

Proposed

Kansas State Board of Nursing
Landon State Office Building
900 SW Jackson St., Suite 1051
Topeka, KS 66612-1230



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www.ksbn.org

Mary Blubaugh, MSN, RN
Executive Administrator

Kansas State Board of Nursing

Sam Brownback, Governor

A public hearing will be conducted at 1:00 P.M. Thursday, March 3, 2016 in Room 1051 of the Landon State Office Building, 900 SW Jackson, Topeka, to consider the adoption of proposed changes in ten existing rules and regulations relating to continuing nursing education, duplicate license, initial approval for nursing programs, change of name requirements, unprofessional conduct, and reporting misdemeanors. The continuing nursing education proposed changes include clarifying the requirements of a CNE transcript, fractions of hours over 30 minutes to be computed towards contact hours, that an Individual Offering Approval (IOA) is required for college courses, and that refresher courses are only accepted for CNE if it is required for licensure reinstatement. It is proposed that the duplicate license is for the initial license and deletes the ability to waive the fee for a duplicate license if it was stolen. It is also proposed that a licensee must report within 30 days a name change and a conviction of certain misdemeanors. The proposed changes will add the refusal of a board order for a mental or physical examination or an alcohol or drug screen to the unprofessional conduct regulation. The proposed changes also include the removal of the requirement for the rationale for the establishment of a nursing program and the potential effects on other nursing programs.

All interested parties may submit written comments prior to the hearing to the Executive Administrator of the Board of Nursing, Room 1051 Landon State Office Building, 900 S.W. Jackson, Topeka, Ks 66612 or by e-mail to mary.blubaugh@ksbn.state.ks.us. All interested parties will be given a reasonable opportunity to present their views, orally or in writing, concerning the adoption of the proposed regulations during the hearing. Phone comments will be taken by calling 1-877-278-8686 (access code 408307) at 1:00 P.M. the day of the hearing. In order to give all persons the opportunity to present their views, it may be necessary to request each participant to limit any oral presentations to five minutes. A summary of the proposed regulations and the economic impact follows.

K.A.R. 60-2-101. Requirements for initial approval. The proposed changes delete language which requires a rationale for the establishment of the RN and LPN nursing program and the potential effect on other nursing programs in the area. The changes also delete the Kansas administrative process for nursing programs. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-3-102. Duplicate of Initial license. The proposed language deletes for nursing "the fee may be waived if the license has been stolen" and clarifies that the duplicate license is for the initial license. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-3-103. Change of name. The proposed change adds the requirement that a licensee or applicant must notify the board within 30 days of a name change. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-3-110. Unprofessional conduct. The proposed change adds that if a nurse licensee or applicant for a nursing license fails to submit to a mental or physical examination or an alcohol or drug screen when ordered by the board, that failure would be defined as unprofessional conduct. There is no economic impact for the State Board of Nursing, other governmental entities, private business, but the individuals may incur the cost of the examination.

K.A.R. 60-3-113. Reporting of certain misdemeanor convictions by the licensee. The proposed change would require the licensee to report the convictions within 30 days from the date of the conviction. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

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K.A.R. 60-7-102. Duplicate of Initial license. The proposed language deletes for licensed mental health technicians "the fee may be waived if the license has been stolen" and clarifies that the duplicate license is for the initial license. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-7-106. Unprofessional conduct. The proposed change adds that if a licensed mental health technician licensee or applicant for a mental health technician license fails to submit to a mental or physical examination or an alcohol or drug screen when ordered by the board, that failure would be defined as unprofessional conduct. There is no economic impact for the State Board of Nursing, other governmental entities, or private business, but the individuals may incur the cost of the examination.

K.A.R. 60-9-105. Definitions. The proposed changes clarify that each CNE transcript shall be maintained by the CNE provider and that fractions of hours over 30 minutes to be computed towards a contact hour will be accepted. There is no economic impact for the State Board of Nursing or the individual. There may be a cost to other governmental entities or private business but that amount cannot be determined.

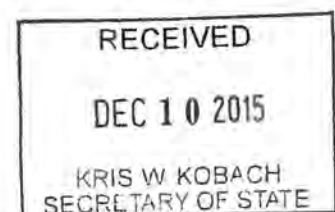
K.A.R. 60-9-106. Continuing nursing education for license renewal. The proposed changes clarify that the CNE transcript designates the number of hours, the licensee name, and license number. The changes also clarify that an IOA is required for a college course and when the required 30 hours of CNE need to be completed. The proposed changes also clarify the requirements to be submitted when a licensee is submitting an IOA. The change also clarifies that a refresher course is only accepted for CNE if it is required for licensure reinstatement. There is no economic impact for the State Board of Nursing or the individual. There may be a cost to other governmental entities or private business but that amount cannot be determined.

K.A.R. 60-17-102. Requirements for initial approval. The proposed changes delete language which requires a rationale for the establishment of the APRN nursing program and the potential effect on other nursing programs in the area. The changes also delete the Kansas administrative process for nursing programs. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

A copy of each of the proposed regulations and associated economic impact statement may be obtained by accessing the Kansas State Board of Nursing web site at www.ksbn.org or by contacting the Executive Administrator at the State Board of Nursing, Suite 1051, Landon State Office Building, 900 SW Jackson, Topeka, KS. 66612 or call (785) 296-5752, prior to the date of hearing.

Any individual with a disability may request accommodations in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodations should be made at least five working days in advance of the hearing by contacting the State Board of Nursing.

Mary Blubaugh MSN, RN
Executive Administrator



60-2-101. Requirements for initial approval. (a) Administration and organization.

(1) The nursing education program or the institution of which it is a part shall be a legally constituted body. The controlling body shall be responsible for general policy and shall provide for the financial support of the nursing education program.

(2) Authority and responsibility for administering the nursing education program shall be vested in the nurse administrator of the nursing education program.

(3) The program shall be accredited, be part of an institution that is accredited, or be in the process of being accredited by an agency that is approved by the United States department of education.

(b) Application. Each new or converted nursing education program shall submit an initial application 60 days before a scheduled board meeting. The application shall include the following:

- (1) The course of study and credential to be conferred;
- (2) ~~the rationale for the establishment of the program;~~
- (3) ~~the potential effect on other nursing programs in the area;~~
- (4) the name and title of the administrator of the nursing education program;
- (5) ~~(3)~~ the name of the controlling body;
- (6) ~~(4)~~ the name and title of the administrator of the controlling body;
- (7) ~~(5)~~ all sources of financial support;
- (8) ~~(6)~~ a proposed curriculum with the total number of hours of both theoretical and clinical instruction;
- (9) ~~(7)~~ the number, qualifications, and assignments of faculty members;
- (10) ~~(8)~~ a proposed date of initial admission of students to the program;
- (11) ~~(9)~~ the number of admissions each year and the number of students per admission;
- (12) ~~(10)~~ the admission requirements;
- (13) ~~(11)~~ a description of clinical facilities;
- (14) ~~(12)~~ copies of the current school bulletin or catalog;

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~~(15)~~ (13) the name of each hospital and affiliating agency providing facilities for clinical experience.

Each such hospital and affiliating agency shall be licensed or approved by the appropriate entity or entities; and

~~(16)~~ (14) signed contracts or letters from clinical facilities stating that they will provide clinical experiences for the program's students.

(c) Surveys. Each nursing education program shall be surveyed for initial approval by the board. An on-site visit shall be conducted by the board to validate information submitted in the program's initial application before granting initial approval.

(1) During an initial survey, the nurse administrator of the program shall make available the following:

(A) Administrators, prospective faculty and students, clinical facility representatives, and support services personnel to discuss the nursing education program;

(B) minutes of faculty meetings;

(C) faculty and student handbooks;

(D) policies and procedures;

(E) curriculum materials;

(F) a copy of the nursing education program's budget; and

(G) affiliating agency contractual agreements.

(2) The nurse administrator of the nursing education program or designated personnel shall take the survey team to inspect the nursing educational facilities, including satellite program facilities and library facilities.

(3) Upon completion of the survey, the nurse administrator shall be asked to correct any inaccurate statements contained in the survey report, limiting comments to errors, unclear statements, and omissions.

(d) Approval. Each nursing education program seeking approval shall perform the following:

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(1) Submit a progress report that includes the following:

(A) Updated information in all areas identified in the initial application;

(B) the current number of admissions and enrollments;

(C) the current number of qualified faculty; and

(D) detailed course syllabi; and

(2) have a site visit conducted by the board's survey team after the first graduation.

(e) Denial of approval. If a nursing education program fails to meet the requirements of the board within a designated period of time, the program shall be notified by the board's designee of the board's intent to deny approval. ~~This notification shall be made pursuant to K.S.A. 77-512, and amendments thereto, of the Kansas administrative procedures act and shall inform the program of its right to a hearing pursuant to the act.~~ (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective Jan. 1, 1966; amended Jan. 1, 1968; amended Jan. 1, 1972; amended Jan. 1, 1973; amended, E-74-29, July 1, 1974; modified L. 1975, Ch. 302, Sec. 2; modified, L. 1975, Ch. 396, Sec. 1, May 1, 1975; amended May 1, 1987; amended April 4, 1997; amended June 14, 2002; amended Jan. 24, 2003; amended Nov. 7, 2008; amended P-
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60-3-102. Duplicate of initial license. When a an individual's initial license has been lost or destroyed, a duplicate may be issued by the board upon payment of a the fee specified in K.S.A. 65-1118, and amendments thereto. ~~The fee may be waived if the license has been stolen.~~ (Authorized by K.S.A. 65-1129; implementing K.S.A. ~~1993~~ 2015 Supp. 74-1106; effective Jan. 1, 1966; amended Jan. 1, 1972; modified, L. 1975, Ch. 302, Sec. 11, May 1, 1975; amended Nov. 21, 1994; amended P-_____.)

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
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60-3-103. **Change of name.** ~~Once an application for licensure has been filed or a license has been issued~~ If an applicant for licensure or a licensee changes that individual's name after submitting an application or obtaining a license, the applicant or licensee shall submit legal documentation or an affidavit indicating a the change of name upon forms a form approved by the board. The applicant or licensee shall submit the document to the board within 30 days of the change, pursuant to K.S.A. 65-1117 and amendments thereto. (Authorized by ~~K.S.A. 65-1113 et seq., K.S.A. 1974 Supp. 74-1106 et seq.~~ 65-1129; implementing K.S.A. 2015 Supp. 65-1117; effective Jan 1, 1966; amended May 1, 1975; amended P-_____.)

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60-3-110. Unprofessional conduct. Any of the following shall constitute "unprofessional conduct":

(a) Performing acts beyond the authorized scope of the level of nursing for which the individual is licensed;

(b) assuming duties and responsibilities within the practice of nursing without making or obtaining adequate preparation or maintaining competency;

(c) failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard each patient,

(d) inaccurately recording, falsifying, or altering any record of a patient or agency or of the board;

(e) physical abuse, which shall be defined as any act or failure to act performed intentionally or carelessly that causes or is likely to cause harm to a patient. This term may include any of the following:

(1) The unreasonable use of any physical restraint, isolation, or medication that harms or is likely to harm a patient;

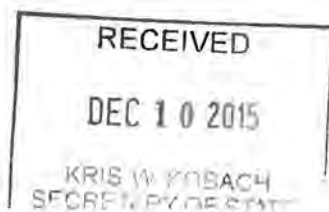
(2) the unreasonable use of any physical or chemical restraint, medication, or isolation as punishment, for convenience, in conflict with a physician's order or a policy and procedure of the facility or a state statute or regulation, or as a substitute for treatment, unless the use of the restraint, medication, or isolation is in furtherance of the health and safety of the patient;

(3) any threat, menacing conduct, or other nontherapeutic or inappropriate action that results in or might reasonably be expected to result in a patient's unnecessary fear or emotional or mental distress; or

(4) failure or omission to provide any goods or services that are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm;

(f) commission of any act of sexual abuse, sexual misconduct, or sexual exploitation related to the licensee's practice;

(g) verbal abuse, which shall be defined as any word or phrase spoken inappropriately to or in the presence of a patient that results in or might reasonably be expected to result in the patient's unnecessary fear, emotional distress, or mental distress;



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(h) delegating any activity that requires the unique skill and substantial specialized knowledge derived from the biological, physical, and behavioral sciences and judgment of the nurse to an unlicensed individual in violation of the Kansas nurse practice act or to the detriment of patient safety;

(i) assigning the practice of nursing to a licensed individual in violation of the Kansas nurse practice act or to the detriment of patient safety;

(j) violating the confidentiality of information or knowledge concerning any patient;

(k) willfully or negligently failing to take appropriate action to safeguard a patient or the public from incompetent practice performed by a registered professional nurse or a licensed practical nurse. "Appropriate action" may include reporting to the board of nursing;

(l) leaving an assignment that has been accepted, without notifying the appropriate authority and allowing reasonable time for replacement;

(m) engaging in conduct related to licensed nursing practice that is likely to deceive, defraud, or harm the public;

(n) diverting drugs, supplies, or property of any patient or agency;

(o) exploitation, which shall be defined as misappropriating a patient's property or taking unfair advantage of a patient's physical or financial resources for the licensee's or another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false pretense, or false representation;

(p) solicitation of professional patronage through the use of fraudulent or false advertisements, or profiting by the acts of those representing themselves to be agents of the licensee;

(q) advertising nursing superiority or advertising the performance of nursing services in a superior manner;

(r) failing to comply with any disciplinary order of the board;

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(s) failing to submit to a mental or physical examination or an alcohol or drug screen, or any combination of these, when so ordered by the board pursuant to K.S.A. 65-4924 and amendments thereto, that the individual is unable to practice nursing with reasonable skill and safety by reason of a physical or mental disability or condition, including deterioration through the aging process, loss of motor skills or the use of alcohol, drugs, or controlled substances, or any combination of these;

(t) failing to complete the requirements of the impaired provider program of the board;

(~~t~~) (u) failing to furnish the board, its investigators, or its representatives with any information legally requested by the board;

(~~u~~) (v) engaging in nursing practice while using a false or assumed name or while impersonating another person licensed by the board;

(~~v~~) (w) practicing without a license or while the license has lapsed;

(~~w~~) (x) allowing another person to use the licensee's license to practice nursing; or

(~~x~~) (y) knowingly aiding or abetting another in any act that is a violation of any ~~healthcare~~ health care licensing act. (Authorized by K.S.A. 65-1129; implementing K.S.A. ~~2001~~ 2015 Supp. 65-1120; effective May 1, 1982; amended Sept. 27, 1993; amended Sept. 6, 1994; amended Oct. 25, 2002; amended P-

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60-3-113. Reporting of certain misdemeanor convictions by the licensee. Pursuant to K.S.A. 65-1117 and amendments thereto, each licensee shall report to the board any misdemeanor conviction for any of the following substances or types of conduct, within 30 days from the date the conviction becomes final:

- (a) Alcohol;
- (b) any drugs;
- (c) deceit;
- (d) dishonesty;
- (e) endangerment of a child or vulnerable adult;
- (f) falsification;
- (g) fraud;
- (h) misrepresentation;
- (i) physical, emotional, financial, or sexual exploitation of a child or vulnerable adult;
- (j) physical or verbal abuse;
- (k) theft;
- (l) violation of a protection from abuse order or protection from stalking order; or
- (m) any action arising out of a violation of any state or federal regulation. (Authorized by K.S.A. 2007

2015 Supp. 65-1117 and K.S.A. 65-1129; implementing K.S.A. ~~2007~~ 2015 Supp. 65-1117; effective Nov. 7, 2008; amended P-_____.)

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60-7-102. Duplicate of initial license. When a an individual's initial license has been lost or destroyed, a duplicate may be issued by the board upon payment of a the fee specified in K.S.A. 65-4208, and amendments thereto. ~~The fee may be waived if the license has been stolen.~~ (Authorized by K.S.A. 1999 Supp. 65-4203; implementing K.S.A. 1999 Supp. 65-4208; modified, L. 1975, Ch. 302, Sec. 9, May 1, 1975; amended April 20, 2001; amended P-_____.)

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60-7-106. Unprofessional conduct. Any of the following shall constitute “unprofessional conduct”:

(a) Performing acts beyond the authorized scope of mental health technician practice for which the individual is licensed;

(b) assuming duties and responsibilities within the practice of mental health technology without adequate preparation or without maintaining competency;

(c) failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient;

(d) inaccurately recording, falsifying, or altering any record of a patient, an agency, or the board;

(e) physical abuse, which shall be defined as any act or failure to act performed intentionally or carelessly that causes or is likely to cause harm to a patient. This term may include any of the following:

(1) The unreasonable use of any physical restraints, isolation, or medication that harms or is likely to harm a patient;

(2) the unreasonable use of any physical or chemical restraint, medication, or isolation as a punishment, for convenience, in conflict with a physician’s order or a policy and procedure of the facility or a statute or regulation, or as a substitute for treatment, unless the use of the restraint, medication, or isolation is in furtherance of the health and safety of the patient;

(3) any threat, menacing conduct, or other nontherapeutic or inappropriate action that results in or might reasonably be expected to result in a patient’s unnecessary fear or emotional or mental distress; or

(4) any failure or omission to provide any goods or services that are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm;


(f) the commission of any act of sexual abuse, sexual misconduct, or sexual exploitation related to the licensee’s practice;

(g) verbal abuse, which shall be defined as any word or phrase spoken inappropriately to or in the presence of a patient that results in or might reasonably be expected to result in the patient’s unnecessary fear, emotional distress, or mental distress;

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(h) delegating any activity that requires the unique skill and substantial specialized knowledge derived from the biological, physical, and behavioral sciences and judgment of the mental health technician to an unlicensed individual in violation of the mental health technician's licensure act or to the detriment of patient safety;

(i) assigning the practice of mental health technology to a licensed individual in violation of the mental health technician's licensure act or to the detriment of patient safety;

(j) violating the confidentiality of information or knowledge concerning any patient;

(k) willfully or negligently failing to take appropriate action to safeguard a patient or the public from incompetent practice performed by a licensed mental health technician. "Appropriate action" may include reporting to the board of nursing;

(l) leaving an assignment that has been accepted, without notifying the appropriate authority and without allowing reasonable time for the licensee's replacement;

(m) engaging in conduct related to mental health technology practice that is likely to deceive, defraud, or harm the public;

(n) diverting drugs, supplies, or property of any patient or agency or violating any law or regulation relating to controlled substances;

(o) exploitation, which shall be defined as misappropriating a patient's property or taking unfair advantage of a patient's physical or financial resources for the licensee's or another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false pretense, or false representation;

(p) solicitation of professional patronage through the use of fraudulent or false advertisements, or profiting by the acts of those representing themselves to be agents of the licensee;

(q) failing to comply with any disciplinary order of the board;

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(r) if the licensee is participating in an impaired provider program approved by the board, failing to complete the requirements of the program;

(s) failing to submit to a mental or physical examination or an alcohol or drug screen, or any combination of these, when so ordered by the board pursuant to K.S.A. 65-4924 and amendments thereto, that the individual is unable to practice mental health technology with reasonable skill and safety by reason of a physical or mental disability or condition, including deterioration through the aging process, loss of motor skills or the use of alcohol, drugs, or controlled substances, or any combination of these;

(t) failing to furnish the board of nursing, or its investigators or representatives, with any information legally requested by the board of nursing;

(~~t~~) (u) engaging in mental health technology practice while using a false or assumed name or while impersonating another person licensed by the board;

(~~t~~) (v) practicing without a license or while the individual's license has lapsed;

(~~t~~) (w) allowing another person to use the licensee's license to practice mental health technology;

(~~t~~) (x) knowingly aiding or abetting another in any act that is a violation of any health care licensing act;

(~~t~~) (y) having a mental health technician license from a licensing authority of another state, agency of the United States government, territory of the United States, or country denied, revoked, limited, or suspended or being subject to any other disciplinary action. A certified copy of the record or order of denial, suspension, limitation, revocation, or any other disciplinary action issued by the licensing authority of another state, agency of the United States government, territory of the United States, or country shall constitute prima facie evidence of such a fact;

(~~y~~) (z) failing to report to the board of nursing any adverse action taken against the licensee by another state or licensing jurisdiction, a peer review body, a health care facility, a professional association or society,

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
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a governmental agency, a law enforcement agency, or a court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under this regulation; or

(z) (aa) cheating on or attempting to subvert the validity of the examination for a license. (Authorized by K.S.A. 65-4203 and ~~65-4209~~; implementing K.S.A. 2015 Supp. 65-4209; effective, T-88-48, Dec. 16, 1987; effective Sept. 27, 1993; amended Sept. 6, 1994; amended April 20, 2007; amended P-

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60-9-105. Definitions. For the purposes of these regulations, each of the following terms shall have the meaning specified in this regulation:

(a) "Approval" means the act of determining that a providership application or course offering meets applicable standards based on review of either the total program or the individual offering.

(b) "Approved provider" means a person, organization, or institution that is approved by the board and is responsible for the development, administration, and evaluation of the continuing nursing education (CNE) program or offering.

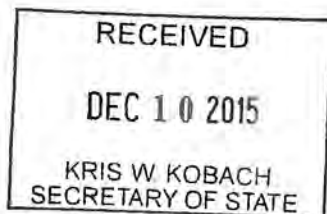
(c) "Authorship" means a person's development of a manuscript for print or a professional paper for presentation. Each page of text that meets the definition of continuing nursing education (CNE), as defined in K.S.A. 65-1117 and amendments thereto, and is formatted according to the American psychological association's guidelines; shall equal three contact hours.

(1) Authorship of a manuscript means a person's development of an original manuscript for a journal article or text accepted by a publisher for statewide or national distribution on a subject related to nursing or health care. Proof of acceptance from the editor or the published work shall be deemed verification of this type of credit. Credit shall be awarded only once per topic per renewal period.

(2) Authorship of a professional research paper means a person's completion of a nursing research project as principal investigator, co-investigator, or project director and presentation to other health professionals. A program brochure, course syllabus, or letter from the offering provider identifying the person as a presenter shall be deemed verification of this type of credit. Credit shall be awarded only once each renewal period.

(d) "Behavioral objectives" means the intended outcome of instruction stated as measurable learning behaviors.

(e) "Certificate" means a document that is proof of completion of an offering consisting of one or more contact hours.



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(f) "CE transcript" means a document that is proof of completion of one or more CNE offerings.

Each CE transcript shall be maintained by a CNE provider.

(g) "Clinical hours" means planned learning experiences in a clinical setting. Three clinical hours equal one contact hour.

(h) "College course" means a class taken through a college or university, as described in K.S.A. 65-1119 and amendments thereto, and meeting the definition of CNE in K.S.A. 65-1117, and amendments thereto. One college credit hour equals 15 contact hours.

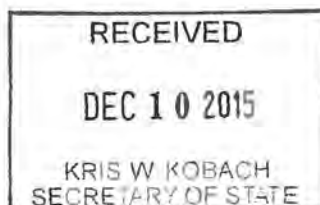
(i) "Computer-based instruction" means a learning application that provides computer control to solve an instructional problem or to facilitate an instructional opportunity.

(j) "Contact hour" means 50 total minutes of participation in a learning experience that meets the definition of CNE in K.S.A. 65-1117, and amendments thereto. Fractions of hours over 30 minutes to be computed towards a contact hour shall be accepted.

(k) "Distance learning" means the acquisition of knowledge and skills through information and instruction delivered by means of a variety of technologies.

(l) "Independent study" means a self-paced learning activity undertaken by the participant in an unstructured setting under the guidance of and monitored by an approved provider. This term ~~may~~ shall include self-study programs, distance learning, and authorship.

(m) "Individual offering approval" and "IOA" mean a request for approval of an education offering meeting the definition of CNE, ~~as defined in~~ pursuant to K.S.A. 65-1117 and amendments thereto, but not presented by an approved provider or other acceptable approving body, as described in K.S.A. 65-1119 and amendments thereto.



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(n) "In-service education" and "on-the-job training" mean learning activities in the work setting designed to assist the individual in fulfilling job responsibilities. In-service education and on-the-job training shall not be eligible for CNE credit.

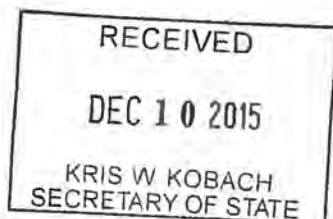
(o) "Offering" means a single CNE learning experience designed to enhance knowledge, skills, and professionalism related to nursing. Each offering shall consist of at least 30 minutes to be computed towards a contact hour.

(p) "Orientation" means formal or informal instruction designed to acquaint employees with the institution and the position. Orientation shall not be considered CNE.

(q) "Program" means a plan to achieve overall CNE goals.

(r) "Refresher course" means a course of study providing review of basic preparation and current developments in nursing practice.

(s) "Total program evaluation" means a systematic process by which an approved provider analyzes outcomes of the overall CNE program in order to make subsequent decisions. (Authorized by and implementing K.S.A. ~~2014~~ 2015 Supp. 65-1117 and K.S.A. 65-1119; effective Sept. 2, 1991; amended March 9, 1992; amended April 26, 1993; amended April 3, 1998; amended April 20, 2001; amended Oct. 25, 2002; amended March 6, 2009; amended May 10, 2013; amended P-_____.)



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60-9-106. Continuing nursing education for license renewal. (a) At the time of license renewal, any licensee may be required to submit proof of completion of 30 contact hours of approved continuing nursing education (CNE). This proof shall be documented as follows:

(1) For each approved CNE offering, a certificate or a transcript that clearly designates the number of hours of approved CNE that have been successfully completed, showing the following:

(A) Name of CNE offering ~~or college course~~;

(B) provider name or name of the accrediting organization;

(C) provider number or number of the accrediting organization, if applicable;

(D) offering date; ~~and~~

(E) number of contact hours awarded; ~~or~~ and

(F) the licensee's name and license number as shown on the course roster; or

(2) an approved Kansas state board of nursing IOA, which shall include approval of college courses that meet the definition of continuing education in K.S.A. 65-1117, and amendments thereto.

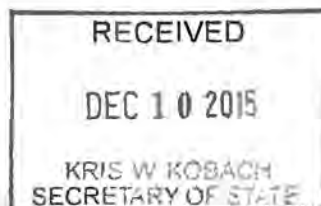
(b) The required 30 contact hours of approved CNE shall have been completed during the most recent prior licensing period between the first date of the licensing period and the date that the licensee submits the renewal application as required in K.S.A. 65-1117, and amendments thereto, and K.A.R. 60-3-108. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

(c) Acceptable CNE may include any of the following:

(1) An offering presented by an approved long-term or single provider;

(2) an offering as designated in K.S.A. 65-1119(e), and amendments thereto;

(3) an offering for which a licensee has submitted an individual offering approval (IOA), which may include credit requested for a college course that meets the definition of continuing education in K.S.A. 65-1117, and amendments thereto. Before licensure renewal, the licensee may submit an application for an IOA to the board, accompanied by the following:



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(A) An agenda with ~~behavioral objectives describing learning outcomes~~ representing exact learning time in minutes; and

(B) official documentation of ~~earned contact~~ successfully completed hours, which may include a certificate of completion or an official college transcript; and

(C) learning or behavior objectives describing learning outcomes;

(4) a maximum of 15 contact hours for the first-time preparation and presentation as an instructor of an approved offering to licensed nurses. Two contact hours of instructor credit shall be granted for each hour of presentation;

(5) an offering utilizing a board-approved curriculum developed by the American heart association, emergency nurses association, or Mandt, which may include the following:

- (A) Advanced cardiac life support;
- (B) emergency nursing pediatric course;
- (C) pediatric advanced life support;
- (D) trauma nurse core course;
- (E) neonatal resuscitation program; or
- (F) Mandt program;

(6) independent study;

(7) distance learning offerings;

(8) a board-approved refresher course if required for licensure reinstatement as specified in K.A.R. 60-3-105 and K.A.R. 60-11-116;

(9) participation as a member of a nursing organization board of directors or the state board of nursing, including participation as a member of a committee reporting to the board. The maximum number of allowable contact hours shall be six and shall not exceed three contact hours each year. A letter from an officer of the board confirming the dates of participation shall be accepted as documentation of this type of CNE; or

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(10) any college courses in science, psychology, sociology, or statistics that are prerequisites for a nursing degree.

(d) Fractions of hours over 30 minutes to be computed towards a contact hour shall be accepted.

(e) Contact hours shall not be recognized by the board for any of the following:

(1) Identical offerings completed within a renewal period;

(2) offerings containing the same content as courses that are part of basic preparation at the level of current licensure or certification;

(3) in-service education, on-the-job training, orientation, and institution-specific courses;

(4) an incomplete or failed college course or any college course in literature and composition, public speaking, basic math, algebra, humanities, or other general education requirements unless the course meets the definition of CNE; or

(5) offerings less than 30 minutes in length; or

(6) a board-approved refresher course for license renewal. (Authorized by and implementing K.S.A. ~~2011~~ 2015 Supp. 65-1117; effective Sept. 2, 1991; amended April 3, 1998; amended April 20, 2001; amended July 20, 2007; amended May 10, 2013; amended P-_____.)

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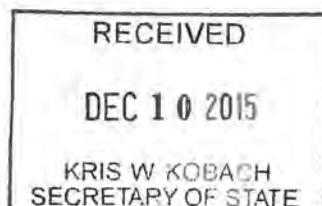
60-17-102. Requirements for initial approval. (a) Each hospital and agency serving as an affiliating agency and providing facilities for clinical experience shall be licensed or accredited by the appropriate credentialing groups.

(b) (1) The advanced nursing education program or the institution of which it is a part shall be a legally constituted body. The controlling body shall be responsible for general policy and shall provide the financial support for the advanced nursing education program.

(2) Authority and responsibility for administering the advanced nursing education program shall be vested in the nurse administrator of the advanced nursing education program.


(c) Each new advanced nursing education program shall submit, at least 60 days before a scheduled board meeting, an initial application, which shall include all of the following:

- (1) The course of study and credential to be conferred;
- (2) ~~the rationale for the establishment of the program;~~
- (3) ~~the potential effect on other advanced nursing programs in the area;~~
- (4) the name and title of the nurse administrator of the advanced nursing education program;
- (5) (3) the name of the controlling body;
- (6) (4) the name and title of the administrator for the controlling body;
- (7) (5) the organizational chart;
- (8) (6) all sources of financial support, including a three-year budget;
- (9) (7) a proposed curriculum, indicating the total number of hours of both theoretical and clinical instruction;
- (10) (8) the program objectives or outcomes;
- (11) (9) the number, qualifications, and assignments of faculty;
- (12) (10) the faculty policies;
- (13) (11) the admission requirements;
- (14) (12) a copy of the current school bulletin or catalog;



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(15) (13) a description of clinical facilities and client census data;

(16) (14) contractual agreements by affiliating agencies for clinical facilities, signed at least three months before the first date on which students may enroll;

(17) (15) the program evaluation plan; and

(18) (16) a proposed date of initial admission of students to the program.

(d) Each advanced nursing education program shall be surveyed for approval by the board, with the exception of nurse anesthesia programs, as determined by K.A.R. 60-13-103-(d)(4).

(1) During a survey, the nurse administrator of the program shall make available all of the following:

(A) Administrators, prospective faculty and students, affiliating agencies, representatives, preceptors, and support services personnel to discuss the advanced nursing education program;

(B) minutes of faculty meetings;

(C) faculty and student handbooks;

(D) policies and procedures;

(E) curriculum materials;

(F) a copy of the advanced nursing education program's budget; and

(G) affiliating agency contractual agreements.

(2) The nurse administrator of the advanced nursing education program or designated personnel shall take the survey team to inspect the nursing educational facilities, including satellite program facilities and library facilities.

(3) Upon completion of the survey, the nurse administrator shall be asked to correct any inaccurate statements contained in the survey report, limiting these comments to errors, unclear statements, or omissions.

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(e) Each institution contemplating the establishment of an advanced nursing education program shall be surveyed and accredited by the board before the admission of students.

(f) If an advanced nursing education program fails to meet the requirements of the board within a designated period of time, the program shall be notified by the board's designee of the board's intent to deny approval. ~~This notification shall be made pursuant to K.S.A. 77-512, and amendments thereto, and shall inform the program of its right to a hearing pursuant to the Kansas administrative procedures act.~~

(Authorized by and implementing K.S.A. 2015 Supp. 65-1133; effective March 31, 2000; amended April 20, 2007; amended P-_____.)

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Proposed

Kansas State Board of Nursing
Landon State Office Building
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Topeka, KS 66612-1230



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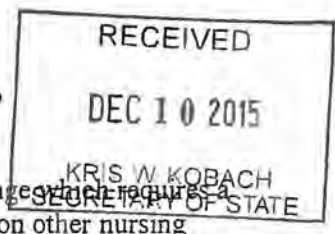
Mary Blubaugh, MSN, RN
Executive Administrator

Kansas State Board of Nursing

Sam Brownback, Governor

Economic Impact

K.A.R. 60-2-101, 60-3-102, 60-3-103, 60-3-110, 60-3-113, 60-7-102, 60-7-106, 60-9-105, 60-9-106, and 60-17-102



K.A.R. 60-2-101. Requirements for initial approval. The proposed changes delete language which requires a rationale for the establishment of the RN and LPN nursing program and the potential effect on other nursing programs in the area. The changes also delete the Kansas administrative process for nursing programs. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-3-102. Duplicate of Initial license. The proposed language deletes for nursing “the fee may be waived if the license has been stolen” and clarifies that the duplicate license is for the initial license. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-3-103. Change of name. The proposed change adds the requirement that a licensee or applicant must notify the board within 30 days of a name change. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-3-110. Unprofessional conduct. The proposed change adds that if a nurse licensee or applicant for a nursing license fails to submit to a mental or physical examination or an alcohol or drug screen when ordered by the board, that failure would be defined as unprofessional conduct. There is no economic impact for the State Board of Nursing, other governmental entities, or private business, but the individuals may incur the cost of the examination.

K.A.R. 60-3-113. Reporting of certain misdemeanor convictions by the licensee. The proposed change would require the licensee to report the convictions within 30 days from the date of the conviction. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-7-102. Duplicate of Initial license. The proposed language deletes for licensed mental health technicians “the fee may be waived if the license has been stolen” and clarifies that the duplicate license is for the initial license. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-7-106. Unprofessional conduct. The proposed change adds that if a licensed mental health technician licensee or applicant for a mental health technician license fails to submit to a mental or physical examination or an alcohol or drug screen when ordered by the board would be defined as unprofessional conduct. There is no economic impact for the State Board of Nursing, other governmental entities, or private business, but the individuals may incur the cost of the examination.

K.A.R. 60-9-105. Definitions. The proposed changes clarify that each CNE transcript shall be maintained by the CNE provider and that fractions of hours over 30 minutes to be computed towards a contact hour will be accepted. There is no economic impact for the State Board of Nursing or the individual. There may be a cost to other governmental entities or private business but that amount cannot be determined.

K.A.R. 60-9-106. Continuing nursing education for license renewal. The proposed changes clarify that the CNE transcript designates the number of hours, the licensee name, and license number. The changes also clarifies that an IOA is required for a college course and when the required 30 hours of CNE need to be completed. The proposed changes also clarify the requirements to be submitted when a licensee is submitting an IOA. The

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change also clarifies that a refresher course is only accepted for CNE if it is required for licensure reinstatement. There is no economic impact for the State Board of Nursing or the individual. There may be a cost to other governmental entities or private business but that amount cannot be determined.

K.A.R. 60-17-102. Requirements for initial approval. The proposed changes delete language which requires a rationale for the establishment of the APRN nursing program and the potential effect on other nursing programs in the area. The changes also delete the Kansas administrative process for nursing programs. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

Mary Blubaugh MSN, RN
Executive Administrator

