

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED RULES

- 1) Heading of the Part: Nurse Practice Act
- 2) Code Citation: 68 Ill. Adm. Code 1300
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
1300.10	New Section
1300.20	New Section
1300.30	New Section
1300.40	New Section
1300.50	New Section
1300.60	New Section
1300.70	New Section
1300.80	New Section
1300.90	New Section
1300.100	New Section
1300.110	New Section
1300.120	New Section
1300.130	New Section
1300.200	New Section
1300.210	New Section
1300.220	New Section
1300.230	New Section
1300.240	New Section
1300.250	New Section
1300.260	New Section
1300.300	New Section
1300.310	New Section
1300.320	New Section
1300.330	New Section
1300.340	New Section
1300.350	New Section
1300.360	New Section
1300.370	New Section
1300.400	New Section
1300.410	New Section
1300.420	New Section
1300.430	New Section
1300.440	New Section
1300.450	New Section

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1300.460	New Section
1300.470	New Section
1300.480	New Section
1300.APPENDIX A	New Section
1300.EXHIBIT A	New Section

- 4) Statutory Authority: Nurse Practice Act [225 ILCS 65]
- 5) A Complete Description of the Subjects and Issues Involved: Public Act 95-639, effective October 5, 2007, made significant changes to what had been titled the "Nursing and Advanced Practice Nursing Act", including significant reorganization of most of the Act. As a result of these changes and changes requested by the industry, Part 1300 has been updated and reorganized to mirror the framework of the revised Nurse Practice Act. In addition, Part 1305 is being repealed as the rules regarding Advanced Practice Nurses (APNs) have been incorporated into the proposed rewrite of Part 1300.

Subpart A sets forth updated definitions and includes Sections regarding nursing delegation and mandatory reporting of impaired nurses and creates a treatment program for impaired nurses. Section 1300.130 details the new continuing education requirements for all nurses. Subpart B addresses Licensed Practical Nurses (LPNs) and includes clarification regarding medication administration and LPN Scope of Practice and Standards for Professional Conduct. Outdated Sections regarding remedial education and minimal LPN skills were not included. Subpart C addresses registered nurses (RNs). Outdated language regarding remedial courses was not included, but the RN scope of practice language that mirrors statutory revisions is included. The provision of sedation by registered nurses in ambulatory surgical treatment centers is also addressed. Subpart D sets forth rules specific to APNs. Language addressing APNs practicing in hospitals or surgical treatment centers reflects statutory changes and expired grandfathering language was not included. Sections detailing the agreements between APNs and their collaborating physicians (including prescriptive authority) reflect changes in the Nurse Practice Act and the Medical Practice Act. The appendices have been updated from the current rules. Makes numerous non-substantive changes to reflect the consolidation of agencies into the Department of Financial and Professional Regulation and the creation of the Division of Professional Regulation. Obsolete language was not included and other technical changes are being made.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None

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- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking has no impact on local governments.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments to:

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 3rd Floor
Springfield, IL 62786

217/785-0813 FAX: 217/557-4451

All written comments received within 45 days after this issue of the Illinois Register will be considered.

- 13) Initial Regulatory Flexibility Analysis:
 - A) Types of small businesses, small municipalities and not for profit corporations affected: Those providing nursing services.
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary for compliance: Nursing skills are required for licensure.
- 14) Regulatory Agenda on which this rulemaking was summarized: July 2009

The full text of the Proposed Rules begins on the next page:

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TITLE 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

PART 1300

NURSE PRACTICE ACT

SUBPART A: GENERAL PROVISIONS

Section

1300.10	Definitions
1300.20	Nursing Delegation
1300.30	Fees
1300.40	Renewals
1300.50	Restoration
1300.60	Granting Variances
1300.70	Fines
1300.80	Public Access to Records and Meetings
1300.90	Unethical or Unprofessional Conduct
1300.100	Refusal to Issue a Nurse License Based on Criminal History Record
1300.110	Mandatory Reporting of Impaired Nurses
1300.120	Impaired Nurse – Disciplinary and Non-Disciplinary
1300.130	Continuing Education

SUBPART B: LICENSED PRACTICAL NURSE

Section

1300.200	Application for Examination or Licensure
1300.210	LPN Licensure Examination
1300.220	LPN Licensure by Endorsement
1300.230	Approval of Programs
1300.240	Standards for Pharmacology/Administration of Medication Course for Practical Nurses
1300.250	LPN Scope of Practice
1300.260	Standards for Professional Conduct for LPNs

SUBPART C: REGISTERED NURSE

Section

1300.300	Application for Examination or Licensure
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- 1300.310 RN Licensure Examination
- 1300.320 RN Licensure by Endorsement
- 1300.330 Nurse Externship
- 1300.340 Approval of Programs
- 1300.350 Standards of Professional Conduct for Registered Professional Nurses
- 1300.360 RN Scope of Practice
- 1300.370 Provision of Conscious Sedation by Registered Nurses in Ambulatory Surgical Treatment Centers

SUBPART D: ADVANCED PRACTICE NURSE

Section

- 1300.400 Application for Licensure
 - 1300.410 Written Collaborative Agreements
 - 1300.420 Collaboration and Consultation
 - 1300.430 Prescriptive Authority
 - 1300.440 APN Scope of Practice
 - 1300.450 Delivery of Anesthesia Services by a Certified Registered Nurse Anesthetist Outside a Hospital or Ambulatory Surgical Treatment Center
 - 1300.460 Advanced Practice Nursing in Hospitals or Ambulatory Surgical Treatment Centers
 - 1300.470 Advertising
 - 1300.480 Reports Relating to APN Professional Conduct and Capacity
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- 1300.APPENDIX A Additional Certifications Accepted for Licensure as an Advanced Practice Nurse
 - 1300.EXHIBIT A Sample Written Collaborative Agreement

AUTHORITY: Implementing the Nurse Practice Act [225 ILCS 65] and authorized by Section 50-55 of that Act.

SOURCE: Adopted at 34 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 1300.10 Definitions

The following definitions shall apply to this Part:

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"Act" means the Nurse Practice Act [225 ILCS 65].

"Address of Record" means the address recorded by the Division in the applicant's or licensee's application file or license file, as maintained by the Division's licensure maintenance unit.

"Advanced Practice Nurse" or "APN" means a person who has met the qualifications for a:

certified nurse midwife (CNM);

certified nurse practitioner (CNP);

certified registered nurse anesthetist (CRNA); or

clinical nurse specialist (CNS) and has been licensed by the Division.

All advanced practice nurses licensed and practicing in the State of Illinois shall use the title APN and may use specialty credentials after their name.

"APN Practice Pending Licensure" means practice by an APN, under a temporary permit, who is scheduled to take the National Certification Examination. This period of practice cannot exceed 6 months from date of application for the license. APN Practice Pending Licensure does not include prescriptive authority.

"Bilingual Nurse Consortium Course or Other Comparable Course Approved by the Division" means a course specifically designed to prepare a nurse trained in another jurisdiction, and for whom English is a second language, to take the Illinois required licensure examination.

"Board" means the Board of Nursing.

"Collaboration" means a process involving 2 or more health care professionals working together, each contributing one's respective area of expertise to provide more comprehensive patient care. (Section 50-10 of the Act)

"Consultation" means the process by which an advanced practice nurse seeks the advice or opinion of another health care professional. (Section 50-10 of the Act)

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"Dentist" means a person licensed to practice dentistry under the Illinois Dental Practice Act [225 ILCS 25]. (Section 50-10 of the Act)

"Department" means the Department of Financial and Professional Regulation.

"Direction" means to give authoritative instruction to another regarding tasks and/or professional responsibilities.

"Director" means the Director of the Division of Professional Regulation, with the authority delegated by the Secretary.

"Division" means the Department of Financial and Professional Regulation-Division of Professional Regulation.

"Externship" means a two-year program allowing a registered nurse who is licensed under the laws of another state or territory of the United States to practice as a nurse extern under the direct supervision of a registered professional nurse while preparing for the NCLEX-RN examination.

"Impaired Nurse" means a nurse licensed under this Act who is unable to practice with reasonable judgment, skill or safety because of a physical or mental disability, as evidenced by a written determination or written consent based on clinical evidence, including loss of motor skills, abuse of drugs or alcohol, or a psychiatric disorder, of sufficient degree to diminish his or her ability to deliver competent patient care. (Section 50-10 of the Act)

"Physician" means a person licensed to practice medicine in all its branches under the Medical Practice Act of 1987 [225 ILCS 60]. (Section 50-10 of the Act)

"Physician Assistant" means a person licensed under the Physician Assistant Practice Act of 1987 [225 ILCS 95]. (Section 50-10 of the Act)

"Podiatrist" means a person licensed to practice podiatry under the Podiatric Medical Practice Act of 1987 [225 ILCS 100]. (Section 50-10 of the Act)

"Professional Responsibility" includes making decisions and judgments requiring use of knowledge acquired by completion of an approved program for licensure as a practical, professional or advanced practice nurse.

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"Secretary" means the Secretary of the Department of Financial and Professional Regulation.

"Task" means work not requiring professional knowledge, judgment and/or decision making. (Section 50-75 of the Act)

Section 1300.20 Nursing Delegation

- a) *For the purposes of this Section:*

"Delegation" means transferring to an individual the authority to perform a selected nursing activity or task, in a selected situation.

"Nursing Activity" means any work requiring the use of knowledge acquired by completion of an approved program for licensure, including advanced education, continuing education, and experience as a licensed practical nurse or professional nurse, as defined by this Part.

- b) *Nursing shall be practiced by licensed practical nurses, registered professional nurses, and advanced practice nurses. In the delivery of nursing care, nurses work with many other licensed professionals and other persons. An advanced practice nurse may delegate to registered professional nurses, licensed practical nurses, and others persons.*
- c) *A registered professional nurse shall not delegate any nursing activity requiring the specialized knowledge, judgment, and skill of a licensed nurse to an unlicensed person, including medication administration. A registered professional nurse may delegate nursing activities to other registered professional nurses or licensed practical nurses.*
- d) *A registered nurse may delegate tasks to other licensed and unlicensed persons. A licensed practical nurse who has been delegated a nursing activity shall not re-delegate the nursing activity. A registered professional nurse or advanced practice nurse retains the right to refuse to delegate or to stop or rescind a previously authorized delegation. (Section 50-75 of the Act)*

Section 1300.30 Fees

The following fees shall be paid to the Department and are not refundable:

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a) Application Fees

- 1) The fee for application for a license as a registered professional nurse and a licensed practical nurse is \$50. In addition, applicants for an examination shall be required to pay, either to the Division or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Division or the designated testing service, shall result in the forfeiture of the examination fee.
- 2) The fee for a temporary restoration or endorsement permit for a license as an APN, a registered professional nurse and licensed practical nurse is \$25.
- 3) The fee for a nurse externship permit is \$50.
- 4) The fee for application for a license as an advanced practice nurse is \$125.
- 5) The fee for application as an approved continuing education sponsor is \$500.

b) Renewal Fees

- 1) The fee for the renewal of a practical nurse license shall be calculated at the rate of \$30 per year.
- 2) The fee for the renewal of a professional nurse license shall be calculated at the rate of \$30 per year.
- 3) The fee for the renewal of a license as an advanced practice nurse shall be calculated at the rate of \$40 per year.
- 4) The fee for renewal of an APN, LPN or RN continuing education sponsor approval is \$250 for 2 years.

c) General Fees

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- 1) The fee for the restoration of a license other than from inactive status is \$20 plus payment of all lapsed renewal fees, but not to exceed \$125.
- 2) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license that has been lost or destroyed or for the issuance of a license with a change of name or address other than during the renewal period is \$20. No fee is required for name and address changes on Division records when no duplicate license is issued.
- 3) The fee for a certification of a licensee's record for any purpose is \$20.
- 4) The fee to have the scoring of an examination authorized by the Division reviewed and verified is \$20 plus any fees charged by the applicable testing service.
- 5) The fee for a wall certificate showing licensure shall be the actual cost of producing the certificate.
- 6) The fee for a roster of persons licensed as registered professional nurses or licensed practical nurses in this State shall be the actual cost of producing such a roster.
- 7) The fee for processing a fingerprint card by the Department of State Police is the cost of processing, which shall be made payable to the State Police Services Fund and shall be remitted to the State Police for deposit into the Fund.

Section 1300.40 Renewals

- a) Every APN license issued under the Act shall expire on May 31 of each even-numbered year. The holder of a license may renew the license during the month preceding the expiration date by paying the fee required by Section 1300.30. During every renewal, a renewal applicant will be required to complete 50 hours of continuing education as set forth in Section 1300.30. A licensee's registered nurse license shall be renewed in order to renew the advanced practice nurse license. At the time of renewal, APNs licensed after October 5, 2007 shall show proof of continued, current national certification in their specialty.

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- b) Every registered professional nurse license issued under the Act shall expire on May 31 of each even-numbered year. The holder of a license may renew the license during the month preceding the expiration date by paying the fee required by Section 1300.30. Beginning with the May 31, 2012 renewal and every renewal thereafter, a renewal applicant will be required to complete 20 hours of continuing education as set forth in Section 1300.130.
- c) Every licensed practical nurse license issued under the Act shall expire on January 31 of each odd-numbered year. The holder of a license may renew the license during the month preceding the expiration date by paying the fee required by Section 1300.30. Beginning with the January 31, 2013 renewal and every renewal thereafter, a renewal applicant will be required to complete 20 hours of continuing education as set forth in Section 1300.130.
- d) It is the responsibility of each licensee to notify the Division of any change of address. Failure to receive a renewal form from the Division shall not constitute an excuse for failure to pay the renewal fee.
- e) Practice on a license that has expired is the unlicensed practice of nursing and shall be grounds for discipline pursuant to Section 70-5 of the Act.

Section 1300.50 Restoration

- a) A licensee seeking restoration of a license that has expired for 5 years or less shall have the license restored upon payment of the fees required by Section 1300.30.
- b) A licensee seeking restoration of a license that has been placed on inactive status for 5 years or less shall have the license restored upon payment of the current renewal fee set forth in Section 1300.30(b).
- c) A licensee seeking restoration of a licensed practical nurse license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Division, together with the restoration fee specified in Section 1300.30(c)(1), when restoring an expired license, or the current renewal fee set forth in Section 1300.30(b), when restoring an inactive license. The licensee shall also submit proof of fitness to practice, which includes one of the following:

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- 1) Certification of active practice in another jurisdiction. This certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of the active practice; or
 - 2) An affidavit attesting to military service as provided in Section 55-20(c) of the Act. If application is made within 2 years after discharge, and if all other provisions of Section 55-10 of the Act are satisfied, the applicant will be required to pay the current renewal fee, but not the restoration fee; or
 - 3) Proof of successful completion of a Division-approved LPN licensure examination.
- d) A licensee seeking restoration of an RN license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Division, together with the restoration fee specified in Section 1300.30(c)(1), when restoring an expired license, or the current renewal fee set forth in Section 1300.30(b), when restoring an inactive license. The licensee shall also submit proof of fitness to practice, which includes one of the following:
- 1) Certification of active practice in another jurisdiction. This certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of the active practice; or
 - 2) An affidavit attesting to military service as provided in Section 60-25(c) of the Act. If application is made within 2 years after discharge, and if all other provisions of Section 60-10 of the Act are satisfied, the applicant will be required to pay the current renewal fee; or
 - 3) Proof of the successful completion of a Division-approved RN licensure examination.
- e) A licensee seeking restoration of an APN license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Division, together with the restoration fee specified in Section 1300.30(c)(1), when restoring an expired license, or the current renewal fee set

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forth in Section 1300.30(b), when restoring an inactive license. The licensee shall also submit proof of fitness to practice, which includes one of the following:

- 1) Certification of active practice in another jurisdiction. This certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of the active practice; or
 - 2) An affidavit attesting to military service as provided in Section 65-20(c) of the Act. If application is made within 2 years after discharge, and if all other provisions of Section 65-5 of the Act are satisfied, the applicant will be required to pay the current renewal fee; or
 - 3) Verification of fingerprint processing from the Illinois Department of State Police, or its designated agent. (Practical nurses licensed in Illinois are not required to be fingerprinted when applying for a license as a registered professional nurse.) Applicants shall contact a Division recommended fingerprint vendor for fingerprint processing. Out-of-state residents unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by the Illinois Department of State Police or one set of fingerprint cards issued by the Federal Bureau of Investigation (FBI), accompanied by the processing fee specified in Section 1300.30(c)(7). Fingerprints shall be taken within the 60 days prior to application;
 - 4) For any APN licensed after October 5, 2007 or any APN who holds a license that has been placed in non-renewed, inactive, suspended or revoked status since October 5, 2007, proof of continued, current national certification in the APN's specialty prior to restoration.
- f) Individuals applying for restoration of an inactive or non-renewed license may apply to the Division, on forms provided by the Division, to receive a temporary restoration permit that allows the applicant to work pending the issuance of a license by restoration.
- 1) The temporary restoration permit application shall include:
 - A) A completed signed restoration application, along with the restoration fee required by Section 1300.30(c)(1). All supporting

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documents shall be submitted to the Division before a permanent license by restoration shall be issued;

- B) Either:
 - i) Photocopies of all current active nursing licenses and/or temporary permits/licenses from other jurisdictions (current active licensure in at least one United States jurisdiction is required); or
 - ii) Verification of employment in nursing practice within the last 5 years in a United States jurisdiction;
 - C) Verification that fingerprints have been submitted to the Division or the Illinois Department of State Police or its designated agent; and
 - D) The temporary restoration permit fee required by Section 1300.30(a)(2).
- 2) The Division will issue a temporary restoration permit no later than 14 days after receipt of a completed application as set forth in this Section.
- 3) Temporary permits shall be terminated upon:
- A) The issuance of a permanent license by restoration;
 - B) Failure to complete the application process within 6 months from the date of issuance of the permit;
 - C) A finding by the Division that the applicant has been convicted within the last 5 years of any crime under the laws of any jurisdiction of the United States that is:
 - i) a felony; or
 - ii) a misdemeanor directly related to the practice of nursing;

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- D) A finding by the Division that, within the last 5 years, the applicant has had a license or permit related to the practice of nursing revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois; or
 - E) Upon notification that the Division intends to deny restoration of licensure for any reason.
- 4) The Division will notify the applicant by certified or registered mail of the intent to deny licensure pursuant to subsections (f)(3)(C) and (D) of this Section and/or Section 70-5 of the Act.
 - 5) A temporary permit shall be extended beyond the 6-month period, upon recommendation of the Board and approval of the Secretary, due to hardship, defined as:
 - A) Serving full-time in the Armed Forces;
 - B) An incapacitating illness as documented by a currently licensed physician;
 - C) Death of an immediate family member; or
 - D) Extenuating circumstances beyond the applicant's control, as approved by the Secretary.
- g) When the accuracy of any submitted documentation, or the relevance or sufficiency of the course work or experience is questioned by the Division because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the licensee will be requested to:
 - 1) Provide information as may be necessary; and/or
 - 2) Appear for an oral interview before the Board to explain the relevance or sufficiency, clarify information, or clean up any discrepancies or conflicts in information. Upon recommendation of the Board and approval by the Division, an applicant shall have the license restored.

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Section 1300.60 Granting Variances

- a) The Secretary may grant variances from this Part in individual cases when he or she finds that:
 - 1) the provision from which the variance is granted is not statutorily mandated;
 - 2) no party will be injured by the granting of the variance; and
 - 3) the rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.
- b) The Secretary shall notify the Board of the granting of the variance, and the reasons for granting the variance, at the next meeting of the Board.

Section 1300.70 Fines

Fines may be imposed in conjunction with other forms of disciplinary actions, but fines shall not be the exclusive disposition of any disciplinary action arising out of conduct resulting in death or injury of a patient.

Section 1300.80 Public Access to Records and Meetings

- a) All investigative procedures, information arising out of the investigation of complaints, and informal conferences shall be confidential. All other proceedings and documents, beginning with the filing of a formal complaint, shall be open to the public.
- b) All meetings of the Board shall also be open to the public in accordance with the Open Meetings Act [5 ILCS 120].

Section 1300.90 Unethical or Unprofessional Conduct

- a) The Division may suspend or revoke a license, refuse to issue or renew a license or take other disciplinary action based upon its findings of unethical or unprofessional conduct (see Section 70-5(b)(7) of the Act), which is interpreted to include, but is not limited to, the following acts or practices:

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- 1) Engaging in conduct likely to deceive, defraud or harm the public, or demonstrating a willful disregard for the health, welfare or safety of a patient. Actual injury need not be established.
 - 2) A departure from or failure to conform to the standards of professional or practical nursing as set forth in the Act or this Part. Actual injury to a patient need not be established.
 - 3) Engaging in behavior that crosses professional boundaries (such as signing wills or other documents not related to client health care).
 - 4) Engaging in sexual conduct with a patient, or conduct that may reasonably be interpreted by a patient as sexual, or in any verbal behavior that is sexually harassing to a patient.
 - 5) Demonstrating actual or potential inability to practice nursing with reasonable skill, safety or judgment by reason of illness, use of alcohol, drugs, chemicals or any other material, or as a result of any mental or physical condition.
- b) The Division hereby incorporates by reference the "Code for Nurses with Interpretive Statements", July 2001, American Nurses Association, 8515 Georgia Avenue, Suite 400, Silver Spring MD 20910, with no later amendments or editions.
 - c) The Division hereby incorporates by reference the "Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs", National Association for Practical Nurse Education and Service, Inc., May 6, 2007, 1940 Duke Street, Suite 200, Alexandria VA 22314, with no later amendments or editions.

Section 1300.100 Refusal to Issue a Nurse License Based on Criminal History Record

- a) For purposes of this Part, criminal history record information is defined as information collected by criminal justice agencies (see 20 ILCS 2630) on individuals consisting of identifiable descriptions and notation of arrests, detention, indictments, information or other formal criminal charges, and any disposition arising from those actions, sentencing, correctional supervision and release. The individual records must contain both information sufficient to

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identify the subject of the record and notations regarding any formal criminal justice transaction involving the identified individual.

- b) In determining whether an applicant for a nurse license is unfit for licensure because of criminal history record information, the Division shall consider the following standards:
- 1) Whether the crime was one of armed violence (see 720 ILCS 5/Art. 33A) or moral turpitude. Moral turpitude consists of:
 - A) Crime involving dishonesty, false statement or some other element of deceit, untruthfulness or falsification (including but not limited to perjury, inducement of perjury, false statement, criminal fraud, embezzlement, false pretense, forgery, counterfeiting and theft).
 - B) Drug offenses including but not limited to violations of the Illinois Controlled Substances Act [720 ILCS 570] and Federal Drug Enforcement Laws (21 USC 801 et seq.).
 - C) Sex offenses including but not limited to all crimes listed in Article 11 of the Criminal Code of 1961 [720 ILCS 5/Art. 11].
 - 2) Whether the crime is related to the nursing profession.
 - 3) Whether more than 10 years have elapsed since the date of completion of imposed sentence.
 - 4) Whether the conviction was from a city ordinance violation or a conviction for which a jail sentence was not imposed.
 - 5) Whether the applicant has been sufficiently rehabilitated to warrant the public trust. The Division shall consider, but not be bound by, the following in considering whether an applicant has been presumed to be rehabilitated:
 - A) Completion of probation;
 - B) Completion of parole supervision; or

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- C) If no parole was granted, a period of 10 years has elapsed after final discharge or release from any term of imprisonment without any subsequent conviction.
- c) If any one of the following factors exists, this outweighs the presumption of rehabilitation as defined in subsection (b)(5):
- 1) Lack of compliance with terms of punishment (i.e., failure to pay fines or make restitution, violation of the terms of probation or parole);
 - 2) Unwillingness to undergo, or lack of cooperation in, medical or psychiatric treatment/counseling;
 - 3) Falsification of an application for licensure with the Division;
 - 4) Failure to furnish to the Division additional information or failure to appear for an interview or meeting with the Division in relation to the applicant's application for licensure.
- d) The following criminal history records shall not be considered in connection with an application for licensure:
- 1) Juvenile adjudications;
 - 2) Records of arrest not followed by a conviction;
 - 3) Convictions overturned by a higher court;
 - 4) Convictions that have been the subject of a pardon or expungement.
- e) Notification of Denial, Revocation, Suspension, or Intent to Refuse to Renew; Request for Hearing
- 1) If the determination is made that the applicant is unfit for licensure, the Division shall send notice of denial, revocation, suspension or intent to refuse to renew by certified mail, return receipt requested, to the applicant at the applicant's address of record or by personal delivery to the applicant. All such notices will include a statement of the reason for the Division's action.

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- 2) An applicant may request a hearing to contest the Division's action under 68 Ill. Adm. Code 1110. The request shall be in writing and must be received by the Division not later than 20 days after the date the Division mailed or personally delivered the notice of its action to the applicant.
- 3) After receipt of a request for a hearing and prior to any such hearing, the Division shall schedule an informal conference with the applicant in an attempt to resolve issues in controversy consensually. The Division shall notify the applicant of the informal conference at least 20 days prior to the hearing. Failure by the applicant to attend the informal conference shall act as a withdrawal of the applicant's request for a hearing. The provisions of this subsection (e)(3) shall not apply if an informal conference was held prior to the Division serving notice upon the applicant as described in subsection (e)(1).

Section 1300.110 Mandatory Reporting of Impaired Nurses

- a) *Any nurse who is an administrator or officer in any hospital, nursing home, other health care agency or facility, or nurse agency and has knowledge of any action or condition which reasonably indicates that a licensed practical nurse, registered professional nurse or advanced practice nurse is:*
 - 1) *impaired due to the use of alcohol or mood altering drugs to the extent that the impairment adversely affects the nurse's professional performance; or*
 - 2) *unlawfully possesses, uses, distributes or converts mood altering drugs (Section 70-10(a) of the Act) shall report the individual to the Division or designee of the Division unless the nurse participates in a course of remedial professional counseling or medical treatment for substance abuse.*
- b) The administrator need not report the nurse in question so long as the nurse actively pursues treatment under monitoring by the administrator or officer or by the hospital, nursing home, health care agency or facility, or nurse agency and the nurse continues to be employed by that hospital, nursing home, health care agency or facility, or nurse agency.

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- c) However, if the nurse fails to comply with treatment or leaves employment of the institution for any reason, the administrator shall report the nurse to the Division.
- d) Notwithstanding any other Section or provisions of the Nurse Practice Act, if the Division verifies habitual intoxication or drug addiction that adversely affects professional performance or the unlawful possession, use, distribution or conversion of habit forming drugs by the reported nurse, the Division may seek to discipline the nurse pursuant to Section 70-5 of the Act.

Section 1300.120 Impaired Nurse – Disciplinary and Non-Disciplinary

- a) Disciplinary and Non-Disciplinary Options for the Impaired Nurse. The Division shall establish by rule a program of care, counseling and treatment for the impaired nurse. This program shall allow an impaired nurse to self-refer to the program.
- b) Eligibility for consideration for a care, counseling and treatment agreement shall include but not be limited to the following:
 - 1) licensee must self report to the Division before a complaint has been filed;
 - 2) licensee must have no prior disciplinary action in any jurisdiction concerning practice issues related to substance abuse;
 - 3) licensee has not been convicted criminally of any felony or drug-related misdemeanor, nor is any such criminal action pending;
 - 4) licensee acknowledges addiction and/or chemical dependence; and
 - 5) licensee has appeared for and submitted to an assessment by a physician who is a certified addictionist or an advanced practice nurse with specialty certification in addiction and has followed the recommendations of the assessment.
- c) Individual licensee health care records shall be privileged and confidential, unavailable for use in any proceeding, and not subject to disclosure. Nothing in this Section shall impair or prohibit the Division from taking disciplinary action based upon the grounds set forth in Section 70-5 of the Act.

Section 1300.130 Continuing Education

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- a) Continuing Education (CE) Requirements
- 1) As required by the Act, all nurses shall complete continuing education as follows:
 - A) Beginning July 1, 2013, all licensed practical nurses shall complete 20 hours of approved continuing education per 2 year license renewal cycle.
 - B) Beginning May 31, 2012, all registered nurses shall complete 20 hours of approved continuing education per 2 year license renewal cycle.
 - C) All advanced practice nurses shall complete 50 hours of approved continuing education per 2 year license renewal cycle. Completion of the 50 hours under this subsection (a)(1)(C) shall satisfy the continuing education requirements for renewal of a registered professional nurse license. An APN holding more than one APN license is required to complete 50 hours of continuing education total per license renewal period.
 - 2) The following time equivalencies shall apply:

1 contact hour	=	60 minutes
1 academic semester hour	=	15 contact hours
1 academic quarter hour	=	12.5 contact hours
1 CME	=	1 contact hour
1 CNE	=	1 contact hour
1 AMA	=	1 contact hour
 - 3) All CE must be completed in the 24 months preceding expiration of the license.
 - 4) A renewal applicant shall not be required to comply with CE requirements for the first renewal of an Illinois license.
 - 5) Nurses licensed in Illinois but residing and practicing in other states shall comply with the CE requirements set forth in this Section.

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- 6) Continuing education hours used to satisfy the CE requirements of another jurisdiction may be applied to fulfill the CE requirements of the State of Illinois pursuant to the provisions set forth in subsection (e).
- b) Approved Continuing Education
- 1) CE hours shall be earned by verified attendance at (e.g., certificate of attendance or certificate of completion) or participation in a program or course (program) that is offered or sponsored by an approved CE sponsor who meets the requirements set forth in subsection (c), except for those activities provided in subsections (b)(2), (3) and (4).
 - 2) Independent study that is approved for CE credits as set forth in subsection (c) may be used, i.e., home study programs, articles from journals, and other health discipline independent study modules.
 - 3) Academic credits may be used to fulfill CE requirements if the course content is applicable to the certification area. CE hours are awarded as outlined in subsection (a)(4).
 - A) College/university courses that are audited may not be used for CE credit.
 - B) Degree "core" or general education credits such as English, literature, history, math, music and physical education may not be used.
 - 4) Presenter/lecturer presentations made to other health professionals on topics related to the certification area may be used for CE credit. Each different individual, non-repetitive 60-minute lecture may be used for 5 CE hours. Full-time educators may not use presentations/lectures that are part of their job expectations, but may use guest lectures and other presentations made outside the duties of their job.
 - 5) CE hours may be earned for authoring papers, publications, articles, dissertations, book chapters or research projects. These must be applicable to the practice area. The research project must be completed during the prerenewal period. Authoring a paper or publishing articles

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may be used for 10 CE hours. Authoring a book chapter, dissertation or research project may be used for 20 CE hours.

- 6) CE Options for APNs
 - A) CE hours may be earned through preceptorship of an APN student. Preceptors must provide clinical supervision and education to the APN student. Documentation must be provided from the school of nursing in which the student is enrolled. Precepting one student for an academic semester or quarter may be used for 10 CE hours. Not more than 20 CE hours in each renewal period may come from precepting.
 - B) Successful completion, during the prerenewal period, of a recertification exam in the APN's area of specialty as recognized in Section 1300.10 may be used for 50 CE hours.
- c) Approved CE Sponsors and Programs
 - 1) Sponsor, as used in this Section, shall mean:
 - A) Approved providers of recognized certification bodies as outlined in Section 1300.400(a).
 - B) Any conference that provides approved Continuing Medical Education (CME) as authorized by the Illinois Medical Practice Act.
 - C) American Nurses Credentialing Center (ANCC) accredited or approved providers.
 - D) Illinois Society for Advanced Practice Nursing (ISAPN).
 - E) American College of Nurse Practitioners.
 - F) American Academy of Nurse Practitioners.
 - G) Nurse Practitioner Association for Continuing Education (NPACE).

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- H) American Association of Nurse Anesthetists.
 - I) National Association of Clinical Nurse Specialists (NACNS).
 - J) Any other accredited school, college or university, State agency, or any other person, firm or association that has been approved and authorized by the Division pursuant to subsection (c)(2) of this Section to coordinate and present CE courses and programs.
- 2) An entity seeking approval as a CE sponsor, not specifically listed in subsection (c)(1), shall submit an application, on forms supplied by the Division, along with the application fee specified in Section 1300.30(a)(5). (State agencies, State colleges and State universities in Illinois shall be exempt from paying this fee.) The application shall include:
- A) Certification:
 - i) That all programs offered by the sponsor for CE credit will comply with the criteria in subsection (c)(3) and all other criteria in this Section;
 - ii) That the sponsor will be responsible for verifying full-time continuous attendance at each program and provide a certificate of attendance as set forth in subsection (c)(7);
 - iii) That, upon request by the Division, the sponsor will submit evidence (e.g., certificate of attendance or course material) necessary to establish compliance with this Section. Evidence shall be required when the Division has reason to believe that there is not full compliance with the statute.
 - B) A copy of a sample program with faculty, course materials and syllabi.
- 3) All programs shall:

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- A) Contribute to the advancement, extension and enhancement of the professional skills and scientific knowledge of the licensee in the practice of nursing;
 - B) Foster the enhancement of general or specialized nursing practice and values;
 - C) Be developed and presented by persons with education and/or experience in the subject matter of the program;
 - D) Specify the course objectives, course content and teaching methods to be used; and
 - E) Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal.
- 4) Each CE program shall provide a mechanism for evaluation of the program and instructor by the participants. The evaluation may be completed on-site immediately following the program/presentation, or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.
- 5) An approved sponsor may subcontract with individuals or organizations to provide approved programs. All advertising, promotional materials and certificates of attendance must identify the approved sponsor and the sponsor's State approval number. The presenter of the program may also be identified, but should be identified as a presenter. When an approved sponsor subcontracts with a presenter, the sponsor retains all responsibility for monitoring attendance, providing certificates of attendance and ensuring the program meets all of the criteria established by the Act and this Part, including the maintenance of records.
- 6) To maintain approval as a sponsor, each sponsor shall submit to the Division by May 31 of each even-numbered year a renewal application, the renewal fee specified in Section 1300.30(b) and a list of courses and programs offered within the last 24 months. The list shall include a brief

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description, location, date and time of each course given by the sponsor and by any subcontractor.

- 7) Certification of Attendance. It shall be the responsibility of a sponsor to provide each participant in a program with a certificate of attendance or participation. The sponsor's certificate of attendance shall contain:
 - A) The sponsor's name and, if applicable, sponsor approval number;
 - B) The name of the participant;
 - C) A brief statement of the subject matter;
 - D) The number of hours attended in each program;
 - E) The date and place of the program; and
 - F) The signature of the sponsor.
 - 8) The sponsor shall maintain attendance records for not less than 5 years.
 - 9) The sponsor shall be responsible for assuring that no renewal applicant will receive CE credit for time not actually spent attending the program.
 - 10) Upon the failure of a sponsor to comply with any of the requirements of this subsection (c), the Division, after notice to the sponsor and hearing before and recommendation by the Board (see 68 Ill. Adm. Code 1110), shall thereafter refuse to accept for CE attendance at or participation in any of that sponsor's CE programs until such time as the Division receives assurances of compliance with this Section.
 - 11) Notwithstanding any other provision of this Section, the Division or Board may evaluate any sponsor of any approved CE program at any time to ensure compliance with requirements of this Section.
- d) Certification of Compliance with CE Requirements
- 1) Each renewal applicant shall certify, on the renewal application, full compliance with the CE requirements set forth in subsections (a) and (b).

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- 2) The Division may require additional evidence demonstrating compliance with the CE requirements (e.g., certificates of attendance). This additional evidence shall be required in the context of the Division's random audit. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance.
 - 3) When there appears to be a lack of compliance with CE requirements, an applicant shall be notified in writing and may request an interview with the Board. At that time the Board may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65].
- e) Continuing Education Earned in Other Jurisdictions
- 1) If a licensee has earned CE hours offered in another jurisdiction not given by an approved sponsor for which the licensee will be claiming credit toward full compliance in Illinois, the applicant shall submit an individual program approval request form, along with a \$25 processing fee, prior to participation in the program or within 90 days prior to expiration of the license. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in subsection (c)(3).
 - 2) If a licensee fails to submit an out-of-state CE approval form within the required time frame, late approval may be obtained by submitting the approval request with the \$25 processing fee plus \$50 per CE hour late fee, not to exceed \$300. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in subsection (c)(3) of this Section.
- f) Restoration of Nonrenewed License
Upon satisfactory evidence of compliance with CE requirements, the Division shall restore the license upon payment of the fee required by Section 1300.30(c)(1).
- g) Waiver of CE Requirements
- 1) Any renewal applicant seeking renewal of a license without having fully complied with these CE requirements shall file with the Division a

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renewal application, along with the required fee set forth in Section 1300.30(b), a statement setting forth the facts concerning noncompliance and a request for waiver of the CE requirements on the basis of these facts. A request for waiver shall be made prior to the renewal date. If the Division, upon the written recommendation of the Board, finds from the affidavit or any other evidence submitted that extreme hardship has been shown for granting a waiver, the Division will waive enforcement of CE requirements for the renewal period for which the applicant has applied.

- 2) Extreme hardship shall be determined on an individual basis by the Board and be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:
 - A) Full-time service in the Armed Forces of the United States during a substantial part of the prerenewal period;
 - B) An incapacitating illness documented by a statement from a currently licensed health care provider;
 - C) A physical inability to access the sites of approved programs documented by a currently licensed health care provider; or
 - D) Any other similar extenuating circumstances.
- 3) When the licensee is requesting a waiver due to physical or mental illness or incapacity, the licensee shall provide a current fitness to practice statement from a currently licensed health care provider familiar with the licensee's medical history.
- 4) Any renewal applicant who, prior to the expiration date of the license, submits a request for a waiver, in whole or in part, pursuant to the provisions of this Section shall be deemed to be in good standing until the final decision on the application is made by the Division.
- 5) Any renewal applicant seeking renewal of the license or certificate without having fully complied with these CE requirements shall file with the Division a renewal application, a statement setting forth the facts concerning the noncompliance, a request for waiver or extension of the CE requirements on the basis of those facts and, if desired, a request for an

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interview before the Board. If the Division finds, based on the statement or any other evidence submitted, that good cause has been shown for granting a waiver or extension of the CE requirements, or any part of those requirements, the Division will waive enforcement of the requirements for the renewal period for which the applicant has applied.

- 6) Good cause shall be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:
 - A) Full-time service in the Armed Forces of the United States during a substantial part of the renewal period;
 - B) A temporary, incapacitating illness documented by a licensed health care provider. A second consecutive request for a CE waiver pursuant to this subsection (g)(6)(B) shall be prima facie proof that the renewal applicant has a physical illness, mental illness or other impairment, including without limitation deterioration through the aging process, mental illness or disability that results in the inability to practice the profession with reasonable judgment, skill and safety, in violation of the Act, and shall be grounds for denial of the renewal or other discipline;
 - C) Temporary undue hardship (e.g., hospitalization, being disabled and unable to practice on a temporary basis).
- 7) If an interview is requested at the time the request for waiver or extension is filed with the Division, the renewal applicant shall be given at least 20 days written notice of the date, time and place of the interview by certified mail, return receipt requested.
- 8) Any renewal applicant who submits a request for waiver or extension pursuant to this Section shall be deemed to be in good standing until the Division's final decision on the application has been made.

SUBPART B: LICENSED PRACTICAL NURSE

Section 1300.200 Application for Examination or Licensure

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- a) Each applicant shall file with the Division or the testing service designated by the Division a completed, signed application, on forms supplied by the Division, that includes:
- 1) proof of graduation from a licensed practical nursing education program that meets the requirements of Section 1300.230;
 - 2) verification of fingerprint processing from the Illinois Department of State Police, or its designated agent. (Practical nurses licensed in Illinois are not required to be fingerprinted when applying for a license as a registered professional nurse.) Applicants shall contact a Division recommended fingerprint vendor for fingerprint processing. Out-of-state residents unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by the Illinois Department of State Police or one set of fingerprint cards issued by the FBI, accompanied by the processing fee specified in Section 1300.30(c)(7). Fingerprints shall be taken within the 60 days prior to application;
 - 3) the required fees set forth in Section 1300.30(a)(1);
 - 4) for applicants educated outside the United States or its territories, the following:
 - A) a credentials evaluation report of the applicant's foreign nursing education from either the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES) or the Educational Records Evaluation Service (ERES). However, the Division shall not accept a credential report that does not indicate that the applicant is licensed in his/her country of education or in which the report does not evaluate the educational program of the applicant based upon receipt and review of official transcripts from the nursing education program bearing the school seal. These credential reports shall not be accepted as valid credential reports. In order to be accepted by the Division, credential reports shall be in a form and manner acceptable to the Division.

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- B) if the applicant's first language is not English, certification of passage of either the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS) General Training Module. For TOEFL, the minimum passing score on the paper-based test is 560, computer-based test is 220, and internet-based test is 83. For the IELTS General Training Module, the minimum passing score shall be 6.0 (overall score) and 7.0 (spoken band). The Division may, upon recommendation from an approved credentials evaluation service, waive the requirement that the applicant pass the TOEFL or IELTS examination if the applicant submits verification of the successful completion of a nursing education program conducted in English or the passage of an approved licensing examination given in English;
- 5) official transcripts of theory and clinical education prepared by an official of the military for a practical nurse applicant who has received practical nursing education in the military service. This education must meet the standards set forth in Section 1300.230; and
- 6) verification from the jurisdictions in which the applicant was originally licensed, current state of licensure and any other jurisdiction in which the applicant has been actively practicing within the last 5 years, if applicable, stating:
 - A) the time during which the applicant was licensed in that jurisdiction, including the date of original issuance of the license; and
 - B) whether the file on the applicant contains any record of disciplinary actions taken or pending.
- b) Any applicant who fails to demonstrate fulfillment of the education requirements shall be notified in writing and must satisfy the deficiency before being granted temporary authority to practice nursing, as permitted by Section 60-10 of the Act, or being admitted to the examination. Deficiencies in nursing theory and/or clinical practice may be removed by taking the required courses in an approved nursing education program.

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Section 1300.210 LPN Licensure Examination

- a) The Board shall make recommendations to the Division regarding content, design and contractor for a licensure examination. A licensure examination contract shall be negotiated and approved by the Division.
- b) Licensed Practical Nurse Examination
 - 1) The passing grade on the National Council Licensure Examination (NCLEX) for LPNs shall be based on an ability scale designed to measure minimum LPN competency. A pass/fail grade will be assigned.
 - 2) An LPN applicant who fails the examination is not eligible for licensure.
 - 3) If the examination is not passed within 3 years from the date of the first examination taken, regardless of the jurisdiction in which the examination was written, the applicant shall not be permitted to retake the examination until the applicant has successfully recompleted an approved LPN program prior to re-application. Upon successful completion of the approved practical nursing education program, the applicant shall submit proof to the Division. This subsection (b)(3) does not apply to applicants licensed in another jurisdiction.
 - 4) If 3 years from the date of original application has lapsed, the applicant shall be required to submit a new application to the Division pursuant to Section 55-10 of the Act.
- c) Eligibility for Licensed Practical Nurse Examination
Any candidate who is unable to pass the registered professional nurse examination will not be permitted to write the practical nurse examination until or unless that applicant has graduated from an approved practical nursing education program.

Section 1300.220 LPN Licensure by Endorsement

- a) Each applicant who is licensed in another jurisdiction shall file a completed, signed application for licensure on the basis of endorsement, on forms supplied by the Division. The application shall include:

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- 1) the fee required by Section 1300.30(a)(1);
 - 2) proof of graduation from an LPN nursing education program that meets the requirements of Section 1300.230;
 - 3) proof of passage of an examination recognized by the Division, upon recommendation of the Board (i.e., National Council Licensure Examination for practical nurses, or State Board Test Pool Examination for practical nurses);
 - 4) verification of fingerprint processing from the Illinois Department of State Police, or its designated agent. (Practical nurses licensed in Illinois are not required to be fingerprinted when applying for a license as a registered professional nurse.) Applicants shall contact a Division recommended fingerprint vendor for fingerprint processing. Out-of-state residents unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by the Illinois Department of State Police or one set of fingerprint cards issued by the FBI, accompanied by the processing fee specified in Section 1300.30(c)(7). Fingerprints shall be taken within the 60 days prior to application;
 - 5) official transcripts of theory and clinical education prepared by an official of the military for a practical nurse applicant who has received his/her education in the military service. Education must meet the standards for education set forth in Section 1300.230;
 - 6) verification of licensure status from the jurisdiction in which the applicant was originally licensed, current licensure and any other jurisdiction in which the applicant has been actively practicing within the last 5 years; and
 - 7) a certified translation for all credentials of education and licensure, if not in English.
- b) After filing the original application, any change of name must be supported by an affidavit satisfactory to the Division.

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- c) Compliance with the provisions of Section 1300.210(b)(3) for each practical nurse applicant shall be a requirement for Illinois practical nurse licensure by endorsement.
- d) **Eligibility for Practical Nurse Endorsement**
A candidate who is unable to pass the LPN examination in another jurisdiction and is allowed to write the practical nurse examination in that jurisdiction and is subsequently licensed as a practical nurse in that jurisdiction is not eligible for endorsement in Illinois unless and until the candidate has graduated from an approved practical nursing education program.
- e) Individuals applying for licensure by endorsement may apply to the Division, on forms provided by the Division, to receive a Temporary Endorsement Permit pursuant to Section 55-10 of the Act. The permit shall allow the applicant to work pending the issuance of a license by endorsement.
 - 1) The temporary endorsement permit application shall include:
 - A) a completed, signed endorsement application, along with the required endorsement licensure fee set forth in Section 1300.30(a)(2). All supporting documents shall be submitted to the Division before a permanent license by endorsement is issued;
 - B) photocopies of all current active nursing licenses and/or temporary permits/licenses from other jurisdictions. Current active licensure in at least one United States jurisdiction is required. Each applicant's license will be checked on the Nurse System (NURSYS) disciplinary data bank to determine if any disciplinary action is pending on the applicant's file;
 - C) verification that fingerprints have been submitted to the Division or the Illinois Department of State Police or its designated agent; and
 - D) the fee for a temporary permit as required in Section 1300.30(a)(2).
 - 2) The Division shall issue a temporary endorsement permit no later than 14 days after receipt of a completed application as set forth in subsection (e)(1).

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- 3) Temporary permits shall be terminated upon:
 - A) the issuance of a permanent license by endorsement;
 - B) failure to complete the application process within 6 months from the date of issuance of the permit;
 - C) a finding by the Division that, within the last 5 years, the applicant has been convicted of any crime under the laws of any jurisdiction of the United States that is:
 - i) a felony; or
 - ii) a misdemeanor directly related to the practice of nursing;
 - D) a finding by the Division that, within the last 5 years, the applicant has had a license or permit related to the practice of nursing revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois; or
 - E) a finding by the Division that the applicant does not meet the licensure requirements for endorsement set forth in this Section. The Division shall notify the applicant in writing of the termination.
- 4) The Division shall notify the applicant by certified or registered mail of the intent to deny licensure pursuant to subsections (e)(3)(D) and (E) of this Section and/or Section 70-5 of the Act.
- 5) A temporary permit shall be renewed beyond the 6-month period, upon recommendation of the Board and approval of the Director, due to hardship, defined as:
 - A) serving full-time in the Armed Forces;
 - B) an incapacitating illness as documented by a currently licensed health care provider;

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- C) death of an immediate family member; or
- D) extenuating circumstances beyond the applicant's control, as approved by the Director.

Section 1300.230 Approval of Programs

- a) Program Approval
Institutions desiring to establish a new nursing program that would lead to meeting requirements for licensure, change the level of educational preparation of the program, or establish an extension of an existing program shall:
 - 1) Submit a letter of intent to the Division.
 - 2) Provide a feasibility study to the Division, on forms provided by the Division, that includes, at least, documentation of:
 - A) Need for the program in the community;
 - B) Need for graduates of the proposed program;
 - C) Availability of students;
 - D) Impact on existing nursing programs in a 50 mile radius of the proposed program;
 - E) Potential for qualified faculty, including the curriculum vitae of any potential faculty members;
 - F) Adequacy of clinical practicum and academic resources;
 - G) Financial commitment to support the initial and continuing program;
 - H) Community support of the scope and philosophy of the program;
 - I) Authorization by the appropriate education agency of the State of Illinois; and

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- J) A timetable for development of the program and the intended date of the first class beginning.
- 3) Identify a qualified nurse administrator with a minimum of a master's degree in nursing and with experience as a nurse educator, and provide a curriculum vitae of the proposed nurse administrator.
 - 4) Submit a curriculum proposal including:
 - A) Program philosophy and objectives;
 - B) A plan of organization that is logical and internally consistent;
 - C) Proposed plans of study, including requisite and elective courses with rationale;
 - D) Course outlines or syllabi for all nursing courses;
 - E) Student handbook;
 - F) Faculty qualifications;
 - G) Instructional approaches to be employed;
 - H) Evaluation plans for progress, faculty and students;
 - I) Facilities and utilization plan; and
 - J) Budget plan.
 - 5) Coordinate with the Division and/or Nursing Coordinator for a site visit to be conducted prior to program approval.
- b) Continued Program Approval
 - 1) Nursing education programs shall submit annual evaluation reports to the Division on forms provided by the Division. These reports shall contain

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information regarding curriculum, faculty and students and other information deemed appropriate by the Division.

- 2) Full routine site visits may be conducted by the Division for periodic evaluation. The visits will be utilized to determine compliance with the Act. Unannounced site visits may be conducted when the Division obtains evidence that would indicate the program is not in compliance with the Act or this Part.
 - 3) A pass rate of graduates on the National Council Licensing Examination (NCLEX) shall be included in the annual evaluation of nursing education programs.
 - A) A pass rate of 75% of first time examinees will be required for a school to remain in good standing.
 - B) A nursing education program having an annual pass rate of less than 75% of first time examinees for one year will receive a written warning of noncompliance from the Division.
 - C) A nursing education program having an annual pass rate of less than 75% of first time examinees for 2 consecutive years will receive a site visit for evaluation and recommendation by the Division and will be placed on probation for program revision in accordance with 68 Ill. Adm. Code 1110.
 - D) The nursing education program will have 2 years to demonstrate evidence of implementing strategies to correct deficiencies and bring the pass rate in line with the 75% criteria.
 - E) If, 2 years after implementing the strategies to correct deficiencies in the program, the annual pass rate is less than 75%, the program will be reevaluated. The program will be allowed to continue to operate on a probationary status or will be disapproved and removed from the list of Illinois approved nursing programs in accordance with 68 Ill. Adm. Code 1110.
- c) Major Curricular Revision

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Nursing education programs desiring to make a major curricular revision, i.e., addition or deletion of content, a substantive change in philosophy or conceptual framework, or length of program, shall:

- 1) Submit a letter of intent to the Division; and
 - 2) Submit a copy of the proposed changes and new material to the Division, at least one term prior to implementation, for Board recommendation and Division approval in accordance with the standards set forth in subsection (f).
- d) **Minor Curricular Revisions**
Nursing education programs desiring to make curricular revisions involving reorganization of current course content but not constituting a major curriculum revision shall submit the proposed changes to the Division in their annual report.
- e) **Organization and Administration**
- 1) An institution responsible for conducting a nursing education program shall be authorized by the appropriate agency of the State of Illinois (e.g., Illinois Board of Higher Education, State Board of Education, Illinois Community College Board);
 - 2) The relationship of the nursing education program to other units within the sponsoring institution shall be clearly delineated with organizational charts on file with the Division;
 - 3) Nursing education programs shall have clearly defined lines of authority, responsibility and communication;
 - 4) Student input into determination of academic policies and procedures, curriculum planning and evaluation of faculty effectiveness shall be assured as evidenced by information such as student membership on policy and evaluation committees, policy statements and evaluation procedures;
 - 5) Nursing education program policies and procedures shall be in written form, congruent with those of the sponsoring institution, and reviewed by members of the program on a regular schedule;

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- 6) The philosophy, purpose and objectives of the nursing education program shall be stated in writing and shall be consistent with the sponsoring institution and current social, nursing and educational trends and the Act.
- f) Curriculum and Instruction
- 1) The curriculum shall be based upon the stated program purpose, philosophy and outcomes;
 - 2) Levels of progression in relation to the stated program outcomes shall be established;
 - 3) Coordinated clinical and theoretical learning experiences shall be consistent with the program outcomes;
 - 4) Curricular content shall reflect contemporary nursing practice encompassing major health needs of all age groups;
 - 5) The entire curriculum shall be based on sound nursing, education and instructional principles;
 - 6) The curriculum shall be evaluated by faculty with student input, according to a stated plan;
 - 7) The program shall be approved by the appropriate educational agency;
 - 8) Curriculum for the practical nursing programs shall:
 - A) Include, at a minimum, basic concepts of anatomy, physiology, chemistry, microbiology, physics, communications, growth and development, interpersonal relationships, psychology, sociology, cultural diversity, pharmacology (pharmacology course standards are set forth in Section 1300.240), nutrition and diet therapy, and vocational, legal and ethical aspects of nursing;
 - B) Not preclude a flexible curriculum that would provide appropriate integration of the nursing subject areas;

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- C) Provide basic theoretical and clinical instruction in all areas of nursing practice in the promotion, prevention, restoration and maintenance of health in individuals and groups across the life span and in a variety of clinical settings;
 - D) Incorporate the nursing process as an integral part of the curriculum;
 - E) Prepare the student to assume entry level practical nursing positions to assist clients with normal and common health problems through use of basic nursing skills;
 - F) Be at least one academic year in length; and
 - G) If a military program, consist of a minimum of 36 to 40 weeks of theory and clinical instruction incorporating the curriculum outlined in subsection (f)(8)(A).
- g) Nursing Administrator and Faculty
- 1) The institution responsible for conducting the nursing program and the nurse administrator of the nursing education program shall be responsible for ensuring that the individual faculty members are academically and professionally qualified.
 - 2) Nursing education programs shall be administered by the nurse administrator of the nursing education program.
 - 3) The nurse administrator and faculty of a nursing education program shall be currently licensed as registered professional nurses in Illinois.
 - 4) The nurse administrator of a nursing education program shall have at least:
 - A) 2 years experience in clinical nursing practice;
 - B) 2 years experience as an instructor in a nursing education program; and
 - C) a master's degree or higher with a major in nursing.

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- 5) Nurse faculty of a practical nursing program shall have:
 - A) At least 2 years experience in clinical nursing practice; and
 - B) A baccalaureate degree or higher with a major in nursing.
- 6) The requirements of subsections (g)(4) and (5) shall not affect incumbents as of the original date these requirements were adopted, January 14, 1980.
- 7) Nurse administrators of nursing education programs shall be responsible for:
 - A) Administration of the nursing education program;
 - B) Liaison with other units of the sponsoring institution;
 - C) Preparation and administration of the budget;
 - D) Facilitation of faculty development and performance review;
 - E) Facilitation and coordination of activities related to academic policies, personnel policies, curriculum, resource facilities and services, and program evaluation; and
 - F) Notification to the Division of program changes.
- 8) Faculty shall be responsible for:
 - A) Development, implementation and evaluation of the purpose, philosophy and objectives of the nursing education program;
 - B) Design, implementation and evaluation of curriculum for the nursing education program;
 - C) Participation in academic advising of students;
 - D) Development and evaluation of student policies; and

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- E) Evaluation of student performance in meeting the objectives of the program.
- 9) Faculty shall participate in:
- A) Selection, promotion and tenure activities;
 - B) Academic activities of the institution;
 - C) Professional and health related community activities;
 - D) Self-development activities for professional and personal growth;
 - E) Research and other scholarly activities for which qualified; and
 - F) Activities that maintain educational and clinical expertise in areas of teaching.
- 10) Clinical experience must be under direct supervision of qualified faculty as set forth in this subsection (g) or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.
- 11) The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience:
- A) When under direct supervision of the faculty, the ratio shall not exceed 10 to 1.
 - B) When a registered nurse preceptor is used, the ratio of students to faculty member shall not exceed 12 to 1.
- h) Financial Support, Facilities, Records
- 1) Adequate financial support for the nursing education program, faculty and other necessary personnel, equipment, supplies and services shall be in evidence in the program budget.

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- 2) The faculty of the nursing education program and the staff of cooperating agencies used as sites for additional theory and clinical experience shall work together for quality of patient care.
- 3) Articles of Affiliation
 - A) The nursing education program shall have Articles of Affiliation between the nursing education program and each clinical facility that define the rights and responsibilities of each party, including agreements on the role and authority of the governing bodies of both the clinical site and the nursing education program.
 - B) If portions of the required clinical or theoretical curriculum are offered at different geographical sites or by distance learning, the curriculum must be planned, supervised, administered and evaluated in concert with appropriate faculty committees, department chairmen and administrative officers of the parent school.
- 4) There shall be adequate facilities for the nursing program for both academic and clinical experiences for students.
- 5) There shall be access to learning resource facilities, including library and multi-media technology, that are reasonably sufficient for the curriculum and the number of students enrolled in the nursing education programs.
- 6) Cooperating agencies shall be identified to the Division and shall be suitable to meet the objectives of the program.
- 7) Addition or deletion of cooperating agencies shall be reported in writing to the Division on the program annual report.
- 8) The nursing program's policies and procedures shall not violate constitutional rights and shall be written and available to faculty and students.
- 9) Permanent student records that summarize admissions, credentials, grades and other records of performance shall be maintained by the program.

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- i) Denial of Approval of Nursing Program
If the Division, in the course of reviewing an application for approval of a nursing program, determines that an applicant program has failed to comply with the application criteria or procedures outlined in this Part, or receives information that indicates that the applicant program will not be able to comply with the conditions set forth in subsection (b), the Division may deny the application for approval.
- j) Discontinuance of a Nursing Program
 - 1) Prior to terminating a nursing education program, the program shall:
 - A) Notify the Division, in writing, of its intent to discontinue its program;
 - B) Continue to meet the requirements of the Act and this Part until the official date of termination of the program;
 - C) Notify the Division of the date on which the last student will graduate and the program terminate; and
 - D) Assume responsibility for assisting students to continue their education in the event of closing of the school prior to the final student graduating.
 - 2) Upon closure of the nursing education program, the institution shall notify the Division, in writing, of the location of student and graduate records storage.
- k) Revocation of Program Approval
 - 1) The following are grounds for disapproval of a nursing education program:
 - A) A violation of any provision of the Act;
 - B) Fraud or dishonesty in applying for approval of a nursing education program;

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- C) Failure to continue to meet criteria of an approved nursing education program set forth in this Section; or
 - D) Failure to comply with recommendations made by the Division as a result of a site visit.
- 2) Upon written notification of the Division's proposed action, the nursing education program may:
- A) Submit a written response;
 - B) Request a hearing before the Board.
- 1) Out-of-State Education Programs Seeking Student Nurse Clinical Placement in Illinois
- 1) Out-of-state nursing education programs offering clinical experiences in Illinois are expected to maintain the standards for approved nursing education programs set forth in this Section.
 - 2) Programs desiring to seek approval for student nurse clinical placement in Illinois shall submit the following documents:
 - A) Evidence of approval/accreditation by the Board of Nursing or other appropriate approval bodies in the state in which the institution is located.
 - B) A letter requesting approval to provide the clinical offering that indicates the time-frame during which the clinical experience will be conducted, the clinical agencies and the clinical units to be utilized.
 - C) A course syllabus for the clinical experiences to be offered that specifies the related objectives of the offering.
 - D) A copy of the executed contractual agreement between the academic institution and the clinical facility.

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- E) A faculty qualification and/or preceptor form for individuals providing instruction in Illinois.
- 3) Faculty
- A) The institution responsible for conducting the nursing program and the administrator of the nursing education program shall be responsible for ensuring that the individual faculty members are academically and professionally qualified.
 - B) Nurse faculty of a practical nursing program shall have:
 - i) at least 2 years experience in clinical nursing practice; and
 - ii) a baccalaureate degree or higher with a major in nursing.
 - C) The faculty shall be currently licensed as registered professional nurses in Illinois.
 - D) Clinical experience must be under direct supervision of qualified faculty as set forth in subsection (g) or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.
 - E) The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience.
 - i) When under direct supervision of the faculty, the ratio shall not exceed 10 to 1.
 - ii) When a registered nurse preceptor is used, the ratio of students to faculty member shall not exceed 12 to 1.
- 4) Approval for clinical offerings by out-of-state nursing programs shall be approved for a period of 2 years. A program representative may request renewal of the approval every 2 years. In order to renew, the program shall submit a written report that provides updated and current data as required by this subsection (l).

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- 5) A written report of current clinical offerings and current data shall be submitted to the Division annually. Faculty qualification and preceptor forms shall be submitted when instructors are added or changed.
- 6) Failure to comply with the requirements set forth in this Part shall result in the immediate withdrawal of approval of the clinical experience offering.
- m) If the name of the program is changed or the institution in which the program is located or with which it is affiliated changes its name, the program shall notify the Division within 30 days after the name change. If the Division is not notified within the 30 days, the program's approval may be withdrawn.
- n) The Division has determined that nurse programs approved through the National League for Nursing Accrediting Commission or the Commission on Collegiate Accreditation meet the requirements set forth in this Section, except for those programs whose curriculums do not include a concurrent theory and clinical practice education component as required by Section 50-70 of the Act.

Section 1300.240 Standards for Pharmacology/Administration of Medication Course for Practical Nurses

- a) Approved licensed practical nursing programs shall include a course designed to educate practical nursing students and/or licensed practical nurses to administer medications via oral, topical, subcutaneous, intradermal and intramuscular routes under the direction of a registered professional nurse, advanced practice nurse, physician assistant, physician, dentist or podiatrist that contains the following minimum components:
 - 1) Prerequisites
 - A) Basic computational math and high school algebra with proficiency in the following concepts, including, but not limited to, ratios and proportions and metric, apothecary and household measurements as documented via examination and/or coursework completed.
 - B) Basic scientific knowledge, including, but not limited to, microbiology/asepsis and anatomy and physiology with a basic

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understanding of fluid and electrolytes, the inflammatory response, the immune response, and body systems as documented via examination or coursework.

- 2) Pharmacology
 - A) An introduction to pharmacology, including the areas of:
 - i) Terminology and abbreviations
 - ii) Federal and State laws related to pharmacology (e.g., Illinois Controlled Substances Act [720 ILCS 570]; federal Food, Drug and Cosmetic Act (21 USC 360))
 - iii) Drug standards and references (i.e., United States Pharmacopoeia/National Formulary)
 - iv) Generic versus brand name drugs
 - v) Misuse/abuse of drugs
 - B) Classifications of drugs (with commonly used examples), including:
 - i) Action/Physiological effect
 - ii) Interactions
 - iii) Side effects and contraindications
 - iv) Dosages and routes
 - v) Nursing implications (including legal implications)
- 3) Administration of Medication
 - A) Following procedures of safety as described in subsections (a)(3)(C), (D), (E) and (F) in administering medications.

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- B) Developmental adaptations for administering medications to patients of all ages.
 - C) Assessment of patient condition.
 - D) Planning for administration of medication, including:
 - i) Checking for an order from an advanced practice nurse, physician assistant, physician, dentist or podiatrist
 - ii) Securing proper equipment
 - iii) Verifying proper packaging of medication
 - E) Implementation of administration of medication, including:
 - i) Site selection
 - ii) Verifying route of administration
 - iii) Administering the medication
 - iv) Recording medication administration
 - v) Patient education for compliance
 - F) Evaluation of patient response, including:
 - i) Effects/side effects/allergic responses
 - ii) Recording/reporting of effects
- b) This Section does not preclude a flexible curriculum that would provide appropriate integration into other practical nursing courses.
- c) The course/instruction shall include at least 32 hours of theory and 64 hours of lab and clinical with administration of medication to patients performed under direct supervision of qualified faculty as set forth in subsection (d).

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- d) Nurse faculty of pharmacology and administration of medication courses shall have:
- 1) At least 2 years experience in clinical nursing practice;
 - 2) A baccalaureate degree with a major in nursing;
 - 3) A current Illinois Registered Professional Nurse license.
- e) Approved licensed practical nursing programs shall include a curriculum designed to educate practical nursing students and/or licensed practical nurses to perform the following activities related to intravenous therapy under the supervision of a registered professional nurse, advanced practice nurse, physician assistant, physician, dentist or podiatrist:
- 1) Monitoring the flow rate of existing intravenous lines.
 - 2) Regulating peripheral fluid infusion rates for a continuous infusion of fluids or for intermittent infusions, through an IV access device. A peripheral IV line is defined as a short catheter inserted through the skin terminating in a peripheral vein.
 - 3) Observing sites for local reaction and reporting results to the registered nurse.
 - 4) Discontinuing intravenous therapy with an order from an advanced practice nurse, physician assistant, physician, dentist or podiatrist.
 - 5) Adding pharmacy pre-mixed antibiotic solutions to existing patent lines.
 - 6) Changing peripheral intravenous tubings and dressings.
 - 7) Monitoring existing transfusions of blood and blood components.
 - 8) Documenting intravenous procedures performed and observations made.
- f) This curriculum may prepare the LPN to start peripheral intravenous therapy that consists of a short catheter inserted through the skin into a peripheral vein.

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- g) The curriculum shall not include the following procedures:
- 1) Administering chemotherapeutic agents via intravenous routes.
 - 2) Starting or adding blood or blood components.
 - 3) Administering medications via intravenous push or administering heparin in heparin locks.

Section 1300.250 LPN Scope of Practice

Practice as a licensed practical nurse means a scope of basic nursing practice, with or without compensation, as delegated by a registered professional nurse or an advanced practice nurse or as directed by a physician assistant, physician, dentist or podiatrist, and includes all of the following and other activities requiring a like skill level for which the LPN is properly trained:

- a) *Collecting data and collaborating in the assessment of the health status of a patient.*
- b) *Collaborating in the development and modification of the registered professional nurse's or advanced practice nurse's comprehensive nursing plan of care for all types of patients.*
- c) *Implementing aspects of the plan of care as delegated.*
- d) *Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of patients, as delegated.*
- e) *Serving as an advocate for the patient by communicating and collaborating with other health service personnel, as delegated.*
- f) *Participating in the evaluation of patient responses to interventions.*
- g) *Communicating and collaborating with other health care professionals, as delegated.*
- h) *Providing input into the development of policies and procedures to support patient safety. (Section 55-30 of the Act)*

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Section 1300.260 Standards for Professional Conduct for LPNs

- a) The licensed practical nurse shall, but is not limited to, upholding the following professional standards:
 - 1) Practice in accordance with the Act and this Part;
 - 2) Practice nursing only when in functional physical and mental health;
 - 3) Be accountable for his or her own nursing actions and competencies;
 - 4) Practice or offer to practice, including delegated nursing activities, only within the scope permitted by law and within the licensee's own educational preparation and competencies;
 - 5) Perform nursing activities as delegated;
 - 6) Seek instruction from a registered professional nurse or advanced practice nurse when implementing new or unfamiliar nursing activities;
 - 7) Report unsafe, unethical or illegal health care practice or conditions to appropriate authorities and to the Division;
 - 8) Assume responsibility for continued growth and education to reflect knowledge and understanding of current nursing care practice.
- b) Violations of this Section may result in discipline as specified in Section 70-5 of the Act. All disciplinary hearings shall be conducted in accordance with 68 Ill. Adm. Code 1110.

SUBPART C: REGISTERED NURSE

Section 1300.300 Application for Examination or Licensure

- a) Each applicant shall file, with the Division or the testing service designated by the Division, a completed, signed application, on forms supplied by the Division, that includes:

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- 1) proof of graduation from a nursing education program that meets the requirements of Section 1300.40;
- 2) verification of fingerprint processing from the Illinois Department of State Police, or its designated agent. (Practical nurses licensed in Illinois are not required to be fingerprinted when applying for a license as a registered professional nurse.) Applicants shall contact a Division recommended fingerprint vendor for fingerprint processing. Out-of-state residents unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by the Illinois Department of State Police or one set of fingerprint cards issued by the FBI, accompanied by the processing fee specified in Section 1300.30(c)(7). Fingerprints shall be taken within the 60 days prior to application;
- 3) the fees required by Section 1300.30(a)(1);
- 4) for applicants educated outside the United States or its territories, the following:
 - A) a credentials evaluation report of the applicant's foreign nursing education from either the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES) or the Educational Records Evaluation Service (ERES). However, the Division shall not accept a credential report that does not indicate that the applicant is licensed in his/her country of education or in which the report does not evaluate the educational program of the applicant based upon receipt and review of official transcripts from the nursing education program bearing the school seal; these credential reports shall not be accepted as valid credential reports. In order to be accepted by the Division, credential reports shall be in a form and manner acceptable to the Division.
 - B) if the applicant's first language is not English, certification of passage of either the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS) Academic Module. For TOEFL the minimum passing score on the paper-based test is 560, computer-based test is 220,

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and internet-based test is 83. For the IELTS Academic Module, the minimum passing score shall be 6.5 (overall score) and 7.0 (spoken band). The Division may, upon recommendation from an approved credentials evaluation service, waive the requirement that the applicant pass the TOEFL or IELTS examination if the applicant submits verification of the successful completion of a nursing education program conducted in English or the passage of an approved licensing examination given in English;

- 5) verification from the jurisdictions in which the applicant was originally licensed, current state of licensure and any other jurisdiction in which the applicant has been actively practicing within the last 5 years, if applicable, stating:
 - A) the time during which the applicant was licensed in that jurisdiction, including the date of original issuance of the license; and
 - B) whether the file on the applicant contains any record of disciplinary actions taken or pending.
- b) Any applicant who fails to demonstrate fulfillment of the education requirements shall be notified in writing and must satisfy the deficiency before being granted temporary authority to practice nursing, as permitted by Section 60-10 of the Act, or being admitted to the examination. Deficiencies in nursing theory and/or clinical practice may be removed by taking the required courses in an approved nursing education program.
- c) When the applicant has completed the nursing education program in less than the usual length of time through advanced standing or transfer of credits from one institution to another, the director of nursing education shall include an explanation in the certification.
- d) Pursuant to Section 50-70 of the Act, when an applicant has completed a nonapproved program that is a correspondence course or a program of nursing that does not require coordinated or concurrent theory and clinical practice, the Division may grant a license to an applicant who has applied in accordance with subsection (a) and who has received an advanced graduate degree in nursing from an approved program with concurrent theory and clinical practice or who is

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currently licensed in another state and has been actively practicing in clinical nursing for a minimum of 2 years. Clinical practice for purposes of this Section means nursing practice that involves direct physical (psychomotor and psychosocial) patient (client) care within an acute care facility.

- 1) Clinical practice areas that would meet the requirements for clinical practice include the following:
 - A) Adult Medical Surgical Nursing
 - B) Pediatric Nursing
 - C) Maternity Nursing
 - D) Emergency Nursing
 - E) Critical Care Nursing
 - F) Post-Anesthesia Care Nursing
 - G) Psychiatric Nursing
 - 2) Clinical practice shall not include:
 - A) Telephone or Triage Nursing
 - B) Case Management
 - 3) A year of clinical practice consists of not less than 1500 hours of direct patient care.
 - 4) The Board of Nursing will review clinical practice documentation that does not meet the requirements of this subsection (d).
- e) Credentials of education and licensure, if not in English, shall be accompanied by a certified translation.
- f) After filing the original application, any change of name must be supported by an affidavit satisfactory to the Division.

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- g) If an applicant has taken and passed the National Council Licensure Examination (NCLEX) in accordance with Section 1300.310, the applicant shall file an application in accordance with subsection (a) and shall have the examination scores submitted to the Division directly from the testing entity or from the state of original licensure.

Section 1300.310 RN Licensure Examination

- a) The Board shall make recommendations to the Division regarding content, design and contractor for a licensure examination. A licensure examination contract shall be negotiated and approved by the Division.
- b) Registered Professional Nurse Examination
- 1) The passing grade on the National Council Licensure Examination (NCLEX) for registered professional nurses shall be based on an ability scale designed to measure minimum RN competency. A pass/fail grade will be assigned.
 - 2) An RN applicant who fails the examination is not eligible for licensure
 - 3) If the examination is not passed within 3 years from the date of application, regardless of jurisdiction in which the examination was written, the applicant shall not be permitted to retake the examination until the applicant has successfully completed at least 2 additional years of professional nursing education. Upon successful completion of the approved nursing education program, the applicant shall submit proof to the Division. This subsection (b)(3) does not apply to applicants who are licensed in another jurisdiction.
 - 4) If 3 years from the date of original application has lapsed, the applicant shall be required to submit a new application to the Division pursuant to Section 60-10 of the Act and provide evidence of meeting the requirements in force at the time of the new application.

Section 1300.320 RN Licensure by Endorsement

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- a) Each applicant who is licensed in another jurisdiction shall file a completed, signed application for licensure on the basis of endorsement, on forms supplied by the Division. The application shall include:
- 1) the fee required by Section 1300.30(a)(1);
 - 2) proof of graduation from a nursing education program that meets the requirements of Section 1300.340;
 - 3) proof of passage of an examination recognized by the Division, upon recommendation of the Board (i.e., National Council Licensure Examination for professional nurses, or State Board Test Pool Examination for professional nurses or practical nurses);
 - 4) verification of fingerprint processing from the Illinois Department of State Police, or its designated agent. (Practical nurses licensed in Illinois are not required to be fingerprinted when applying for a license as a registered professional nurse.) Applicants shall contact a Division recommended fingerprint vendor for fingerprint processing. Out-of-state residents unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by the Illinois Department of State Police or one set of fingerprint cards issued by the FBI, accompanied by the processing fee specified in Section 1300.30(c)(7). Fingerprints shall be taken within the 60 days prior to application;
 - 5) for RN applicants who received education outside of the United States:
 - A) A credentials evaluation report of the applicant's foreign nursing education from either the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES) or the Educational Records Evaluation Service (ERES). However, the Division shall not accept a credential report that does not indicate that the applicant is licensed in his/her country of education or in which the report does not evaluate the educational program of the applicant based upon receipt and review of official transcripts from the nursing education program bearing the school seal. These credential reports shall not be accepted as valid credential reports. In order to be accepted by the Division,

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credential reports shall be in a form and manner acceptable to the Division.

- B) The requirements of subsection (a)(5)(A) may be satisfied by the submission of proof of a certificate from the Certificate Program or the VisaScreen Program of the Commission on Graduates of Foreign Nursing Schools.
 - C) If the applicant's first language is not English, certification of passage of either the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS) Academic Module. For TOEFL, the minimum passing score on the paper-based test is 560, computer-based test is 220, and internet-based test is 83. For the IELTS Academic Module, the minimum passing score shall be 6.5 (overall score) and 7.0 (spoken band). The Division may, upon recommendation from an approved credentials evaluation service, waive the requirement that the applicant pass the TOEFL or IELTS examination if the applicant submits verification of the successful completion of a nursing education program conducted in English or the passage of an approved licensing examination given in English;
 - 6) official transcripts of theory and clinical education prepared by an official of the military for a nurse applicant who has received his/her education in the military service. Education must meet the standards for education set forth in Section 1300.340;
 - 7) verification of licensure status from the jurisdiction in which the applicant was originally licensed, current licensure and any other jurisdiction in which the applicant has been actively practicing within the last 5 years; and
 - 8) a certified translation for all credentials of education and licensure, if not in English.
- b) After filing the original application, any change of name must be supported by an affidavit satisfactory to the Division.

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- c) Deficiencies in nursing theory and/or clinical practice may be removed by taking the required courses in an approved nursing education program.
- d) Compliance with the provisions of Section 1300.310(b)(3) for each RN applicant and shall be a requirement for Illinois nurse licensure by endorsement.
- e) Individuals applying for licensure by endorsement may apply to the Division, on forms provided by the Division, to receive a Temporary Endorsement Permit pursuant to Section 60-10 of the Act. The permit shall allow the applicant to work pending the issuance of a license by endorsement.
 - 1) The temporary endorsement permit application shall include:
 - A) a completed, signed endorsement application, along with the required endorsement licensure fee set forth in Section 1300.30(a)(2). All supporting documents shall be submitted to the Division before a permanent license by endorsement is issued;
 - B) photocopies of all current active nursing licenses and/or temporary permits/licenses from other jurisdictions. Current active licensure in at least one United States jurisdiction is required. Each applicant's license will be checked on the Nurse System (NURSUS) disciplinary data bank to determine if any disciplinary action is pending on the applicant's file;
 - C) verification that fingerprints have been submitted to the Division or the Illinois Department of State Police or its designated agent; and
 - D) the fee for a temporary permit as required in Section 1300.30(a)(2) of this Part.
 - 2) The Division shall issue a temporary endorsement permit no later than 14 days after receipt of a completed application as set forth in subsection (e)(1).
 - 3) Temporary permits shall be terminated upon:
 - A) the issuance of a permanent license by endorsement;

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- B) failure to complete the application process within 6 months from the date of issuance of the permit;
 - C) a finding by the Division that, within the last 5 years, the applicant has been convicted of any crime under the laws of any jurisdiction of the United States that is:
 - i) a felony; or
 - ii) a misdemeanor directly related to the practice of nursing;
 - D) a finding by the Division that, within the last 5 years, the applicant has had a license or permit related to the practice of nursing revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois; or
 - E) a finding by the Division that the applicant does not meet the licensure requirements for endorsement set forth in this Section. The Division shall notify the applicant in writing of the termination.
- 4) The Division shall notify the applicant by certified or registered mail of the intent to deny licensure pursuant to subsections (e)(3)(D) and (E) and/or Section 70-5 of the Act.
- 5) A temporary permit shall be renewed beyond the 6-month period, upon recommendation of the Board and approval of the Director, due to hardship, defined as:
- A) serving full-time in the Armed Forces;
 - B) an incapacitating illness as documented by a currently licensed physician;
 - C) death of an immediate family member; or

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- D) extenuating circumstances beyond the applicant's control, as approved by the Director.

Section 1300.330 Nurse Externship

- a) Each applicant for a nurse externship permit shall file a completed, signed application on forms supplied by the Division. The application shall include:
- 1) proof of graduation from an RN educational program approved by the Division;
 - 2) verification of licensure as an RN in another state or territory of the United States and proof of an active and unencumbered license in all of the states or territories in which the applicant is licensed;
 - 3) verification of an offer for employment in Illinois as a nurse extern and a copy of the written employment offer;
 - 4) a letter of acceptance from the Bilingual Nurse Consortium course or other comparable course approved by the Division;
 - 5) verification from the applicant's prospective employer stating that the prospective employer agrees to pay the full tuition for the Bilingual Nurse Consortium course or other comparable course approved by the Division;
 - 6) proof of taking the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS) Academic Module. For TOEFL a minimum passing score on the paper-based test of 560, computer-based test of 220, or internet-based test of 83. For the IELTS Academic Module, the minimum passing score shall be 6.5 (overall score) and 7.0 (spoken band);
 - 7) proof that the applicant has not violated the provisions of Section 10-45 of the Act; and
 - 8) the required externship permit fee set forth in Section 1300.30(a)(3).

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- b) The nurse extern must submit to the Division a mid-year exam as determined by the Bilingual Nurse Consortium that demonstrates proficiency towards passing the NCLEX.
- c) A nurse extern shall be issued only one permit that shall expire one calendar year after it is issued.

Section 1300.340 Approval of Programs

- a) Program Approval
Institutions desiring to establish a new nursing program that would lead to meeting requirements for licensure, change the level of educational preparation of the program, or establish an extension of an existing program shall:
 - 1) Submit a letter of intent to the Division.
 - 2) Provide a feasibility study to the Division, on forms provided by the Division, that includes, at least, documentation of:
 - A) Need for the program in the community;
 - B) Need for graduates of the proposed program;
 - C) Availability of students;
 - D) Impact on existing nursing programs in a 50 mile radius of the proposed program;
 - E) The curriculum vitae of identifiable faculty, including the curriculum vitae of any potential faculty members that will teach in the program;
 - F) Adequacy of clinical practicum and academic resources;
 - G) Financial commitment to support the initial and continuing program;
 - H) Community support of the scope and philosophy of the program;

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- D) Authorization by the appropriate education agency of the State of Illinois; and
 - J) A timetable for development of the program and the intended date of the first class beginning.
- 3) Identify and provide a curriculum vitae of a qualified nurse administrator with a minimum of a master's degree in nursing and with experience as a nurse educator.
- 4) Submit a curriculum proposal including:
- A) Program philosophy and objectives;
 - B) A plan of organization that is logical and internally consistent;
 - C) Proposed plans of study, including requisite and elective courses with rationale;
 - D) Course outlines or syllabi for all nursing courses;
 - E) Student handbook;
 - F) Faculty qualifications;
 - G) Instructional approaches to be employed;
 - H) Evaluation plans for faculty and students;
 - I) Facilities and utilization plan; and
 - J) Budget plan.
- 5) Coordinate with the Division and/or Nursing Coordinator for a site visit to be conducted prior to program approval.
- b) Continued Program Approval

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- 1) Nursing education programs shall submit annual evaluation reports to the Division on forms provided by the Division. These reports shall contain information regarding curriculum, faculty and students and other information deemed appropriate by the Division.
- 2) Full routine site visits may be conducted by the Division for periodic evaluation. The visits will be utilized to determine compliance with the Act. Unannounced site visits may be conducted when the Division obtains evidence that would indicate the program is not in compliance with the Act or this Part.
- 3) A pass rate of graduates on the National Council Licensing Examination (NCLEX) shall be included in the annual evaluation of nursing education programs.
 - A) A pass rate of 75% of first time examinees will be required for a school to remain in good standing.
 - B) A nursing education program having an annual pass rate of less than 75% of first time examinees for one year will receive a written warning of noncompliance from the Division.
 - C) A nursing education program having an annual pass rate of less than 75% of first time examinees for 2 consecutive years will receive a site visit for evaluation and recommendation by the Division and will be placed on probation for program revision in accordance with 68 Ill. Adm. Code 1110.
 - D) The nursing education program will have 2 years to demonstrate evidence of implementing strategies to correct deficiencies and bring the pass rate in line with the 75% criteria.
 - E) If, 2 years after implementing the strategies to correct deficiencies in the program, the annual pass rate is less than 75%, the program will be reevaluated. The program will be allowed to continue to operate on a probationary status or will be disapproved and removed from the list of Illinois approved nursing programs in accordance with 68 Ill. Adm. Code 1110.

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- c) **Major Curricular Revision**
Nursing education programs desiring to make a major curricular revision, i.e., addition or deletion of content, a substantive change in philosophy or conceptual framework, or length of program, shall:
 - 1) Submit a letter of intent to the Division; and
 - 2) Submit a copy of the proposed changes and new material to the Division, at least one term prior to implementation, for Board recommendation and Division approval in accordance with the standards set forth in subsection (f).
- d) **Minor Curricular Revisions**
Nursing education programs desiring to make curricular revisions involving reorganization of current course content but not constituting a major curriculum revision shall submit the proposed changes to the Division in their annual report.
- e) **Organization and Administration**
 - 1) An institution responsible for conducting a nursing education program shall be authorized by the appropriate agency of the State of Illinois (e.g., Illinois Board of Higher Education, State Board of Education, Illinois Community College Board);
 - 2) The relationship of the nursing education program to other units within the sponsoring institution shall be clearly delineated with organizational charts on file with the Division;
 - 3) Nursing education programs shall have clearly defined lines of authority, responsibility and communication;
 - 4) Student input into determination of academic policies and procedures, curriculum planning and evaluation of faculty effectiveness shall be assured as evidenced by information such as student membership on policy and evaluation committees, policy statements and evaluation procedures;

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- 5) Nursing education program policies and procedures shall be in written form, congruent with those of the sponsoring institution, and reviewed by members of the program on a regular schedule;
 - 6) The philosophy, purpose and objectives of the nursing education program shall be stated in writing and shall be consistent with the sponsoring institution and current social, nursing and educational trends and the Act.
- f) Curriculum and Instruction
- 1) The curriculum shall be based upon the stated program purpose, philosophy and objectives;
 - 2) Levels of progression in relation to the stated program outcomes shall be established;
 - 3) Coordinated clinical and theoretical learning experiences shall be consistent with the program outcomes;
 - 4) Curricular content shall reflect contemporary nursing practice encompassing major health needs of all age groups;
 - 5) The entire curriculum shall be based on sound nursing, education and instructional principles;
 - 6) The curriculum may include a Nursing Student Internship/Cooperative Education Course that meets the following minimum requirements:
 - A) The course must be available with the nursing major and identified on the transcript.
 - B) Faculty must meet approved nursing education program qualifications and hold faculty status with the educational unit.
 - C) Clinical content must be coordinated with theoretical content.
 - D) Clinical experience must be under direct supervision of qualified faculty as set forth in subsection (g) or with a registered nurse

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preceptor. The nurse preceptor shall be approved by the program and shall work under the direction of a nurse faculty member.

- E) Students shall not be permitted to practice beyond educational preparation or without faculty supervision.
 - F) The course shall be based on program purpose, philosophy, objectives and framework.
 - G) Course evaluation shall be consistent with the plan for program evaluation.
 - H) Articles of affiliation shall clearly delineate student, educational institution and health care agency roles and responsibilities;
- 7) The curriculum shall be evaluated by faculty with student input, according to a stated plan;
 - 8) The program shall be approved by the appropriate educational agency;
 - 9) Curriculum for professional nursing programs shall:
 - A) Include, at a minimum, concepts in anatomy, physiology, chemistry, physics, microbiology, sociology, psychology, communications, growth and development, interpersonal relationships, group dynamics, cultural diversity, pharmacology and the administration of medication, nutrition and diet therapy, patho-physiology, ethics, nursing history, trends and theories, professional and legal aspects of nursing, leadership and management in nursing, and teaching-learning theory;
 - B) Not preclude a flexible curriculum that would provide appropriate integration of the nursing subject matters;
 - C) Provide theoretical and clinical instruction in all areas of nursing practice in the promotion, prevention, restoration and maintenance of health in individuals and groups across the life span and in a variety of clinical settings;

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- D) Incorporate the nursing process as an integral part of the curriculum;
 - E) Prepare the student to assume beginning level professional nursing positions;
 - F) Be at least 2 academic years in length.
- g) Nursing Administrator and Faculty
- 1) The institution responsible for conducting the nursing program and the nurse administrator of the nursing education program shall be responsible for ensuring that the individual faculty members are academically and professionally qualified.
 - 2) Nursing education programs shall be administered by the nurse administrator of the nursing education program.
 - 3) The nurse administrator and faculty of a nursing education program shall be currently licensed as registered professional nurses in Illinois.
 - 4) The nurse administrator of a nursing education program shall have at least:
 - A) 2 years experience in clinical nursing practice;
 - B) 2 years experience as an instructor in an RN or higher nursing education program; and
 - C) a master's degree or higher with a major in nursing.
 - 5) Nurse faculty of a professional nursing program shall have:
 - A) At least 2 years experience in clinical nursing practice;
 - B) A master's degree or higher with a major in nursing.
 - 6) The requirements of subsections (g)(4) and (5) shall not affect incumbents as of the original date these requirements were adopted, January 14, 1980.

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- 7) Nurse administrators of nursing education programs shall be responsible for:
 - A) Administration of the nursing education program;
 - B) Liaison with other units of the sponsoring institution;
 - C) Preparation and administration of the budget;
 - D) Facilitation of faculty development and performance review;
 - E) Facilitation and coordination of activities related to academic policies, personnel policies, curriculum, resource facilities and services, and program evaluation; and
 - F) Notification to the Division of program changes.
- 8) Faculty shall be responsible for:
 - A) Development, implementation and evaluation of the purpose, philosophy and objectives of the nursing education program;
 - B) Design, implementation and evaluation of curriculum for the nursing education program;
 - C) Participation in academic advising of students;
 - D) Development and evaluation of student policies; and
 - E) Evaluation of student performance in meeting the objectives of the program.
- 9) Faculty shall participate in:
 - A) Selection, promotion and tenure activities;
 - B) Academic activities of the institution;
 - C) Professional and health related community activities;

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- D) Self-development activities for professional and personal growth;
 - E) Research and other scholarly activities for which qualified; and
 - F) Activities that maintain educational and clinical expertise in areas of teaching.
- 10) Clinical experience must be under direct supervision of qualified faculty as set forth in this subsection (g) or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.
- 11) The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience:
- A) When under direct supervision of the faculty, the ratio shall not exceed 10 to 1.
 - B) When a registered nurse preceptor is used, the ratio of students to faculty member shall not exceed 12 to 1.
- h) Financial Support, Facilities, Records
- 1) Adequate financial support for the nursing education program, faculty and other necessary personnel, equipment, supplies and services shall be in evidence in the program budget.
 - 2) The faculty of the nursing education program and the staff of cooperating agencies used as sites for additional theory and clinical experience shall work together for quality of patient care.
 - 3) Articles of Affiliation
 - A) The nursing education program shall have Articles of Affiliation between the nursing education program and each clinical facility that define the rights and responsibilities of each party, including agreements on the role and authority of the governing bodies of both the clinical site and the nursing education program.

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- B) If portions of the required clinical or theoretical curriculum are offered at different geographical sites or by distance learning, the curriculum must be planned, supervised, administered and evaluated in concert with appropriate faculty committees, department chairmen and administrative officers of the parent school.
 - 4) There shall be adequate facilities for the nursing program for both academic and clinical experiences for students.
 - 5) There shall be access to learning resource facilities, including library and multi-media technology, that are reasonably sufficient for the curriculum and the number of students enrolled in the nursing education programs.
 - 6) Cooperating agencies shall be identified to the Division and shall be suitable to meet the objectives of the program.
 - 7) Addition or deletion of cooperating agencies shall be reported in writing to the Division on the program annual report.
 - 8) The nursing program's policies and procedures shall not violate constitutional rights and shall be written and available to faculty and students.
 - 9) Permanent student records that summarize admissions, credentials, grades and other records of performance shall be maintained by the program.
- i) Faculty Variance
- 1) Variances for faculty with a graduate degree in a field other than nursing may be granted by the Division based on the following:
 - A) the individual has a bachelor's degree in nursing;
 - B) the individual has at least 2 years of experience in clinical nursing practice;

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- C) the individual has a degree in a field that directly relates to the course he or she will be teaching;
 - D) at least 80% of the school's undergraduate nursing faculty holds a master's degree in nursing.
- 2) Variances for faculty without a graduate degree will be granted based on the following:
- A) the faculty member is within one year of completion of the master's in nursing or the faculty member has completed a master's in another area or is enrolled in a doctoral degree in nursing program and has completed all coursework, except for a dissertation/final project;
 - B) the faculty member is continuously enrolled in the graduate degree in nursing program;
 - C) a plan exists for the timely completion of the graduate degree in nursing program; and
 - D) at least 80% of the school's undergraduate nursing faculty holds a master's degree in nursing.
- 3) A school that has received a variance must notify the Board of any changes related to that faculty member, including notification that the faculty member has received the graduate degree.
- j) Preceptors
A program of registered professional nursing that uses the personnel of a clinical facility as preceptors to instruct the clinical experience must:
- 1) Require each preceptor to have demonstrated competencies with patient populations that the student is assigned to;
 - 2) Require each preceptor to be approved by the faculty of the program of nursing;

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- 3) Require the faculty of the program to provide to each preceptor an orientation concerning the roles and responsibilities of students, faculty and preceptors;
 - 4) Require the faculty of the program to develop written competencies/outcomes and provide a copy of these to each preceptor before the preceptor begins instruction of the students;
 - 5) Designate a member of the faculty to serve as a liaison between the preceptor and each student who participates in the clinical experience;
 - 6) Require that each preceptor is present in the clinical facility or at the location of point of care and available to the students at all times when the student provides nursing care or services to patients/clients;
 - 7) Require that each preceptor have a current registered professional nurse license in the state where the student is practicing.
- k) Denial of Approval of Nursing Program
If the Division, in the course of reviewing an application for approval of a nursing program, determines that an applicant program has failed to comply with the application criteria or procedures outlined in this Part, or receives information that indicates that the applicant program will not be able to comply with the conditions set forth in subsection (b), the Division may deny the application for approval.
- l) Discontinuance of a Nursing Program
- 1) Prior to termination of a nursing education program, the program shall:
 - A) Notify the Division, in writing, of its intent to discontinue its program;
 - B) Continue to meet the requirements of the Act and this Part until the official date of termination of the program;
 - C) Notify the Division of the date on which the last student will graduate and the program terminate; and

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- D) Assume responsibility for assisting students to continue their education in the event of closing of the school prior to the final student graduating.
- 2) Upon closure of the nursing education program, the institution shall notify the Division, in writing, of the location of student and graduate records storage.
- m) Revocation of Program Approval
 - 1) The following are grounds for disapproval of a nursing education program:
 - A) A violation of any provision of the Act;
 - B) Fraud or dishonesty in applying for approval of a nursing education program;
 - C) Failure to continue to meet criteria of an approved nursing education program set forth in this Section; or
 - D) Failure to comply with recommendations made by the Division as a result of a site visit.
 - 2) Upon written notification of the Division's proposed action, the nursing education program may:
 - A) Submit a written response;
 - B) Request a hearing before the Board.
- n) Out-of-State Education Programs Seeking Student Nurse Clinical Placement in Illinois
 - 1) Out-of-state nursing education programs offering clinical experiences in Illinois are expected to maintain the standards for approved nursing education programs set forth in this Section.

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- 2) Programs desiring to seek approval for student nurse clinical placement in Illinois shall submit the following documents:
 - A) Evidence of approval/accreditation by the Board of Nursing or other appropriate approval bodies in the state in which the institution is located.
 - B) A letter requesting approval to provide the clinical offering that indicates the time-frame during which the clinical experience will be conducted, the clinical agencies and the clinical units to be utilized.
 - C) A course syllabus for the clinical experiences to be offered that specifies the related objectives of the offering.
 - D) A copy of the executed contractual agreement between the academic institution and the clinical facility.
 - E) A faculty qualification and/or preceptor form for individuals providing instruction in Illinois.
- 3) Faculty
 - A) The institution responsible for conducting the nursing program and the administrator of the nursing education program shall be responsible for ensuring that the individual faculty members are academically and professionally qualified.
 - B) Nurse faculty of a professional nursing program shall have:
 - i) at least 2 years experience in clinical nursing practice; and
 - ii) a master's degree or higher with a major in nursing.
 - C) The faculty shall be currently licensed as registered professional nurses in Illinois.
 - D) Clinical experience must be under direct supervision of qualified faculty as set forth in subsection (g) or with a registered nurse

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preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.

- E) The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience.
 - i) When under direct supervision of the faculty, the ratio shall not exceed 10 to 1.
 - ii) When a registered nurse preceptor is used, the ratio of students to faculty member shall not exceed 12 to 1.
- 4) Approval for clinical offerings by out-of-state nursing programs shall be approved for a period of 2 years. A program representative may request renewal of the approval every 2 years. In order to renew, the program shall submit a written report that provides updated and current data as required by this subsection (n).
- 5) A written report of current clinical offerings and current data shall be submitted to the Division annually. Faculty qualification and preceptor forms shall be submitted when instructors are added or changed.
- 6) Failure to comply with the requirements set forth in this Part shall result in the immediate withdrawal of approval of the clinical experience offering.
- o) If the name of the program is changed or the institution in which the program is located or with which it is affiliated changes its name, the program shall notify the Division within 30 days after the name change. If the Division is not notified within the 30 days, the program's approval may be withdrawn.
- p) The Division has determined that nurse programs approved through the National League of Nursing for Nursing Accrediting Commission or the Commission on Collegiate Accreditation meet the requirements set forth in this Section, except for those programs whose curriculums do not include a concurrent theory and clinical practice education component as required by Section 50-70 of the Act.

Section 1300.350 Standards of Professional Conduct for Registered Professional Nurses

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- a) The RN shall:
- 1) Practice in accordance with the Act and this Part;
 - 2) Uphold federal and State regulations regarding controlled substances and alcohol;
 - 3) Practice nursing only when in functional physical and mental health;
 - 4) Be accountable for his or her own nursing actions and competencies;
 - 5) Practice or offer to practice only within the scope permitted by law and within the licensee's own educational preparation and competencies;
 - 6) Seek instruction and supervision from qualified individuals when implementing new or unfamiliar nursing activities;
 - 7) Delegate tasks only to individuals whom the licensee knows or has reason to know are competent by education or experience to perform those tasks;
 - 8) Delegate professional responsibilities only to individuals whom the licensee knows or has reason to know are licensed to perform;
 - 9) Be accountable for the quality of nursing care delegated to others;
 - 10) Report unsafe, unethical or illegal health care practice or conditions to appropriate authorities; and
 - 11) Assume responsibility for continued professional growth and education to reflect knowledge and understanding of current nursing care practice.
- b) Violations of this Section may result in discipline as specified in Section 70-5 of the Act. All disciplinary hearings shall be conducted in accordance with 68 Ill. Adm. Code 1110.

Section 1300.360 RN Scope of Practice

Practice as a registered professional nurse means the full scope of nursing, with or without compensation, that incorporates caring for all patients in all settings, through nursing standards

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recognized by the Division, and includes all of the following and other activities requiring a like skill level for which the registered professional nurse is properly trained:

- a) *The comprehensive nursing assessment of the health status of patients that addresses changes to patient conditions.*
- b) *The development of a plan of nursing care to be integrated within the patient-centered health care plan that establishes nursing diagnoses, and setting goals to meet identified health care needs, determining nursing interventions, and implementation of nursing care through the execution of nursing strategies and regimens ordered or prescribed by authorized healthcare professionals.*
- c) *The administration of medication or delegation of medication administration to licensed practical nurses.*
- d) *Delegation of nursing interventions to implement the plan of care.*
- e) *The provision for the maintenance of safe and effective nursing care rendered directly or through delegation.*
- f) *Advocating for patients.*
- g) *The evaluation of responses to interventions and the effectiveness of the plan of care.*
- h) *Communicating and collaborating with other health care professionals.*
- i) *The procurement and application of new knowledge and technologies.*
- j) *The provision of health education and counseling.*
- k) *Participating in development of policies, procedures and systems to support patient safety. (Section 60-35 of the Act)*

Section 1300.370 Provision of Conscious Sedation by Registered Nurses in Ambulatory Surgical Treatment Centers

- a) In accordance with Section 6.7 of the Ambulatory Surgical Treatment Center Act [210 ILCS 5], nothing in that Act precludes a registered nurse from administering

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medications for the delivery of local or minimal sedation ordered by a physician licensed to practice medicine in all of its branches, podiatrist or dentist.

- b) *If the ASTC policy allows the registered nurse to deliver moderate sedation ordered by a physician licensed to practice medicine in all its branches, podiatrist or dentist, the following are required:*
- 1) *The registered nurse must be under the supervision of a physician licensed to practice medicine in all its branches, podiatrist or dentist during the delivery or monitoring of moderate sedation and have no other responsibilities during the procedure.*
 - 2) *The registered nurse must maintain current Advanced Cardiac Life Support certification or Pediatric Advanced Life Support certification as appropriate to the age of the patient.*
 - 3) *The supervising physician licensed to practice medicine in all its branches, podiatrist or dentist must have training and experience in delivering and monitoring moderate sedation and possess clinical privileges at the ASTC to administer moderate sedation or analgesia.*
 - 4) *The supervising physician licensed to practice medicine in all its branches, podiatrist or dentist must remain physically present and available on the premises during the delivery of moderate sedation for diagnosis, consultation and treatment of emergency medical conditions.*
 - 5) *The supervising physician licensed to practice medicine in all its branches, podiatrist or dentist must maintain current Advanced Cardiac Life Support certification or Pediatric Advanced Life Support certification as appropriate to the age of the patient.*
- c) Local, minimal and moderate sedation are defined as follows:
- 1) "Local Anesthesia" is numbing medication injected into the skin or other surface at the site of the procedure. The injection is usually near the surface, but may be deeper in some cases. The total dose of local anesthesia does not exceed 50% of the commonly accepted toxic dose on a weight adjusted lean body mass basis.

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- 2) "Minimal Sedation" (anxiolysis) is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, respiratory and cardiovascular functions are unaffected.
- 3) "Moderate Sedation Analgesia" (conscious sedation) is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- d) *Registered nurses shall be limited to administering medication for moderate sedation at doses rapidly reversible pharmacologically. [210 ILCS 5/6.7(c)]* Acceptable medications are opioids, benzodiazepines and reversal agents: Meperidine, Fentanyl, Diazepam, Midazolam, naloxone and flumazenil. Nothing prohibits RN from monitoring or adjusting an FDA approved delivery device under the supervision of a physician.

SUBPART D: ADVANCED PRACTICE NURSE

Section 1300.400 Application for Licensure

- a) An applicant for licensure as an advanced practice nurse shall file an application on forms provided by the Division. The application shall include:
 - 1) Current Illinois registered professional nurse license number.
 - 2) Proof of current national certification, which includes completion of an examination, from one of the following:
 - A) Nurse Midwife certification from:
 - i) the American College of Nurse Midwives (ACNM); or
 - ii) the American Midwifery Certification Board.
 - B) Nurse Practitioner certification from:

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- i) American Academy of Nurse Practitioners Certification Program as a Nurse Practitioner;
 - ii) American Nurses Credentialing Center as a Nurse Practitioner;
 - iii) The National Certification Board of Pediatric Nurse Practitioners & Nurses as a Nurse Practitioner;
 - iv) The National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties as a Nurse Practitioner; or
 - v) The Certification Board for Urologic Nurses and Associates as a Urologic Nurse Practitioner.
- C) Registered Nurse Anesthetist certification from:
- i) Council on Certification of the American Association of Nurse Anesthetists; or
 - ii) Council on Recertification of the American Association of Nurse Anesthetists.
- D) Clinical Nurse Specialist certification from:
- i) American Nurses Credentialing Center (ANCC) as a Clinical Nurse Specialist (acceptable certifications are listed in Appendix A);
 - ii) American Association of Critical Care Nurses as a Clinical Nurse Specialist;
 - iii) Rehabilitation Nursing Certification Board as a Certified Rehabilitation Registered Nurse-Advanced;
 - iv) Oncology Nursing Certification Corporation as an Advanced Oncology Nurse (AOCN);

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- v) Certification Board for Urologic Nurses and Associates as Urologic Clinical Nurse Specialist; or
 - vi) Other certifications listed in Appendix A.
- 3) The Board, in addition to the certifications listed in subsection (a)(2), may review and make a recommendation to the Division to accept a certification if the certifying body meets the following requirements (certifications are listed in Appendix A):
- A) is national in the scope of credentialing;
 - B) has no requirement for an applicant to be a member of any organization;
 - C) has an examination that represents a specialty practice category;
 - D) has an examination that evaluates knowledge, skills and abilities essential for the delivery of safe and effective specialty nursing care;
 - E) has an examination whose content and distribution are specified in a test plan;
 - F) has examination items reviewed for content validity, cultural sensitivity and correct scoring, using an established mechanism, both before use and periodically;
 - G) has an examination evaluated for psychometric performance;
 - H) has a passing standard established using acceptable psychometric methods and is re-evaluated periodically;
 - I) has examination security maintained through established procedures;
 - J) issues a certification based upon passing the examination;

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- K) has mechanisms in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status and changes in the certification program, including qualifications, test plan and scope of practice; and
 - L) has an evaluation process to provide quality assurance in its certification program.
- 4) Proof of successful completion of a graduate degree appropriate for national certification in the clinical advanced practice nursing specialty or a graduate degree or post-master's certificate from a graduate level program in a clinical advanced practice nursing specialty.
- 5) An applicant seeking licensure in more than one advanced practice nursing category shall have met the requirements for at least one advanced practice nursing specialty; and
- A) Submit proof of possession of an additional graduate education that results in a certificate for another clinical APN category and that meets the requirements for the national certification from the appropriate nursing specialty; and
 - B) Submit proof of a current, national certification from the appropriate certifying body for that additional advanced practice nursing category.
- 6) Verification of licensure as an APN from the state in which an applicant was originally licensed, current state of licensure and any other state in which the applicant has been actively practicing as an APN within the last 5 years, if applicable, stating:
- A) The time during which the applicant was licensed in that state, including the date of the original issuance of the license; and
 - B) Whether the file on the applicant contains any record of disciplinary actions taken or pending.
- 7) The fee required in Section 1300.30(a)(4).

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- b) An applicant for licensure as an APN may apply to the Division for a temporary permit, on forms provided by the Division, to practice as an APN prior to the issuance of the APN license.
- 1) Application Requirements
- A) The application shall include a completed, signed application for licensure, as set forth in subsection (a).
- B) The application shall include documentation from an approved certifying body set forth in subsection (a)(2) indicating the date the applicant is scheduled to sit for the examination. Upon successful completion of the examination, proof of certification shall be submitted to the Division from the certifying body.
- C) An APN who will be practicing in a hospital or ambulatory surgical treatment center in accordance with 210 ILCS 5/6.5 shall not be required to have prescriptive authority or a written collaborative agreement pursuant to the Act and this Part.
- D) An APN applicant who will be practicing outside of a hospital or ambulatory surgical treatment center shall provide a certifying statement indicating that the APN applicant has entered into a collaborative agreement as required by Section 65-35 of the Act.
- E) The applicant shall include the processing fee set forth in Section 1300.30(a)(4).
- 2) Practice Pending Licensure
- A) The Division will provide a letter to each applicant indicating the ability to practice pending licensure.
- B) Practice pending licensure shall be terminated upon:
- i) the issuance of a permanent license;

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- ii) failure to complete the application process within 6 months from the date of application;
 - iii) a finding by the Division that the applicant has violated one or more of the grounds for discipline set forth in Section 70-5 of the Act;
 - iv) a finding by the Division that, within the last 5 years, the applicant has had a license or permit related to the practice of advanced practice nursing revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois; or
 - v) a finding by the Division that the applicant does not meet the licensure requirements set forth in this Section.
- C) The Division shall notify the applicant in writing of the termination and shall notify the applicant by certified or registered mail of the intent to deny licensure.
- c) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Division or the Board because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure shall be requested to:
- 1) Provide information as may be necessary; and/or
 - 2) Appear for an interview before the Board to explain the relevance or sufficiency, clarify information, or clear up any discrepancies or conflicts in information.
- d) An APN license may be issued when the applicant meets the requirements set forth in this Section.

Section 1300.410 Written Collaborative Agreements

- a) *A written collaborative agreement shall describe the working relationship of the advanced practice nurse with the collaborating physician or podiatrist and shall*

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authorize the categories of care, treatment or procedures to be performed by the advanced practice nurse. (Section 65-35(b) of the Act)

- b) *The agreement shall be defined to promote the exercise of professional judgment by the advanced practice nurse commensurate with his or her education and experience. The services to be provided by the advanced practice nurse shall be services that the collaborating physician or podiatrist generally provides to his or her patients in the normal course of his or her clinical medical practice except as set forth in Section 1300.450 (Delivery of Anesthesia Services by a Certified Registered Nurse Anesthetist Outside a Hospital or Ambulatory Surgical Treatment Center). The agreement need not describe the exact steps that an advanced practice nurse must take with respect to each specific condition, disease or symptom, but must specify which authorized procedures require a physician's or podiatrist's presence as the procedures are being performed. The collaborative relationship under an agreement shall not be construed to require the personal presence of a physician or podiatrist at all times at the place where services are rendered. Methods of communication shall be available for consultation with the collaborating physician or podiatrist in person or by telecommunications in accordance with established written guidelines as set forth in the written agreement. (Section 65-35(b) of the Act)*
- c) *A copy of the signed, written collaborative agreement must be available to the Division upon request from both the advanced practice nurse and the collaborating physician or podiatrist. An advanced practice nurse shall inform each collaborating physician or podiatrist of all collaborative agreements he or she has signed and provide a copy of these to any collaborating physician or podiatrist, upon request. (Section 65-35(d) and (f) of the Act)*

Section 1300.420 Collaboration and Consultation

- a) *A physician licensed to practice medicine in all its branches in active clinical practice may collaborate with an advanced practice nurse in accordance with the requirements of the Nurse Practice Act. Collaboration is for the purpose of providing medical consultation, and no employment relationship is required. A written collaborative agreement shall conform to the requirements of Section 65-35 of the Nurse Practice Act. The written collaborative agreement shall be for services the collaborating physician or podiatrist generally provides to his or her patients in the normal course of clinical medical practice, except as set forth in Section 1300.450 (Delivery of Anesthesia Services by a Certified Registered*

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Nurse Anesthetist Outside a Hospital or Ambulatory Surgical Treatment Center).
A written collaborative agreement shall be adequate with respect to collaboration with advanced practice nurses if all of the following apply:

- 1) *The agreement is written to promote the exercise of professional judgment by the advanced practice nurse commensurate with his or her education and experience. The agreement need not describe the exact steps that an advanced practice nurse must take with respect to each specific condition, disease or symptom, but must specify those procedures that require a physician's presence as the procedures are being performed.*
 - 2) *Practice guidelines and orders are developed and approved jointly by the advanced practice nurse and collaborating physician or podiatrist, based on the practice of the practitioners. Such guidelines and orders and the patient services provided thereunder are periodically reviewed by the collaborating physician or podiatrist.*
 - 3) *The advanced practice nurse provides services the collaborating physician or podiatrist generally provides to his or her patients in the normal course of clinical practice, except as set forth in Section 1300.450. With respect to labor and delivery, the collaborating physician must provide delivery services in order to participate with a certified nurse midwife.*
 - 4) *The collaborating physician or podiatrist and advanced practice nurse meet in person at least once a month to provide collaboration and consultation.*
 - 5) *Methods of communication are available with the collaborating physician or podiatrist in person or through telecommunications for consultation, as needed to address patient care needs.*
 - 6) *The agreement contains provisions detailing notice for termination or change of status involving a written collaborative agreement, except when such notice is given for just cause. [225 ILCS 60/54.5(b)]*
- b) Licensed dentists may only enter into a written collaborative agreement with a CRNA and the agreement shall comply with Section 65-35 of the Act and Sections 1300.410 and 1300.420.

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Section 1300.430 Prescriptive Authority

- a) A collaborating physician or podiatrist who delegates prescriptive authority to an advanced practice nurse shall include that delegation in the written collaborative agreement. This authority may include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, medical gases, and controlled substances categorized as Schedule III, III-N, IV or V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating physician or podiatrist must have a valid current Illinois controlled substance license and federal registration to delegate authority to prescribe delegated controlled substances.
- b) Pursuant to Section 65-40(d) of the Act, a collaborating physician may, but is not required to, delegate authority to an advanced practice nurse to prescribe Schedule II or II-N controlled substances under the following conditions:
 - 1) *No more than 5 Schedule II or II-N controlled substances by oral dosage may be delegated. For the purposes of this Section generic substitution pursuant to Section 25 of the Pharmacy Practice Act shall be allowed under this Section when not prohibited by a prescriber's indication on the prescription that the pharmacist "may not substitute".*
 - 2) *The collaborating physician can only delegate controlled substances that the collaborating physician prescribes.*
 - 3) *Any prescription must be limited to no more than a 30-day oral dosage, with any continuation authorized only after prior approval of the collaborating physician.*
 - 4) *The advanced practice nurse must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the delegating physician.*
- c) An APN who has been given controlled substances prescriptive authority shall be required to obtain an Illinois mid-level practitioner controlled substances license in accordance with 77 Ill. Adm. Code 3100. The physician or podiatrist shall file a notice of delegation of prescriptive authority with the Division. The delegation

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of authority form shall be submitted to the Division prior to the issuance of a controlled substance license.

- d) The APN may only prescribe and dispense controlled substances that the collaborating physician or podiatrist prescribes. Licensed dentists may not delegate prescriptive authority.
- e) All prescriptions written and signed by an advanced practice nurse shall indicate the name of the collaborating physician or podiatrist. The collaborating physician's or podiatrist's signature is not required. The APN nurse shall sign his/her own name.
- f) An APN may receive and dispense samples per the collaborative agreement.
- g) Medication orders shall be reviewed periodically by the collaborating physician or podiatrist.

Section 1300.440 APN Scope of Practice

- a) *Advanced practice nursing by certified nurse practitioners, certified nurse anesthetists, certified nurse midwives, or clinical nurse specialists is based on knowledge and skills acquired throughout an advanced practice nurse's nursing education, training and experience.*
- b) *Practice as an advanced practice nurse means a scope of nursing practice, with or without compensation, and includes the registered nurse scope of practice.*
- c) *The scope of practice of an advanced practice nurse includes, but is not limited to, each of the following:*
 - 1) *Advanced nursing patient assessment and diagnosis.*
 - 2) *Ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the advanced practice nurse or another health care professional.*

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- 3) *Ordering treatments, ordering or applying appropriate medical devices, and using nursing, medical, therapeutic, and corrective measures to treat illness and improve health status.*
- 4) *Providing palliative and end-of-life care.*
- 5) *Providing advanced counseling, patient education, health education, and patient advocacy.*
- 6) *Prescriptive authority as defined in Section 65-40 of the Act.*
- 7) *Delegating selected nursing activities or tasks to a licensed practical nurse, a registered professional nurse, or other personnel. (Section 65-30 of the Act)*

Section 1300.450 Delivery of Anesthesia Services by a Certified Registered Nurse Anesthetist Outside a Hospital or Ambulatory Surgical Treatment Center

- a) A certified registered nurse anesthetist (CRNA) who provides anesthesia services outside of a hospital or ambulatory surgical treatment center shall enter into a written collaborative agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches or the podiatrist performing the procedure. Outside of a hospital or ambulatory surgical treatment center, the CRNA may provide only those services that the collaborating podiatrist is authorized to provide pursuant to the Podiatric Medical Practice Act of 1987 and rules adopted under that Act. A certified registered nurse anesthetist may select, order, and administer medication, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed with by the anesthesiologist or the operating physician or operating podiatrist.
- b) *A certified registered nurse anesthetist may be delegated prescriptive authority under Section 65-40 of the Act in a written collaborative agreement meeting the requirements of Section 65-35 of the Act. (Section 15-25(e) of the Act)*
- c) In a physician's office, the CRNA may only provide anesthesia services if the physician has training and experience in the delivery of anesthesia services to patients. The physician's training and experience shall be documented in the

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written collaborative agreement and the training and experience shall meet the requirements set forth in 68 Ill. Adm. Code 1285.340.

- d) In addition, in a physician's office, any CRNA and physician who enter into a collaborative agreement shall obtain and maintain current Advanced Cardiac Life Support (ACLS) certification.
- e) A CRNA who provides anesthesia services in a dental office shall enter into a written collaborative agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches or the operating dentist performing the procedure. The agreement shall describe the working relationship of the CRNA and dentist and shall authorize the categories of care, treatment or procedures to be performed by the CRNA. In a collaborating dentist's office, the CRNA may only provide those services that the operating dentist with the appropriate permit is authorized to provide pursuant to the Illinois Dental Practice Act and rules adopted under that Act. For anesthesia services, an anesthesiologist, physician or operating dentist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation and treatment of emergency medical conditions. A CRNA may select, order and administer medication, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed with by the operating dentist.
- f) In a podiatrist's office, the CRNA may only provide those services the podiatrist is authorized to provide pursuant to the Podiatric Medical Practice Act of 1987 and 68 Ill. Adm. Code 1360. Podiatrists may not administer general anesthetics.
- g) A CRNA providing anesthesia services in a physician, dental or podiatrist office shall do so with the active participation, approval, presence and availability of the physician, dentist or podiatrist as well as in accordance with Standards 1 through 11 of the "Standards for Office Based Anesthesia Practice", American Association of Nurse Anesthetists, 222 South Prospect Avenue, Park Ridge, Illinois 60068 (2005), which are hereby incorporated by reference, with no later editions or amendments. If there is a conflict between the Nurse Practice Act or this Part and those standards, the Act and this Part shall prevail.

Section 1300.460 Advanced Practice Nursing in Hospitals or Ambulatory Surgical Treatment Centers

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- a) An advanced practice nurse may provide services in a licensed hospital or a licensed ambulatory surgical treatment center without prescriptive authority or a written collaborative agreement pursuant to Section 65-35 of the Act. An APN must possess clinical privileges recommended by the hospital medical staff and granted by the hospital or the consulting medical staff committee and ambulatory surgical treatment center in order to provide services. The medical staff or consulting medical staff committee shall periodically review the services of advanced practice nurses granted clinical privileges. Authority may also be granted to individual APNs to select, order and administer medications, including controlled substances as permitted under the Act and this Part, to provide delineated care. The attending physician shall determine an APN's role in providing care for his or her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.
- b) For anesthesia services provided by a certified registered nurse anesthetist, an anesthesiologist, physician, dentist, or podiatrist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation and treatment of emergency medical conditions, unless hospital policy adopted pursuant to Section 10.7(4)(B) of the Hospital Licensing Act or ambulatory surgical treatment center policy adopted pursuant to Section 6.5(4)(B) of the Ambulatory Surgical Treatment Center Act provides otherwise. A CRNA may select, order and administer medication for anesthesia services under the anesthesia plan agreed to by the anesthesiologist or the physician, in accordance with hospital alternative policy or the medical staff consulting committee policies of a licensed ambulatory surgical treatment center.
- c) An advanced practice nurse who provides services in a hospital shall do so in accordance with Section 10.7 of the Hospital Licensing Act and, in an ambulatory surgical treatment center, in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.

Section 1300.470 Advertising

- a) Advertising shall contain all information necessary to make the communication informative and not misleading. Advertising shall identify the type of license held by the licensee whose services are being promoted. The form of advertising

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shall be designed to communicate information to the public in a direct, dignified and readily comprehensible manner.

- b) If an advertisement is communicated to the public over television or radio, it shall be prerecorded and approved for broadcast by the advanced practice nurse and a recording of the actual transmission, including videotape, shall be retained, for at least 5 years, by the advanced practice nurse.
- c) Advertising shall otherwise comply with Section 65-55 of the Act.

Section 1300.480 Reports Relating to APN Professional Conduct and Capacity

- a) All reports filed under Section 65-65 of the Act must contain sufficient current information to enable the Division to evaluate the impairment and determine the appropriateness of the supervision or the program of rehabilitation. If the Board finds the supervision or treatment plan submitted by the institution is not sufficient to meet the needs of the individual, the Board may direct the facility to work with the Division to revise the plan or treatment to meet the specific objections.
- b) Contents of Reports. Reports under this Section shall be submitted in writing on forms provided by the Division that shall include but not be limited to the following information:
 - 1) The name, address, telephone number and title of the person making the report;
 - 2) The name, address, telephone number and type of health care institution where the maker of the report is employed;
 - 3) The name, address, telephone number and professional license number of the person who is the subject of the report;
 - 4) A brief description of the facts that gave rise to the issuance of the report, including but not limited to the dates of any occurrences deemed to necessitate the filing of the report;
 - 5) If court action is involved, the identity of the court in which the action is filed, the docket number, and the date of filing of the action;

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- 6) Any further pertinent information that the reporting party deems to be an aid in the evaluation of the report.

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Section 1300.APPENDIX A Additional Certifications Accepted for Licensure as an Advanced Practice Nurse

Pursuant to Section 1300.400(a)(3), the Division, upon recommendation of the Board, has approved the following certifications. Acceptance of these certifications is based on the absence of an advanced practice nurse examination in the area of the nursing specialty. If the certifying body develops and offers an advanced practice nurse examination in the area of the nursing specialty, then an applicant as an APN would be required to pass the advanced practice nurse examination rather than the generalist examination in order for the Division to accept the certification for licensure.

Clinical Nurse Specialists

American College of Cardiovascular Nursing

American Association of Critical Care Nurses

American Association of Neuroscience Nurses

American Board of Occupational Health Nurses, Inc.

American Holistic Nurses Association

American Nurses Credentialing Center

Clinical Specialists in Community Health Nursing

Clinical Specialists in Gerontology Nursing

Clinical Specialists in Home Health Nursing

Clinical Specialists in Medical/Surgical Adult Health

Clinical Specialists in Pediatric Nursing

Clinical Specialists in Psychiatric and Mental Health Nursing – Adults

Clinical Specialists in Psychiatric and Mental Health Nursing – Adolescent

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Psychiatric and Mental Health Nursing

Cardiac and Vascular Nurse

College Health Nurse

Perinatal Nurse

Ambulatory Care Nursing

Diabetes

American Society of Perianesthesia Nurses

American Society of Plastic Reconstructive Surgical Nurses

Association of Nurses in AIDS Care

Board of Certification of Emergency Nurses

Certification Board of Perioperative Nurses, Inc.

Certification of Pediatric Oncology Nurses

Certification Board of Gastroenterology Nurses

Dermatology Nurse Certification Board

International Board of Lactation Consultants

International Nurses Society of Addictions

Infusion Nurses Certification Corporation

Infusion Nurses Society

National Association of School Nurses, Inc.

National Board of Certification of Hospice and Palliative Nurses

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National Certification Board for Diabetes Educators

National Certification Board of Pediatric Nurse Practitioners/Nurses

National Certification Corporation for the Obstetric, Gynecological and Neonatal Nursing Specialties

National Certifying Board for Ophthalmic Registered Nurses

Nephrology Nursing Certification Board

Oncology Nursing Certification Corporation

Orthopedic Nurses Certification Board

Rehabilitation Nursing Certification Board

Vascular Nursing Certification Board

Wound, Ostomy, and Continence Society

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Section 1300.EXHIBIT A Sample Written Collaborative Agreement

ADVANCED PRACTICE NURSING
WRITTEN COLLABORATIVE AGREEMENT

A. ADVANCED PRACTICE NURSE INFORMATION

1. NAME: _____
2. ILLINOIS RN LICENSE NUMBER: _____
ILLINOIS APN LICENSE NUMBER: _____
ILLINOIS MID-LEVEL PRACTITIONER LICENSE NUMBER: _____
FEDERAL MID-LEVEL PRACTITIONER DEA NUMBER: _____
3. AREAS OF CERTIFICATION: _____
4. CERTIFYING ORGANIZATION: _____
5. CERTIFICATION EXPIRATION DATE: _____
6. CERTIFICATION NUMBER: _____
7. PRACTICE SITES: (Attach List of Sites)
8. CONTACT NUMBER: _____
FACSIMILE NUMBER: _____
EMERGENCY CONTACT NUMBERS: _____
(e.g., pager, answering service)
9. ATTACHMENTS:
Copy of Certification/Recertification
Copies of RN & APN License
Copy of Certificate of Insurance
Copy of Mid-Level Practitioner License

B. COLLABORATING PHYSICIAN/PODIATRIST INFORMATION

1. NAME: _____

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2. ILLINOIS LICENSE NUMBER: _____
3. PRACTICE AREA OR CONCENTRATION: _____
4. BOARD CERTIFICATION (if any): _____
5. CERTIFYING ORGANIZATION: _____
6. PRACTICE SITES: (Attach List of Sites)
7. CONTACT NUMBER: _____
FACSIMILE NUMBER: _____
EMERGENCY CONTACT NUMBERS: _____
(e.g., pager, answering service)

C. ADVANCED PRACTICE NURSE COLLABORATING PHYSICIAN/PODIATRIST
WORKING RELATIONSHIP

1. WRITTEN COLLABORATIVE AGREEMENT REQUIREMENT

A written collaborative agreement is required for all Advanced Practice Nurses (APNs) engaged in clinical practice outside of a hospital or ambulatory surgical treatment center (ASTC). An APN may provide services in a licensed hospital or ASTC without a written collaborative agreement or delegated prescriptive authority.

2. SCOPE OF PRACTICE

Under this agreement, the advanced practice nurse will work with the collaborating physician or podiatrist in an active practice to deliver health care services to_____. This includes, but is not limited to, advanced nursing patient assessment and diagnosis, ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the APN or another health care professional, ordering treatments, ordering or applying appropriate medical devices, using nursing, medical, therapeutic and corrective measures to treat illness and improve health status, providing palliative and end-of-life care, providing advanced counseling, patient education, health education and patient advocacy, prescriptive authority, and delegating nursing activities or tasks to a LPN, RN or other personnel.

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If applicable, the advanced practice nurse shall maintain allied health personnel privileges at the following hospitals for the designated services:

Hospitals: _____

This written collaborative agreement shall be reviewed and updated annually. A copy of this written collaborative agreement shall remain on file at all sites where the advanced practice nurse renders service and shall be provided to the Illinois Department of Financial and Professional Regulation upon request. Any joint orders or guidelines are set forth or referenced in an attached document.

3. COLLABORATION AND CONSULTATION

Collaboration and consultation shall be adequate if the collaborating physician/podiatrist:

- (A) participates in the joint formulation and joint approval of orders or guidelines with the advanced practice nurse, as needed based on the practice of the practitioners, and periodically reviews those orders and the services provided patients under those orders in accordance with accepted standards of medical practice and advanced practice nursing practice;
- (B) meets in person with the APN at least once a month to provide collaboration and consultation; and
- (C) is available in person, or through telecommunications, for consultation and collaboration on medical problems, complications or emergencies or for patient referral. (See 225 ILCS 60/54.5(b)(5).)

The written collaborative agreement shall be for services the collaborating physician or podiatrist generally provides to his or her patients in the normal course of clinical practice.

Information specific to collaboration and consultation with a CRNA is as follows:

- (A) A licensed CRNA may provide anesthesia services pursuant to the order of a licensed physician, podiatrist or dentist.
- (B) For anesthesia services, an anesthesiologist, physician, podiatrist or dentist participates through discussion of and agreement with the anesthesia plan and is physically present and available on the premises during the delivery

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of anesthesia services for diagnosis, consultation and treatment of emergency medical conditions.

- (C) A CRNA may select, order and administer medications, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed to by an anesthesiologist, or the operating physician, operating podiatrist or operating dentist. (See 225 ILCS 65/65-35(c-5) and (c-10).)
- (D) In a physician's office, the CRNA may only provide anesthesia services if the physician has training and experience in the delivery of anesthesia services to patients.
- (E) In a podiatrist's office, the CRNA may only provide those services the podiatrist is authorized to provide pursuant to the Podiatric Medical Practice Act.
- (F) A collaborative agreement between a CRNA and a dentist must be in accordance with 225 ILCS 65/65-35(c-10). In a dentist's office, the CRNA may only provide those services the dentist is authorized to provide pursuant to the Illinois Dental Practice Act.

4. COMMUNICATION, CONSULTATION AND REFERRAL

The advanced practice nurse shall consult with the collaborating physician/podiatrist by telecommunication or in person as needed. In the absence of the designated collaborating physician/podiatrist, another physician/podiatrist shall be available for consultation.

The advanced practice nurse shall inform each collaborating physician/podiatrist of all written collaborative agreements he or she has signed with other physicians/podiatrists, and provide a copy of these to any collaborating physician/podiatrist upon request.

5. DELEGATION OF PRESCRIPTIVE AUTHORITY

As the collaborating physician/podiatrist, any prescriptive authority delegated to the advanced practice nurse is set forth in an attached document.

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NOTE: ADVANCED PRACTICE NURSE MAY ONLY PRESCRIBE CONTROLLED SUBSTANCES UPON RECEIPT OF AN ILLINOIS MID-LEVEL PRACTITIONER CONTROLLED SUBSTANCES LICENSE.

WE THE UNDERSIGNED AGREE TO THE TERMS AND CONDITIONS OF THIS WRITTEN COLLABORATIVE AGREEMENT.

Collaborating Physician/Podiatrist
Signature/Date

Advanced Practice Nurse
Signature/Date

(Physician's/Podiatrist's Typed Name)

(Advanced Practice Nurse's Typed Name)