.1427 RENEWALS (1) APRN license renewal is concurrent with RN license renewal. Renewal notices will be sent as specified by ARM 24.101.414. The licensee shall submit the renewal application by the date set by ARM 24.101.413, together with the renewal fee. The renewal application includes affirmation that:

(a) all continuing education requirements have been met during the renewal period;

(b) the quality assurance plan has been followed; and

(c) the national professional organization practice standards and guidelines for appropriate role and population focus have been followed.

(2) If the APRN renewal application is submitted online or postmarked after the renewal deadline, the applicant is subject to the late penalty fee specified in ARM 24.101.403.

(3) The provisions of ARM 24.101.408 apply for APRN license renewal, lapse, termination, and expiration. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-1-134, 37-1-141, 37-8-202, MCA; Eff. 12/31/72; AMD, Eff. 6/4/77; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 287, Eff. 2/12/82; AMD, 1987 MAR p. 1620, Eff. 9/25/87; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2002 MAR p. 2315, Eff. 8/30/02; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13.)

24.159.1428 INACTIVE APRN STATUS (REPEALED) (History: 37-1-131, 37-1-319, 37-8-202, MCA; IMP, 37-1-131, 37-1-319, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2004 MAR p. 2393, Eff. 10/8/04; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13; REP, 2015 MAR p. 642, Eff. 5/29/15.)

Rule 24.159.1429 reserved

24.159.1430 DUPLICATE OR LOST LICENSES (REPEALED) (History: 37-8-202, MCA; IMP, 37-1-134, 37-8-202, MCA; Eff. 12/31/72; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2008 MAR p. 2346, Eff. 11/7/08; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

24.159.1431 VERIFICATION OF LICENSURE (1) The board directs licensees seeking verification and documentation of Montana licensure status for another United States board of nursing jurisdiction or foreign country to contact NCSBN, at 111 East Wacker Dr., Suite 2900, Chicago, IL, 60601-4277 or [www.nursys.com](http://www.nursys.com).

(2) Licensees may request paper verification of licensure by submitting a written request and the required fee specified in ARM 24.101.403 to the board office. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1987 MAR p. 1620, Eff. 9/25/87; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2003 MAR p. 2863, Eff. 12/25/03; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2008 MAR p. 2346, Eff. 11/7/08.)

Rules 24.159.1432 through 24.159.1435 reserved

24.159.1436 SUPERVISION OF PROBATIONARY LICENSEES (1) An APRN working pursuant to a probationary license must work under the direct supervision of another APRN or physician who has prior board approval and possesses a current, unencumbered license. (History: 37-1-131, 37-1-136, 37-8-202, MCA; IMP, 37-1-131, 37-1-136, 37-8-202, MCA; NEW, 2002 MAR p. 3399, Eff. 12/13/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08.)

Rules 24.159.1437 through 24.159.1441 reserved



24.159.1442 LICENSEE PROBATION OR REPRIMAND OF A LICENSEE (REPEALED) (History: 37-1-136, 37-8-202, MCA; IMP, 37-1-136, 37-1-137, 37-1-316, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2004 MAR p. 2393, Eff. 10/8/04; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; REP, 2008 MAR p. 2346, Eff. 11/7/08.)

24.159.1443 LICENSE REAPPLICATION AFTER DENIAL, REVOCATION, OR SUSPENSION (1) Reapplication for licensure must include evidence of rehabilitation or cure of the conditions for denial, revocation, or suspension.

(2) The board places the burden upon the applicant for relicensure to demonstrate a sufficient degree of rehabilitation. Evidence of rehabilitation may include statements sent directly to the board from qualified persons who have professional knowledge of the applicant.

(3) The applicant shall submit proof of compliance with all conditions the board may have stipulated as a prerequisite for reapplication.

(4) The board may request a personal interview with the applicant.

(5) The decision to issue a license to an APRN whose license previously has been denied, suspended, or revoked rests with the board. (History: 37-1-136, 37-8-202, MCA; IMP, 37-1-136, 37-1-314, 37-8-202, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1985 MAR p. 1556, Eff. 10/18/85; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08.)

Rules 24.159.1444 through 24.159.1460 reserved

24.159.1461 PRESCRIPTIVE AUTHORITY FOR ELIGIBLE APRNS

(1) Only an APRN granted prescriptive authority by the board may prescribe, procure, administer, and dispense legend and controlled substances pursuant to applicable state and federal laws and within the APRN's role and population focus.

(2) Prescriptive authority permits the APRN to receive, sign for, record, and distribute pharmaceutical samples to patients in accordance with applicable state and federal Drug Enforcement Administration laws, regulations, and guidelines in accordance with 37-2-104, MCA.

(3) All APRNs who hold an unencumbered license and meet the qualifications for prescriptive authority within ARM 24.159.1463 may hold prescriptive authority. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2003 MAR p. 2863, Eff. 12/25/03; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13.)

24.159.1462 ADVANCED PRACTICE NURSING COMMITTEE

(REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2001 MAR p. 2152, Eff. 10/26/01; AMD, 2002 MAR p. 2315, Eff. 8/30/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; REP, 2013 MAR p. 1609, Eff. 9/6/13.)

24.159.1463 APPLICATION FOR PRESCRIPTIVE AUTHORITY (1) The

APRN seeking prescriptive authority shall submit a completed application and the appropriate fee for prescriptive authority as specified in ARM 24.159.401.

(2) The APRN seeking prescriptive authority who has graduated from an accredited program in the last five years shall submit:

(a) evidence of successful completion of a graduate level course of three semester credits in advanced pharmacology that includes instruction in pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents;

(b) evidence of successful completion of a graduate level course that includes differential diagnosis/disease management; and

(c) evidence of supervised clinical practice that integrates pharmacologic intervention with patient management.

(3) The APRN seeking prescriptive authority who has graduated more than five years ago from an accredited program must complete either a graduate level course of three semester credits or 45 contact hours of continuing education that includes instruction in pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.

(4) The APRN with prescriptive authority from another board jurisdiction shall submit a completed application and the appropriate fees for prescriptive authority as specified in ARM 24.159.401. The application must include evidence of a current unencumbered APRN license with prescriptive authority in another board jurisdiction.

(5) If an applicant fails to complete the requirements for application within one year of submission of an application, the applicant shall submit a new application and fee.

(6) The board may deny the application if the applicant has a license encumbered by disciplinary action. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2001 MAR p. 2152, Eff. 10/26/01; AMD, 2002 MAR p. 2315, Eff. 8/30/02; AMD, 2005 MAR p. 742, Eff. 5/13/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13.)

24.159.1464 PRESCRIBING PRACTICES (1) Prescriptions must comply with all applicable state and federal laws.

(2) All written prescriptions must include the following information:

- (a) name, title, address, and phone number of the APRN who is prescribing;
- (b) name of client;
- (c) date of prescription;
- (d) the full name of the drug, dosage, route, amount to be dispensed, and directions for its use;
- (e) number of refills;
- (f) signature of the prescriber on written prescriptions; and
- (g) Drug Enforcement Administration (DEA) number of the prescriber on all scheduled drugs;

(3) Records of all prescriptions must be documented in client records.

(4) An APRN with prescriptive authority shall comply with federal DEA requirements for controlled substances.

(5) An APRN with prescriptive authority may not prescribe controlled substances for self or members of the APRN's immediate family.

(6) In an emergency situation, Schedule II drugs may be phoned in to the pharmacist pursuant to 21 CFR 1306.11(d).

(7) An APRN with prescriptive authority may not delegate the prescribing or dispensing of drugs to any other person. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1993 MAR p. 1202, Eff. 6/11/93; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 2002 MAR p. 3399, Eff. 12/13/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13.)

24.159.1465 SPECIAL LIMITATIONS RELATED TO THE PRESCRIBING OF CONTROLLED SUBSTANCES (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2005 MAR p. 742, Eff. 5/13/05; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2008 MAR p. 2346, Eff. 11/7/08.)

24.159.1466 QUALITY ASSURANCE OF APRN PRACTICE (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, 37-8-409, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 1999 MAR p. 1294, Eff. 6/18/99; AMD, 2002 MAR p. 2315, Eff. 8/30/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; REP, 2013 MAR p. 1609, Eff. 9/6/13.)

24.159.1467 SUSPENSION OR REVOCATION OF PRESCRIPTIVE AUTHORITY (1) The board may suspend or revoke an APRN's prescriptive authority when the APRN has not met requirements necessary to maintain licensure. (History: 37-1-131, 37-1-136, 37-8-202, MCA; IMP, 37-1-131, 37-1-136, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2716, Eff. 9/9/94; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13.)

24.159.1468 PRESCRIPTIVE AUTHORITY RENEWAL (1) The term of an APRN's prescriptive authority is concurrent with licensure and ends every two years on the date set by ARM 24.101.413.

(2) To renew prescriptive authority, the APRN shall submit:

(a) a completed prescriptive authority renewal application and a nonrefundable fee;

(b) affirmation of a minimum of 12 contact hours of accredited education in pharmacology, pharmacotherapeutics, and/or clinical management of drug therapy completed during the two years immediately preceding the effective date of the prescriptive authority renewal period; and

(c) these contact hours can be used to satisfy 12 of the required 24 contact hours to renew the APRN license.

(3) When an APRN fails to renew prescriptive authority prior to the renewal date of that authority, the APRN's prescriptive authority will lapse and expire after 45 days. The APRN whose prescriptive authority has expired may not prescribe and must reapply for prescriptive authority under the requirement in ARM 24.159.1463. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 2518, Eff. 9/9/94; AMD, 2000 MAR p. 2683, Eff. 10/6/00; AMD, 2002 MAR p. 3602, Eff. 12/13/02; AMD, 2006 MAR p. 1583, Eff. 7/1/06; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13.)

24.159.1469 APRN COMPETENCE DEVELOPMENT (1) The APRN is expected to engage in ongoing competence development. Competence development is the method by which an APRN gains, maintains, or refines practice, knowledge, skills, and abilities. This development can occur through formal education programs, continuing education, or clinical practice and is expected to continue throughout the APRN's career. Documentation of competence development activities should be retained by the APRN for a minimum of five years and must be made available to the board upon request. The APRN must:

(a) submit verification of national recertification to the board within 30 days of issuance; and

(b) complete 24 contact hours of continuing education during each two-year license renewal period as stated in ARM Title 24, subchapter 21, Renewals and Continuing Education; and

(i) For the APRN who holds prescriptive authority, 12 of the 24 contact hours must be in pharmacotherapeutics, where no more than two of these contact hours may concern the study of herbal or complementary therapies.

(ii) At renewal, APRN licensees licensed by examination less than one full year are not required to complete the 24 contact hours. APRN licensees licensed by examination at least one year, but less than two full years, shall complete one-half of the credit required for renewal.

(c) maintain an individualized quality assurance plan that:

(i) is relevant to the APRN's role and population focus, practice setting, and level of experience;

(ii) may include peer review, institutional review, and/or self-assessment;

(iii) includes methods for maintaining continued competence in providing patient care and evaluating patient outcomes; and

(iv) meets the standards set by the APRN's national professional organization. (History: 37-1-131, 37-1-319, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, 37-8-409, MCA; NEW, 2013 MAR p. 1609, Eff. 9/6/13.)

24.159.1470 CERTIFIED NURSE PRACTITIONER PRACTICE (1) Certified Nurse Practitioner (CNP) practice means the independent and/or collaborative management of primary and/or acute health care of individuals, families, and communities across settings. The CNP is certified in acute or primary care and in the population focus of adult/geriatric, pediatric, neonatal, family/individual health across the lifespan, women's/gender-related, and/or psychiatric/mental health. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, 37-8-409, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2000 MAR p. 954, Eff. 4/14/00; AMD, 2002 MAR p. 3399, Eff. 12/13/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13.)

Rules 24.159.1471 through 24.159.1474 reserved

24.159.1475 CERTIFIED NURSE MIDWIFERY PRACTICE (1) Certified Nurse Midwifery (CNM) practice means the independent and/or collaborative management of care of women throughout the lifespan. The CNM is certified in the population focus of women's/gender-related health and provides a full range of primary health care services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, and the care of the newborn in diverse settings. The practice includes treating the male partner of their female clients for sexually transmitted diseases and for reproductive health. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, 37-8-409, MCA; NEW, 1983 MAR p. 10, Eff. 1/14/83; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 2152, Eff. 10/26/01; AMD, 2003 MAR p. 2861, Eff. 12/25/03; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13.)

Rules 24.159.1476 through 24.159.1479 reserved

24.159.1480 CERTIFIED REGISTERED NURSE ANESTHETIST PRACTICE  
(1) Certified Registered Nurse Anesthetist (CRNA) practice is the independent and/or collaborative performance of any act involving the determination, preparation, administration, or monitoring of anesthesia care and anesthesia-related services, and the management of acute and chronic pain. The CRNA is certified in the population of family/individual health across the lifespan whose health status may range from healthy through all recognized levels of acuity, including persons with immediate, severe, or life-threatening illnesses or injuries in diverse settings. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, 37-8-409, MCA; NEW, 1982 MAR p. 1603, Eff. 8/27/82; AMD, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2002 MAR p. 3320, Eff. 11/28/02; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13.)

Rules 24.159.1481 through 24.159.1484 reserved

24.159.1485 CLINICAL NURSE SPECIALIST PRACTICE (1) Clinical Nurse Specialist (CNS) practice means the independent and/or collaborative delivery and management of individuals, families, groups, and communities. CNS practice integrates nursing practice, which focuses on assisting patients in the prevention or resolution of illness, with medical diagnosis and treatment of disease, injury, and disability. In addition to providing direct patient care, CNSs influence care outcomes by providing expert consultation for nursing staff and by implementing improvements in health care delivery systems. CNS certification may include the population focus of adult/geriatric, pediatric, neonatal, family/individual, and/or psychiatric/mental health. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, 37-8-409, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 2002 MAR p. 2315, Eff. 8/30/02; AMD, 2005 MAR p. 742, Eff. 5/13/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; AMD, 2013 MAR p. 1609, Eff. 9/6/13.)

Rules 24.159.1486 through 24.159.1489 reserved

24.159.1490 PSYCHIATRIC-MENTAL HEALTH PRACTITIONER PRACTICE (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, 37-8-409, MCA; NEW, 2003 MAR p. 2863, Eff. 12/25/03; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2008 MAR p. 2346, Eff. 11/7/08; REP, 2013 MAR p. 1609, Eff. 9/6/13.)

Subchapter 15 reserved



## Subchapter 16

## Delegation

24.159.1601 PURPOSE (1) The purpose of these rules relating to delegation is to:

(a) serve as a standard for nurses who delegate to an unlicensed assistive person (UAP); and

(b) establish minimal acceptable levels of safe and effective delegation.

(History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1022, Eff. 7/1/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2016 MAR p. 1010, Eff. 6/4/16.)

24.159.1602 DEFINITIONS (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1291, Eff. 7/1/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

Rule 24.159.1603 reserved

24.159.1604 TASKS WHICH MAY BE ROUTINELY ASSIGNED TO AN UNLICENSED PERSON IN ANY SETTING WHEN A NURSE-PATIENT RELATIONSHIP EXISTS (REPEALED) (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1994 MAR p. 1424, Eff. 5/27/94; TRANS & AMD, 2005 MAR p. 1291, Eff. 7/1/05; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

24.159.1605 STANDARDS RELATED TO THE FACILITY'S CHIEF NURSING OFFICER REGARDING DELEGATION PRACTICES (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1291, Eff. 7/1/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; REP, 2016 MAR. p. 1010, Eff. 6/4/16.)

Rules 24.159.1606 through 24.159.1609 reserved

24.159.1610 ACCOUNTABILITY (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1022, Eff. 7/1/05; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2016 MAR. p. 1010, Eff. 6/4/16.)

24.159.1611 CRITERIA FOR DELEGATION OF NURSING TASKS

(1) Delegation is a nursing act distinct from teaching, supervising, consulting, and advising.

(2) Before delegating, the LPN or RN should consider the five rights of delegation: the right task, the right person to whom the delegation is made, the right circumstances, the right direction and communication by the LPN or RN, and the right supervision and evaluation.

(3) Delegation of a nursing task to a UAP shall be based solely on the determination of the patient's nurse, who has personally assessed the patient's condition, so that delegation can be performed without jeopardizing the patient's welfare.

(4) The nursing task to be delegated must be within the area of responsibility, scope of practice, and competency of the nurse delegating the task.

(5) The LPN or RN shall delegate to another only those nursing tasks for which that person has the necessary skills and competence to accomplish safely. In maintaining accountability for the delegation, the LPN or RN shall ensure:

(a) that the UAP has the education and demonstrated competency to perform the delegated task;

(b) the task delegated is consistent with the UAP's job description;

(c) patient needs match the UAP's qualifications, available resources, and appropriate supervision;

(d) results of the task are reasonably predictable;

(e) the task does not require clinical reasoning, nursing judgment, or critical decision making;

(f) patient needs and circumstances of the delegation are such that the delegation of the task poses minimal risk to the patient and can be safely performed according to clear and exact directions;

(g) directions and guidelines are clearly communicated regarding the delegated task;

(h) for delegation of a routine task on stable patients, there is verification that the UAP follows each written facility policy or procedure when performing the delegated task;

(i) those to whom nursing tasks are delegated are properly supervised by monitoring performance, progress, and outcomes;

(j) evaluation of the effectiveness of the delegation;

(k) follow-up on problems and intervention and revision of the plan of care as needed;

(l) the observation and communication of the outcomes of the delegated task; and

(m) documentation of the task.

(6) The delegating nurse retains professional accountability for the delegated nursing task. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1022, Eff. 7/1/05; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2016 MAR p. 1010, Eff. 6/4/16.)

24.159.1612 STANDARDS RELATED TO THE NURSE FUNCTIONING AS A DELEGATOR (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1291, Eff. 7/1/05; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

Rules 24.159.1613 through 24.159.1615 reserved

24.159.1616 NURSING TASKS RELATED TO MEDICATIONS THAT MAY BE DELEGATED (REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1291, Eff. 7/1/05; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

Rules 24.159.1617 through 24.159.1624 reserved

24.159.1625 GENERAL NURSING FUNCTIONS AND TASKS THAT MAY NOT BE DELEGATED (1) The following nursing tasks require nursing knowledge, judgment, and skill and may not be delegated:

- (a) the nursing assessment;
- (b) development of the nursing diagnosis;
- (c) establishment of the nursing care goal;
- (d) development of the nursing care plan; and
- (e) evaluation of the patient's progress, or lack of progress, toward goal achievement.

(2) A nurse may not delegate to a UAP the authority to receive verbal orders from providers.

(3) A nurse may not delegate to a UAP the task of teaching or counseling patients or a patient's family relating to nursing and nursing services. (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1291, Eff. 7/1/05; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2016 MAR p. 1010, Eff. 6/4/16.)

Rules 24.159.1626 through 24.159.1629 reserved

24.159.1630 ADVANCED DELEGATION, GENERALLY (REPEALED)

(History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1022, Eff. 7/1/05; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

24.159.1631 ADVANCED DELEGATION TO UAP NURSING STUDENTS

(REPEALED) (History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1291, Eff. 7/1/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

Rules 24.159.1632 through 24.159.1635 reserved

24.159.1636 ADVANCED DELEGATION TO UAPS WORKING IN THE EMERGENCY DEPARTMENT (REPEALED)

(History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1022, Eff. 7/1/05; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

Rules 24.159.1637 through 24.159.1639 reserved

24.159.1640 ADVANCED DELEGATION TO UAPS WORKING IN THE DIALYSIS UNIT (REPEALED)

(History: 37-1-131, 37-8-202, MCA; IMP, 37-1-131, 37-8-202, MCA; NEW, 2005 MAR p. 1022, Eff. 7/1/05; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2016 MAR p. 1010, Eff. 6/4/16.)

Subchapters 17 through 19 reserved

## Subchapter 20

## Nurses' Assistance Program

24.159.2001 INTRODUCTION OF THE NURSES' ASSISTANCE PROGRAM

(1) The Board of Nursing's medical assistance program shall be called the Nurses' Assistance Program (NAP), also referred to as the program. The program shall be based upon the concept that early identification, intervention, and referral to treatment are paramount to promoting public health, safety, and welfare in that it decreases the time between the nurse's acknowledgement of a substance use disorder or mental health problem or chronic physical illness and the time treatment is received. The NAP is a specially designed program that shall be available to assist all licensed nurses under the jurisdiction of the board who are found to be physically or mentally impaired by habitual intemperance; excessive use of addictive drugs, alcohol, or any other drug or substance; by mental illness; or chronic physical illness. The purpose of the program is to protect the public by putting appropriate monitoring processes in place for nurses with impairments that result in the inability to practice with reasonable skill and safety.

(2) The NAP will have two tracks:

- (a) the disciplinary monitoring track; and
- (b) the alternative monitoring track.

(3) The NAP will monitor the nurses' rehabilitation process to ensure safe practice. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2012 MAR p. 996, Eff. 5/11/12.)

24.159.2002 ADMINISTRATION OF THE PROGRAM (1) The NAP shall be administered so that it is transparent and accountable to the public.

(2) The NAP program director shall ensure that the program has adequate resources and staffing to implement policies and procedures and all requirements of the contracts the program has with the department and with each program participant. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2012 MAR p. 996, Eff. 5/11/12.)

24.159.2003 PROGRAM DIRECTOR REQUIREMENTS (1) The program director shall oversee the operation of the program and shall be responsible for ensuring that the program adheres to the contract entered into with the department.

(2) To be qualified, the program director must be able to demonstrate the following:

(a) the education, experience, and knowledge necessary to gather, read, and understand reports from licensed professional staff, in order to sufficiently monitor the program participants;

(b) the ability to demonstrate an understanding of issues particular to licensed professional healthcare workers;

(c) the ability to identify participant noncompliance with the program participant contract and policies and procedures in a timely manner; and

(d) the ability to adhere to policies regarding reporting noncompliances to the board.

(3) The program director shall ensure that the individuals contracted or employed by the program must include, but are not limited to:

(a) the program director;

(i) the program director cannot directly assess nurse program participants without staff input.

(b) a RN or APRN who holds a current and active license with no pending or current discipline, and has experience treating healthcare professionals;

(c) a licensed addiction counselor who holds a current and active license with no pending or current discipline, and has experience treating healthcare professionals;

(d) a licensed mental health practitioner who holds a current and active license with no pending or current discipline, and has experience treating healthcare professionals;

(e) a medical doctor with a current and active license with no pending or current discipline and who has experience treating healthcare professionals; and

(f) a monitor who serves as the consultant to the board;

(i) the monitor cannot directly assess or treat nurse program participants; and

(ii) the program director can serve as the monitor. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2012 MAR p. 996, Eff. 5/11/12.)

24.159.2004 DIRECTOR DUTIES (1) A director shall:

- (a) develop a policy and procedure manual;
- (b) submit quarterly activity/statistical reports as defined by the board to the board;
- (c) submit quarterly progress reports on licensees enrolled in the NAP;
- (d) report licensees in the NAP to the board who do not comply with the NAP requirements and/or for whom there is reasonable suspicion they may not be able to practice safe nursing;
- (e) provide information and consultation to the board upon request;
- (f) review statutes and rules with the board and its staff as directed by the board;
- (g) recommend admissions and discharges of participants in the NAP to the board as appropriate;
- (h) provide documentation of the monitoring of all NAP participants;
- (i) maintain complete and accurate participant files;
- (j) cooperate with board audits; and
- (k) abide by all provisions of the contract entered into with the department.

(History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2012 MAR p. 996, Eff. 5/11/12.)

Rules 24.159.2005 through 24.159.2009 reserved

24.159.2010 DISCIPLINARY MONITORING TRACK (1) Participation in the NAP may be mandated as a part of disciplinary action by the board. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2012 MAR p. 996, Eff. 5/11/12.)

24.159.2011 ADMISSION CRITERIA - DISCIPLINARY MONITORING TRACK (1) A licensee may be admitted to the NAP disciplinary monitoring track if the licensee has violated the statutes or rules related to nursing practice which involved alcohol and/or drugs and/or a mental illness or chronic physical illness, and whom the board has ordered into the program as a part of disciplinary action. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2012 MAR p. 996, Eff. 5/11/12.)

24.159.2012 PROGRAM REQUIREMENTS (1) The program requirements of the NAP are that the licensee shall:

(a) agree to evaluations and testing necessary to determine treatment and monitoring needs while a part of the NAP;

(b) sign a contract with the NAP and comply with said contract and all requirements as indicated in the NAP participant handbook; and

(c) be responsible for all costs for treatment and monitoring. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2012 MAR p. 996, Eff. 5/11/12.)

24.159.2013 DISCHARGE CRITERIA (1) The licensee shall be discharged from the NAP when the licensee has:

(a) successfully completed the NAP;

(b) failed to comply with the NAP contract. The NAP will submit a report of failure to comply in the form of a complaint; or

(c) voluntarily withdrawn from the NAP. The NAP will submit a report in the form of a complaint to the board. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01; TRANS, from Commerce, 2006 MAR p. 2035; AMD, 2012 MAR p. 996, Eff. 5/11/12.)

Rules 24.159.2014 through 24.159.2019 reserved



24.159.2020 ALTERNATIVE MONITORING TRACK (1) The alternative monitoring track of the NAP is open to:

(a) any licensee who identifies a substance use disorder or mental illness or chronic physical illness and requests admission to the NAP and meets the admission criteria of ARM 24.159.2021; or

(b) those licensees referred by the board.

(2) With the exception of criminal charges and convictions, licensees may be reported by employers directly to the NAP in lieu of a formal complaint to the board. Failure to enroll with the NAP will result in a formal complaint to the board by the NAP. Failure to comply with the assistance program may result in a formal complaint to the board by the assistance program.

(3) When a complaint is filed against a licensee who has been successfully discharged from nondisciplinary NAP, the licensee's prior participation in NAP may be revealed to the board. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1995 MAR p. 847, Eff. 5/12/95; AMD, 2001 MAR p. 167, Eff. 1/26/01; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2012 MAR p. 996, Eff. 5/11/12; AMD, 2019 MAR p. 1055, Eff. 7/27/19.)

24.159.2021 ADMISSION CRITERIA - ALTERNATIVE MONITORING TRACK (1) A licensee may be admitted to the NAP alternative monitoring track if the licensee:

(a) is from another state and has applied for a nursing license in Montana and is enrolled in and compliant with a similar monitoring program in another state;

(b) is without a previous disciplinary action from any licensing board;

(c) does not have a disciplinary or other adverse action pending; or

(d) has successfully completed the NAP or similar monitoring program.

(2) A licensee is not eligible for admission to the alternative monitoring track without board review if the licensee:

(a) is not eligible for licensure in the jurisdiction;

(b) has previously been unsuccessfully discharged from a professional monitoring or assistance program;

(c) has caused known provable harm to a patient;

(d) has engaged in behavior that has high potential to cause patient harm such as diverting drugs by replacing the drug with another drug; or

(e) has while under a NAP contract, returned to use of a prohibited or proscribed substance on three or more separate occasions. (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1995 MAR p. 847, Eff. 5/12/95; AMD, 2001 MAR p. 167, Eff. 1/26/01; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2012 MAR p. 996, Eff. 5/11/12; AMD, 2015 MAR p. 462, Eff. 5/29/15.)

24.159.2022 PROGRAM REQUIREMENTS - NONDISCIPLINARY TRACK  
(REPEALED) (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01; TRANS, from Commerce, 2006 MAR p. 2035; REP, 2012 MAR p. 996, Eff. 5/11/12.)

24.159.2023 DISCHARGE CRITERIA - NONDISCIPLINARY TRACK  
(REPEALED) (History: 37-8-202, MCA; IMP, 37-8-202, MCA; NEW, 1991 MAR p. 2435, Eff. 12/13/91; AMD, 2001 MAR p. 167, Eff. 1/26/01; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; REP, 2012 MAR p. 996, Eff. 5/11/12.)

## Subchapter 21

## Renewals and Continuing Education

24.159.2101 STANDARDS FOR CONTINUING EDUCATION

- (1) Continuing education for nurses is formal training that:
- (a) provides new knowledge and skills to assist with advanced clinical decision making;
  - (b) offers greater depth of knowledge and skills in a particular area of nursing role or practice;
  - (c) enhances professional attitudes and behaviors;
  - (d) advances career goals;
  - (e) promotes professional development and currency in nursing practice;
  - (f) supports innovation and creativity in nursing practice;
  - (g) implements change within the individual's nursing practice and within healthcare; or
  - (h) addresses new and developing standards of nursing practice.
- (2) To qualify as contact hours, continuing education courses must be approved by an accrediting organization or provided by an academic institution of higher learning, a continuing education provider, or an APRN-certifying body. (History: 37-1-131, 37-1-319, 37-8-202, MCA; IMP, 37-1-131, 37-1-306, 37-1-319, MCA; NEW, 2010 MAR p. 2651, Eff. 11/13/10.)

24.159.2102 BIENNIAL CONTINUING EDUCATION REQUIREMENTS

- (1) All licensees must affirm an understanding of their recurring duty to comply with CE requirements as part of license renewal.
- (a) Practical nurses must complete a minimum of 24 contact hours during the two-year renewal period.
  - (b) Registered nurses must complete a minimum of 24 contact hours during the two-year renewal period.
  - (c) APRNs must complete a minimum of 24 contact hours during the two-year renewal period that meet the requirements set forth in ARM 24.159.1469, with 12 contact hours of the continuing education required in pharmacotherapeutics, where no more than two pharmacology contact hours may concern the study of herbal or complementary therapies for maintaining prescriptive authority, if applicable, as set forth in ARM 24.159.1468.
- (2) Excess continuing education contact hours may not be carried over for credit during the following two-year renewal period.
- (3) The board may prorate the contact hour requirement for nurses who are licensed for less than two years.

(4) Licensees holding dual nursing licensure are required to meet the continuing education requirements for only the most advanced level of licensure.

(5) Licensees seeking reactivation or reinstatement of an inactive license must complete 24 contact hours of continuing education during the two-year period immediately preceding application for reinstatement.

(6) Licensees may submit a written request prior to the renewal deadline for an exemption from CE requirements due to hardship. Requests will be considered by the board. (History: 37-1-131, 37-1-319, MCA; IMP, 37-1-131, 37-1-306, 37-1-319, MCA; NEW, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2013 MAR p. 1609, Eff. 9/6/13; AMD, 2019 MAR p. 1055, Eff. 7/27/19.)

Rule 24.159.2103 reserved

24.159.2104 NONACCREDITED ACTIVITIES (1) The following activities may not be used by a licensee to satisfy the continuing education requirements set forth in this chapter:

(a) self-directed study such as reading of texts or journal articles for which continuing education contact hours have not been awarded by an accrediting organization;

(b) participation in clinical practice or research for which contact hours have not been awarded by an accrediting organization;

(c) attendance at professional meetings or conventions, except those portions for which continuing education contact hours have been awarded by an accrediting organization;

(d) participation in community service or volunteer practice; and

(e) participation as a member in a professional organization. (History: 37-1-131, 37-1-319, 37-8-202, MCA; IMP, 37-1-131, 37-1-306, 37-1-319, MCA; NEW, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2017 MAR p. 604, Eff. 5/13/17.)

Rule 24.159.2105 reserved

24.159.2106 AUDITING OF CONTACT HOURS (1) The board may randomly audit up to 50 percent of renewed licensees.

(2) All CE must be documented to show proof of completion. Licensees are responsible for maintaining these records for two years following the renewal cycle reporting period and making the records available upon board request.

Documentation must include the following:

- (a) licensee name;
- (b) course title and description of content;
- (c) presenter or sponsor;
- (d) course date(s); and
- (e) number of CE hours earned.

(3) Licensees found to be in noncompliance with CE requirements may be subject to administrative suspension. (History: 37-1-131, 37-1-319, MCA; IMP, 37-1-131, 37-1-306, 37-1-319, 37-1-321, MCA; NEW, 2010 MAR p. 2651, Eff. 11/13/10; AMD, 2019 MAR p. 1055, Eff. 7/27/19.)

Subchapter 22 reserved

## Subchapter 23

## Unprofessional Conduct

24.159.2301 CONDUCT OF NURSES (1) Professional conduct for nurses is behavior including acts, knowledge, and practices, which through professional experience, has become established by practicing nurses as conduct which is reasonably necessary for the protection of the public interests.

(a) While working as a nurse, the nurse will identify himself or herself with a name badge disclosing, at a minimum, first name, first initial of last name, and license type. The identification badge will be written in a standard bold face font with a font size of no less than 18 point.

(b) All nurses shall notify the board office of any change in address within ten days of the change. Failure to notify the board of an address change may result in a fine.

(c) All nurses are required to report unprofessional conduct of nurses to the board. The board does not accept anonymous complaints.

(2) Unprofessional conduct, for purposes of defining 37-1-307, MCA, in addition to unprofessional conduct listed at 37-1-316, MCA, the following being unique, is determined by the board to mean behavior (acts, omissions, knowledge, and practices) which fails to conform to the accepted standards of the nursing profession and which could jeopardize the health and welfare of the people and shall include, but not be limited to, the following:

(a) failing to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which the individual is licensed;

(b) failing to exercise technical competence in carrying out nursing care;

(c) failing to follow policies or procedures defined in the practice situation to safeguard patient care;

(d) failing to safeguard the patient's dignity and right to privacy;

(e) verbally or physically abusing patients;

(f) performing procedures beyond the authorized scope of the level of nursing and/or health care for which the individual is licensed as defined by rules;

(g) altering and/or manipulating drug supplies, narcotics, or patients' records;

(h) falsifying patients' records, intentionally charting incorrectly or failing to chart;

(i) diversion of a medication for any purpose;

(j) violating state or federal laws relative to drugs;

(k) intentionally committing any act that adversely affects the physical or psychosocial welfare of the patient;

(l) delegating nursing care, functions, tasks and/or responsibilities to others contrary to the Montana laws and rules governing nursing and/or to the detriment of patient safety;

(m) failing to exercise appropriate supervision over persons who are practicing under the supervision of the licensed professional;

- (n) leaving a nursing assignment without properly notifying appropriate personnel;
- (o) practicing professional or practical nursing as a registered or practical nurse in this state without a current active Montana license or permit;
- (p) failing to report to the board information known to the individual regarding any possible violation of the statutes or rules relating to nursing;
- (q) a license or certificate in a related health care discipline in Montana, another state or any jurisdiction denied, revoked, suspended, placed on probation or voluntarily surrendered for any reason that would constitute a basis for disciplinary action in this state;
- (r) failing to comply with the contract provisions of the nurses' assistance program;
- (s) refusing to sign for or accept a certified mailing from the board office; or
- (t) failing to participate and cooperate in a Department of Labor and Industry investigation;
- (u) failing to report to the board office within 30 days of the date of the final judgment, order, or agency action, any malpractice, professional misconduct, criminal, or disciplinary action in which the nurse or the nurse's employer, on account of the nurse's conduct, is a named party; and
- (v) violating a state or federal statute while performing or attempting to perform the practice of nursing. (History: 37-1-319, 37-8-202, MCA; IMP, 37-1-316, 37-1-319, 37-8-202, MCA; NEW, 1979 MAR p. 1247, Eff. 10/12/79; TRANS, from Dept. of Prof. & Occup. Lic., Ch. 274, L. 1981, Eff. 7/1/81; AMD, 1985 MAR p. 1556, Eff. 10/18/85; AMD, 1988 MAR p. 2720, Eff. 12/23/88; AMD, 1994 MAR p. 1424, Eff. 5/27/94; AMD, 1996 MAR p. 418, Eff. 2/9/96; AMD, 1996 MAR p. 1489, Eff. 6/7/96; AMD, 1997 MAR p. 626, Eff. 4/8/97; AMD, 2000 MAR p. 2681, Eff. 10/6/00; AMD, 2002 MAR p. 3399, Eff. 12/13/02; AMD, 2005 MAR p. 1686, Eff. 9/9/05; TRANS, from Commerce, & AMD, 2006 MAR p. 2035, Eff. 8/25/06; AMD, 2010 MAR p. 2651, Eff. 11/13/10.)