

Minnesota Attorney General: Administrative Rules Proceedings

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SF-00006-05 (4/86)

STATE OF MINNESOTA

Office Memorandum

DEPARTMENT : ATTORNEY GENERAL

DATE : July 8, 1987

TO : TERRY P. O'BRIEN
Special Assistant
Attorney General

FROM : MARTHA CASSERLY
Special Assistant
Attorney General

PHONE : 6-6204

SUBJECT : In the Matter of the Adopted Rule Relating to Program Approval, Registration, and Advanced Nursing Education.

The above-referenced rule has been approved as to its legality by the Attorney General on July 6, 1987.

Enclosed is the agency's copy of the approved rule. This office has already filed two copies with the Secretary of State, who will forward one copy to the Revisor of Statutes. The fourth is being retained by this division of the Attorney General's Office for its records.

Also enclosed are any petitions, requests, submission or comments received by the agency and any extra copies of documents which the agency submitted to the Attorney General.

In order for a permanent rule without a hearing to become effective, your agency must publish a notice of adoption in the State Register in accordance with Minn. Stat. § 14.27. An emergency rule becomes effective five working days after approval by the Attorney General; however, the agency must publish a notice in the State Register in accordance with Minn. Stat. § 14.34.

If you have any questions in this regard, please contact me.

MJC:nah

Enclosures

cc: Maryanne Hruby
Executive Director
Legislative Commission to Review
Adminsitrative Rules

Duane Harves
Chief Administrative Law Judge
Office of Administrative Hearings

RULE REVIEW CHECKLIST

File No. 1378 Docket No. 05.0009.0481.

DATE RECEIVED 6/22/87
REVIEW DATE 6/30/87
DUE DATE 7/30/87

APPROVED 7.6.87 mjc
DISAPPROVED
WITHDRAWN

ADOPTED W/O HEARING X
EMERGENCY RULE

REVISOR APPROVED ✓
REVISOR DISAPPROVED
FILED W/SEC. STATE
RETURNED TO AGENCY

✓ Rule as adopted (4 copies)

___ ~~Notice to Solicit Outside Information/Opinion~~
Date published in State Register
Comments

___ ~~Petition for Adoption of a Rule~~

✓ Board's Authorizing Resolution

✓ Proposed rule
Yes Revisor's Certificate

✓ Notice of Intent to Adopt Rule
Statutory Authority
Small business statement
Expenditure of public money statement
Signature

✓ Statement of Need and Reasonableness

✓ Affidavit of Mailing Notice of Intent to Adopt Rule
4/3/87 Date (30)/25 days before adoption

✓ Publication in State Register
4/6/87 Date (30)/25 days before adoption

✓ Resolution Adopting

✓ Findings of Fact, Conclusions & Order Adopting
5/8/87 Date

✓ Written requests, submissions or comments

✓ Declaration of attorney
Terry OBrien Name of SAAG representing agency

___ ~~Notice of Submission to Attorney General~~

___ ~~Affidavit of Mailing Notice to Attorney General~~

Board of Nursing

Adopted Permanent Rules Relating to Program Approval, Registration, and Advanced Nursing Education

Rules as Adopted

6301.0100 DEFINITIONS.

Subpart 1. to 14. [Unchanged.]

Subp. 15. **Nursing personnel.** "Nursing personnel" means those nurses and nursing assistants, exclusive of nursing students, who provide care to patients. An exception to this definition is permitted in part 6301.1900, subparts 6, 7, and 8 when complying with parts 6301.2000 and 6301.2100.

Subp. 16. to 23. [Unchanged.]

REGISTRATION OF PROFESSIONAL AND PRACTICAL NURSES

6310.2600 DEFINITIONS.

Subpart 1. **Acceptable continuing education activity.** "Acceptable continuing education activity" means a learning experience in which a professional nurse has participated, evidence of which the nurse submits to the board as part of the application for registration renewal, and which meets the requirements in parts 6310.2600 to 6310.2900.

Subp. 2. **Board.** "Board" means the Minnesota Board of Nursing.

Subp. 3. **Contact hour.** "Contact hour" means 50 consecutive minutes, except in reference to the class period of an educational institution. Class periods of no less than 45 minutes will be accepted as a contact hour.

Subp. 4. **Continuing education participation period.** "Continuing education participation period" means the 24-month interval of time immediately before the registration renewal deadline during which a professional nurse must fulfill the requirements for registration renewal. The length may vary for a nurse's first registration period or reregistration period.

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Subp. 5. **Continuing education evidence form.** "Continuing education evidence form" means the printed document provided by the board for use in reporting the information required in parts 6310.2800 to 6310.2900.

Subp. 6. **Instructor.** "Instructor" means a presenter, preparer, or guide for a continuing education activity. Written programmed instruction comes within this definition.

Subp. 6a. **Late application fee.** "Late application fee" means penalty fee as authorized in Minnesota Statutes, sections 148.231, subdivision 1 and 148.294, subdivision 1.

Subp. 7. **License.** "License" means the document issued by the board to an individual who meets for the first time the requirements to practice professional or practical nursing in Minnesota.

Subp. 7a. **Licensee.** "Licensee" means either a professional or practical nurse who has been granted a license to practice professional or practical nursing by the board.

Subp. 8. **Licensure.** "Licensure" means the process by which the board confers legal authority upon an individual authorizing the person to engage in professional or practical nursing, thereby certifying that those licensed have attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected.

Subp. 8a. **Mental health.** "Mental health" means an individual's emotional or intellectual ability to adapt to a changing environment.

Subp. 8b. **Moral character.** "Moral character" means the individual's ability to distinguish between right and wrong and act accordingly.

Subp. 8c. **Nursing ability.** "Nursing ability" means the mental and physical capacity and skill necessary to perform nursing actions.

Subp. 9. **Participation.** "Participation" means attendance at or in any other manner taking part in an acceptable continuing education activity, documentation of which is

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submitted as a part of the application for professional nurse registration renewal.

Subp. 9a. **Practical Nurse.** "Practical nurse" means a person authorized by the board to engage in the practice of practical nursing as defined in Minnesota Statutes, section 148.29, subdivision 4.

Subp. 9b. **Professional nurse.** "Professional nurse" means a person authorized by the board to engage in the practice of professional nursing as defined in Minnesota Statutes, section 148.171, paragraph (3).

Subp. 10. **Registration.** "Registration" means the process by which the names and original license numbers of individuals licensed by the board are listed as individuals authorized to engage in professional or practical nursing during a registration period.

Subp. 11. **Registration renewal.** "Registration renewal" means the periodic process whereby an individual who is licensed and registered with the board requests and obtains registration for the next registration period.

Subp. 12. **Registration renewal deadline.** "Registration renewal deadline" means the last day of the month immediately preceding the month in which the licensee's registration expires.

Subp. 13. **Registration certificate.** " Registration certificate" means the document issued periodically by the board to a professional nurse or a practical nurse who meets registration requirements.

Subp. 14. **Registration expiration date.** " Registration expiration date" means the last calendar day of a registration period.

Subp. 15. **Registration period.** " Registration period" means a 24-month interval of time for which a registration certificate is issued. The period begins the date the registration certificate is issued and ends the last day of the licensee's month of birth in an even- or odd-numbered year according to licensee's year of birth. The length may vary for a nurse's first registration period or reregistration period.

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Subp. 16. **Reregistration.** "Reregistration" means the process whereby a licensee regains the authority to practice professional or practical nursing after one or more days without current registration.

6310.2700 PURPOSE.

Parts 6310.2600 to 6310.3100 establish requirements and procedures for registration for professional nurses and practical nurses and criteria which continuing education activities must meet to be acceptable for registration renewal for professional nurses. Parts 6310.3300 to 6310.3700 establish requirements and procedures for change of name and address, duplicate and replacement documents, and verification of Minnesota license.

6310.2800 REGISTRATION RENEWAL REQUIREMENTS.

Subpart 1. **Requirement.** Each licensee is responsible for applying for renewal of registration if the person wishes to be authorized to practice as a professional or practical nurse in Minnesota.

Licensees are required to complete a registration renewal application and pay a renewal fee. In addition, professional nurses are required to accrue 30 contact hours of acceptable continuing education activities for registration renewal on August 1, 1982, and thereafter. Contact hours shall be accrued during a 24-month continuing education participation period ending one month before the professional nurse's registration expiration date. The number of contact hours and length of participation period may vary for a professional nurse's first registration renewal following licensure or reregistration in accordance with part 6310.2900, subpart 6.

Subp. 2. **Demonstration of professional nursing skill.** At least one of the acceptable continuing education activities required for registration renewal on or after August 1, 1986, shall require the professional nurse to show evidence of having successfully demonstrated to the instructor skill in performing one or a portion of a professional nursing function as indicated

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in Minnesota Statutes, section 148.171, paragraph (3).

Subp. 3. [See Repealer.]

Subp. 4. **Application submission.** Licensed practical nurses and registered nurses shall submit a completed, signed application for registration renewal and a renewal fee to the board office. Renewal applications from professional nurses must be accompanied by a completed continuing education evidence form meeting the requirements of parts 6310.2800 and 6310.2900. Renewal applications, fees, and continuing education forms must be received in the board office in the month preceding the month in which the applicant's registration expires. Resubmission of a previously incomplete or incorrect application form and renewal fee received before the month in which the licensee's registration expires, shall constitute timely submission if received in the board office on or before the licensee's registration expiration date.

In 1988 and 1989 a registration renewal application and a renewal fee from a professional nurse who held current registration on July 31, 1987, shall be received in the board office on or before May 31 in the year in which the nurse's registration expires. Resubmission of a previously incomplete or incorrect application and renewal fee received on or before May 31 in the year in which the nurse's registration expires, shall constitute timely submission if received in the board office on or before July 31 of that year.

Subp. 5. **Late application fee.** A licensee filing for registration renewal shall pay a late application fee, as well as the renewal fee for the current renewal period if the application or renewal fee is received in the board office during the month in which the licensee's registration expires.

In 1988 and 1989 a registration renewal application received from a professional nurse who held current registration on July 31, 1987, shall incur a late application fee if the application or renewal fee is received in the board office during June or July in the year in which the nurse's registration expires.

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Subp. 6. **Acceptable continuing education activity.** In order for a continuing education activity to be acceptable to the board for registration renewal, a professional nurse shall be able to substantiate that each of the criteria listed below has been met.

A. The content is related to one or more of the following components of professional nursing specified in Minnesota Statutes, section 148.171, paragraph (3):

(1) independent nursing functions as listed below:

(a) providing a nursing assessment of the actual or potential health needs of individuals, families, or communities;

(b) providing nursing care supportive to or restorative of life by functions such as: skilled ministration of nursing care, supervising nursing personnel, teaching nursing personnel, health teaching, health counseling, case finding, referral to other health resources; and

(c) evaluating nursing functions; or

(2) delegated medical functions.

B. The duration of the activity was at least one contact hour.

C. The objectives were written in measurable terms which describe what a licensee can expect to learn.

D. The instructor's qualification in the subject, such as education and experience, shall be stated in written form.

E. The method to be utilized by the learner to determine whether or not learning occurred was in written form. Acceptable methods may include but need not be limited to self-evaluation check lists or tests.

F. The continuing education activity was completed during the continuing education participation period immediately preceding the registration period for which the professional nurse is seeking registration renewal.

G. Credit shall not be granted for identical continuing education activities submitted during any single

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continuing education participation period.

H. A written statement of participation provided by the instructor or a designee following completion of each acceptable continuing education activity was obtained. A fee receipt shall not be acceptable.

I. A grade indicating successful completion was obtained in an acceptable continuing education activity for which grades are granted.

J. A continuing education activity which the professional nurse taught shall not meet that licensee's registration renewal requirements.

K. The continuing education activity or the provider of the activity was approved by another board of nursing, another Minnesota health-related licensing board as defined by Minnesota Statutes, section 214.01, subdivision 2, or a national, regional, or state nursing, medical, or allied health organization and the activity meets at least the criteria in items B, F, G, H, and J.

L. A professional nurse holding a current advanced nursing practice certificate that was based upon the meeting of periodic continuing education or other current competency recertification requirements may substitute evidence of that certification for a report of participation in continuing education activities. The certificate shall have been issued by a national nursing or medical organization such as the American Nurses Association, American College of Nurse Midwives, the Council on Recertification of Nurse Anesthetists, or the Nurse Association of the American College of Obstetricians and Gynecologists.

The advanced nursing practice certificate may not be substituted for any previously deferred contact hours.

Subp. 7. **True information.** A licensee shall submit true information. Falsification of any evidence for any registration period or failure to comply with parts 6310.2800 and 6310.2900 for any two registration periods shall constitute unethical conduct and provide grounds for suspension or revocation of a

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license.

Subp. 8. **Records retention.** A professional nurse shall keep records documenting each acceptable continuing education activity submitted to meet registration renewal requirements and obtain data from the acceptable continuing education activity as required in part 6310.2900, subpart 7. The records shall be kept for two years after the continuing education activities are reported to the board on the continuing education evidence form.

6310.2900 REGISTRATION RENEWAL PROCEDURES.

Subpart 1. **Service.** The licensee shall maintain with the board a correct mailing address for the purpose of receiving board communications or notices. Placing the registration renewal application in first class United States mail, postage prepaid and addressed to the licensee at the nurse's last known address shall constitute valid service.

Subp. 2. **Application mailing date.** The board shall mail a registration renewal application at least three full calendar months before a licensee's registration expiration date to the last known address of every licensee holding a current renewal certificate. Failure to receive the notice shall not relieve a license holder of the obligation to comply with parts 6310.2800 and 6310.2900. In 1988 and 1989 registration renewal applications will be mailed by April 1 to professional nurses who held current registration on July 31, 1987.

Subp. 3. **Late submission.** An application and renewal fee received in the board office during the month in which the licensee's registration expires, shall not be processed and shall be returned to a licensee for payment of a late application fee. In 1988 and 1989 a registration renewal application from a professional nurse who held current registration on July 31, 1987, which was received in the board office during June or July of the year in which the nurse's registration expires shall not be processed and shall be returned to the nurse for payment of a late application fee.

A renewal application and fee received one or more days

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after the licensee's registration expiration date shall be returned with an application for reregistration. The board will nullify incomplete registration renewal applications that are not completed ~~by~~ within 30 days following notification of the deficiency or the licensees' registration expiration dates, whichever is later. For a nullified application, the fee shall be forfeited and the application and other documents may be destroyed according to the process provided in Minnesota Statutes, section 138.17, subdivision 7.

Subp. 4. **Continuing education evidence form.** For professional nurses, the registration renewal application shall include a continuing education evidence form. Information to be provided by the professional nurse on an evidence form shall include:

A. identification of the professional nurse;

B. identification of the continuing education activities;

C. verification that the continuing education activities met all the criteria in part 6310.2800 and that the information contained on the form is true in every respect; and

D. the professional nurse's signature and date signed.

Subp. 5. **Incomplete application; notice.** If the application form or renewal fee submitted by a licensee is incomplete, incorrect, or in noncompliance with parts 6310.2800 and 6310.2900, the licensee shall within 30 calendar days after receipt by the board be notified of the deficiency and given instructions for completion or correction. The application, fee, and other documents will be retained by the board whenever possible.

Subp. 6. **Initial registration and first registration renewal.** An individual who is issued a license by the board shall also be registered by the board. The license fee shall serve as payment for the initial registration period.

Effective August 1, 1987, and thereafter, the initial registration period following licensure or reregistration is from six to 29 full calendar months ending the last day of the

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licensee's month of birth in an even-numbered year if the year of birth was an even-numbered year or in an odd-numbered year if the year of birth was an odd-numbered year.

A licensee who does not supply a month, day, and year of birth upon a second request from the board shall be assigned a month and year for registration purposes.

A licensee may correct the date of birth stated on the renewal application. The board may require a licensee who wishes to correct the date of birth on file with the board to substantiate the date with official documentation.

Professional nurses shall accrue for the first registration renewal following licensure and reregistration the number of contact hours of acceptable continuing education activities equivalent to the number of full months in their initial registration period. The contact hours shall include at least one successful demonstration of skill in performing a portion of a component of professional nursing. The continuing education participation period begins on the date the license was issued or reregistration was completed and extends through the month immediately preceding the month in which initial registration expires.

Subp. 6a. **Conversion period.** Licensees holding registration certificates with an expiration date unrelated to their month of birth will be registered in the following manner during a conversion period.

A. All licensees who hold current registration on July 31, 1987, and who renew that registration under parts 6310.2800 and 6310.2900 will be assigned a conversion registration period no shorter than six months and no longer than 29 months ending on the last day of the month of birth in an even- or odd-numbered year, according to their year of birth.

B. Licensees will be charged a renewal fee for the six- to 29-month conversion registration period which is prorated at $0.835 a month and rounded to the nearest dollar according to the length of each licensee's conversion registration period.

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C. Professional nurses shall accrue the number of contact hours of acceptable continuing education activities equivalent to the number of months in their conversion registration period. The contact hours shall include at least one demonstration of skill. The contact hours shall be added to the 30 contact hours required for their next full 24-month registration period.

The total number of contact hours including two demonstrations of skill must be accrued between the last day of the professional nurse's most recent participation period and the first day of the month in which the nurse's next 24-month registration period expires.

D. A professional nurse who lacks sufficient contact hours upon application for registration renewal during the conversion period shall have the number of contact hours lacking added to the contact hours required for the next full 24-month registration period.

Subp. 7. **Substantiation of continuing education activities.** Following each renewal date the board may select a sample of professional nurses applying for registration renewal and require substantiation of participation in acceptable continuing education activities. Selected professional nurses shall submit in writing the following data obtained from the provider of each continuing education activity which verifies the information on the evidence form:

A. Objective or objectives of each continuing education activity, if required.

B. Verification received by the professional nurse of the number of contact hours and, for activities lasting four or more hours, a schedule listing time periods.

C. Documentation of each instructor's qualifications, such as education and experience, if required.

D. Evidence that the professional nurse used the mechanism which was provided to determine if learning occurred. Acceptable methods may include but need not be limited to self-evaluation checklists or tests, if required.

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E. Written verification received by the professional nurse of participation in each continuing education activity provided by an instructor involved with the continuing education activity or a designee.

F. The specific professional nursing content area to which each continuing education activity is related, if required.

G. In 1986 and thereafter, proof of compliance with part 6310.2800, subpart 2.

H. For continuing education activities meeting part 6310.2800, subpart 6, item L, a copy of the certificate may be required and considered sufficient.

I. Any additional documentation the board deems necessary.

Subp. 8. **Insufficient hours.** If a professional nurse cannot demonstrate sufficient hours of acceptable continuing education activities, the number of hours lacking to comply for that continuing education participation period shall be added to the contact hours required in the immediately succeeding period. This part may be applied once for any one professional nurse.

Subp. 9. **Substantiation after deferment.** A professional nurse who defers a number of hours of continuing education to the immediately succeeding period pursuant to subpart 8 shall be required to submit with the next renewal application substantiation of participation in continuing education activities that provided the number of contact hours required for that participation period as well as the number of contact hours which were deferred from the previous participation period.

Subp. 10. **Noncompliance; audit.** A professional nurse in noncompliance with part 6310.2800, subparts 1, 2, and 6, shall be subject to the conditions in subpart 7. By this rule an audit shall be automatic for a nurse who has been found in an audit of the immediately preceding continuing education participation period to be in noncompliance with the rules.

6310.3100 REREGISTRATION.

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Subpart 1. **Removal of name from list.** The names of licensees who do not return the complete renewal application, renewal fees, and late application fees by the registration expiration date shall be removed from the list of individuals authorized to practice professional or practical nursing during the current renewal period.

Subp. 2. **Reregistration requirements.** A licensee who applies for reregistration shall:

A. submit a completed and signed reregistration application;

B. respond to questions on the application that relate to causes for denial or revocation of licensure listed in Minnesota Statutes, section 148.261 for professional nurses and section 148.297 for practical nurses;

C. pay the registration renewal fee for the current period;

D. pay the late application fee if registration expired within the last two years unless the licensee submitted evidence of an incomplete or incorrect renewal application before the registration renewal deadline; and

E. submit evidence of meeting all relevant requirements specified in subparts 2a to 8.

Subp. 2a. **Continuing education.** A professional nurse must submit evidence of meeting all requirements specified in parts 6310.2800 and 6310.2900. Participation in continuing education activities must have occurred during the 24 months immediately before board action on the application for reregistration. Beginning April 1, 1988, and thereafter, this requirement applies only to professional nurses whose registration expired within the two years immediately preceding application for reregistration.

Subp. 3. **Substitute for continuing education.** A professional nurse who has been employed as a professional nurse in another state or country or in a federal facility located in Minnesota for a period of two years or more immediately preceding application for reregistration may substitute

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satisfactory employment references which encompass the entire employment period in lieu of the continuing education report.

Subp. 4. **Requirements if not registered for five years or more.** The licensed practical nurse whose name has not been on the registration list for five years or more must present evidence of competency in nursing before becoming reregistered. The evidence may include any of the following which occurred within the five-year period before board action on the application for a current registration certificate:

A. employment as a licensed practical nurse in another United States jurisdiction or foreign country;

B. completion of no less than one week of a refresher course;

C. attendance at no less than 15 clock hours of nursing-related educational offerings; or

D. participation in an orientation program at least one week in length conducted by an employer or potential employer; and

E. such other evidence as the board may reasonably require.

Subp. 5. **Evidence of moral character and mental health.** A licensee shall verify on the application that the licensee is of good moral character and in good mental health. The board may require further evidence of a licensee's character or mental health if the board has information satisfying one of the following conditions:

A. implying a violation of a federal, state, or local law or rule;

B. constituting grounds for denial or revocation of a license, if true;

C. implying that the licensee provided inaccurate information or omitted information solicited on the licensure, examination, registration renewal, or reregistration applications;

D. showing that the applicant was discharged from employment;

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E. showing that disciplinary action was taken or is pending or the licensee is under investigation by another nurse licensing agency; or

F. implying that the licensee is mentally incompetent or mentally ill.

When denying an application for reregistration on the grounds of evidence obtained for purposes of this subpart, the board shall follow procedures established by Minnesota Statutes, section 214.10 and applicable rules.

Subp. 6. **Acceptable practice requirement.** Beginning April 1, 1988, and thereafter, a licensee without current registration who is applying for reregistration must submit proof of at least 320 hours of acceptable nursing practice in the four years immediately preceding receipt of the application for reregistration or meet the requirement in subpart 7. To be acceptable the practice must have:

A. consisted of employment or volunteer nursing in any setting, or participation in clinical nursing courses or any combination of these activities;

B. occurred only while the licensee was authorized to practice nursing unless legal authorization for the practice was not required in the jurisdiction where it occurred; or

C. included one or more of the functions defined in Minnesota Statutes, section 148.171, paragraph (3) for professional nurses or Minnesota Statutes, section 148.29, subdivision 4 for practical nurses, or be ~~identified~~ determined by the patient, employer, volunteer supervisor, patient's family or physician, ~~or~~ instructor, or peer as requiring the appropriate nursing license.

Subp. 7. **Refresher course requirement.** Beginning April 1, 1988, and thereafter, licensees without current registration who do not demonstrate compliance with the acceptable practice requirement in subpart 6 must submit an affidavit of successful completion of a refresher course which occurred within the 24 months immediately preceding board action on the application for reregistration. The affidavit must be signed by the person

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responsible for the course, hereinafter, coordinator.

The refresher course must have been designed to meet the following criteria:

A. The coordinator must be a registered nurse.

B. The course must include theory and clinical experience components. The theory component may be conducted in a classroom or through self-study learning materials. The clinical experience may be arranged by the coordinator or by the student with the coordinator's approval.

C. Determination that a professional nurse or practical nurse student has successfully completed the course must include at least one evaluation of the student's ability to combine nursing abilities as outlined in part 6301.2200. The refresher course student's evaluation of combining nursing categories must include at least one ability from each subpart of part 6301.1800 and, in addition, for professional nurse students from each subpart of part 6301.1900. Whenever clinical experience has been arranged by the student, the coordinator shall be responsible for the evaluation preparation and for directing the conduct of the evaluation.

Subp. 8. **Limited registration certificate.** A licensee presenting an affidavit of enrollment in a refresher course will upon written request and submission of a reregistration application and fee be provided a registration certificate valid only for participation in the clinical experience component of the refresher course and no longer than 90 days. The affidavit must be signed by the refresher course coordinator.

Subp. 9. **Waiver.** When a licensee residing outside of Minnesota applies for reregistration for the purpose of obtaining verification of current registration status to another country or United States jurisdiction, the requirements in subpart 7 shall be waived.

Subp. 10. **Refresher course audit.** A licensee meeting the refresher course requirement may be selected for audit to determine that the course met the criteria in subpart 7 and that all application materials were accurate.

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Subp. 11. **Nullification and reapplication.** The board will nullify incomplete reregistration applications that are not completed within the six-month period following receipt of fees or within the six-month period following issuance of a registration certificate for practice in a clinical component of a refresher course.

For a nullified application, the fee shall be forfeited and the application and other documents may be destroyed according to the process specified in Minnesota Statutes, section 138.17, subdivision 7. If a licensee fails to submit an application and fee within six months after the board received any other documents relating to the application, the board may destroy the documents.

If a licensee whose application has been nullified wants to be reregistered, a new reregistration application must be submitted and all applicable reregistration requirements must be met.

Subp. 12. **First renewal following reregistration.** Licensees who have reregistered will receive registration certificates as specified in part 6310.2900, subpart 6, and must subsequently meet the renewal requirements in part 6310.2800 and the procedures in part 6310.2900. The continuing education requirement and participation period for professional nurses following reregistration is provided in part 6310.2900, subpart 6.

6310.3300 CHANGE OF NAME AND ADDRESS ON RECORDS.

Subpart 1. **Name change.** The licensee who has changed names shall notify the board in writing as soon as possible and request a revised registration certificate. When requesting a revised registration certificate, the licensee shall return the current certificate to the board. If the current certificate has been lost, stolen, or destroyed, the licensee shall provide a written explanation of the situation. The board may require substantiation of the name change by requiring official documentation.

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Subp. 2. **Address change.** The licensee who has changed addresses shall notify the board in writing as soon as possible. The board shall notify the licensee of address changes made in the licensee's records. However, a revised registration certificate will not be issued.

6310.3400 DUPLICATE AND REPLACEMENT DOCUMENTS.

Subpart 1. **License.** A duplicate license shall not be issued. A replacement license may be issued for a fee when the licensee notifies the board, by certified statement, that the original license was lost, stolen, or destroyed. The replacement license shall be marked "Replacement" and the date of issuance indicated.

Subp. 2. **Registration certificate.** A duplicate registration certificate shall not be issued. If a registration certificate is lost, stolen, or destroyed, the licensee shall submit a written explanation of the situation. Upon written request of the licensee, a replacement registration certificate may be issued for a fee. The replacement registration certificate shall be marked "Replacement."

If a licensee does not receive a registration certificate which has been issued and notifies the board office in writing within 60 days of the date of issuance, a replacement registration certificate may be issued without a fee.

6310.3500 VERIFICATION OF MINNESOTA LICENSE.

Subpart 1. **Verification of licensure.** A licensee wishing a certified statement of licensure status sent to another United States jurisdiction or foreign country or to any other third party may, upon written request and payment of a fee, have a certified statement of Minnesota licensure status issued to the Board of Nursing, other official agency empowered to issue nursing licenses in the other jurisdiction or country or a third party.

Subp. 1a. **Verification of examination scores.** A Minnesota licensee wishing a certified statement of licensing examination scores sent to a third party may, upon written request and

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payment of fee, have a certified statement of examination scores issued.

Subp. 2. **Copies of license application.** A copy of a transcript or other application materials is provided from the board files upon payment of a fee . Copies will not be provided for transcripts or other application materials available from nursing programs in the United States.

6310.3600 REGISTRATION FEES.

Subpart 1. **Amount.** The amount of fees shall be as follows:

A. registration renewal, $20 per registration period;

B. late application, $15;

C. replacement license, $10;

D. replacement registration certificate, $10;

E. verification of licensure status, $15;

F. verification of examination scores, $15;

G. a copy of licensure application materials, $10; and

H. service charge for a dishonored check, $15.

Subp. 2. **Effective date.** The fees in subpart 1 are effective January 1, 1987, unless specified otherwise. All fees are nonrefundable.

6310.3700 DISHONORED CHECKS.

Subpart 1. **Service charge.** If a licensee submits a dishonored check for any of the fees required in parts 6310.2800, subparts 1, 4, and 5; 6310.3100, subparts 2, items C and D; 6310.3400, subparts 1 and 2; and 6310.3500, subparts 1, 1a, and 2, a service charge will be assessed in keeping with Minnesota Statutes, section 332.50, subdivision 2.

Subp. 2. **Nullified registration.** Nonreplacement of a dishonored check for the fees required in parts 6310.2800, subparts 1, 4, and 5, and 6310.3100, subpart 2, items C and D and nonpayment of the service charge will result in a nullified registration.

Subp. 3. **Additional fee.** Nonreplacement of a dishonored check for the fees required in parts 6310.3400, subparts 1 and 2

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and 6310.3500, subparts 1, 1a, and 2, and nonpayment of the service charge will result in the amounts being added to the next fee the licensee must pay.

6330.0600 LIST OF NURSE ANESTHESIA PROGRAMS OF STUDY.

Subpart 1. **Alabama.** Alabama:

A. Baptist Medical Centers-Samford University School of Anesthesia, Birmingham;

B. University of Alabama in Birmingham, School of Community and Allied Health Anesthesia for Nurses Program, Birmingham;

C. Manley L. Cummins School of Anesthesia for Nurses, Southeast Alabama Medical Center, Dothan; and

D. School of Anesthesia for Nurses-University of South Alabama Medical Center, Mobile.

Subp. 2. **California.** California:

A. Loma Linda University-School of Allied Health Professions, Department of Anesthesia, Loma Linda;

B. Kaiser-Permanente School of Anesthesia for Nurses/CSULB, Los Angeles;

C. Los Angeles County, Martin Luther King, Jr./Drew Medical Center, Los Angeles;

D. UCLA Program of Nurse Anesthesia, Los Angeles; and

E. Navy Nurse Corps Anesthesia Program (George Washington University), San Diego.

Subp. 3. **Colorado.** Colorado: Academy of Health Sciences, United States Army/Texas Wesleyan College, Aurora.

Subp. 4. **Connecticut.** Connecticut:

A. Bridgeport Hospital School of Nurse Anesthesia (Southern Connecticut State University), Bridgeport;

B. New Britain School of Nurse Anesthesia (Central Connecticut State University), New Britain; and

C. Hospital of Saint Raphael, School of Anesthesia, New Haven.

Subp. 5. **Delaware.** Delaware:

A. Wesley College-Kent General Hospital School of

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Anesthesia, Dover; and

B. Wilmington Medical Center School of Anesthesia, Wilmington.

Subp. 6. **District of Columbia.** District of Columbia:

A. Greater Southeast Community Hospital/George Washington University, School of Nurse Anesthesia, Washington; and

B. United States Academy of Health Sciences/Texas Wesleyan College, Washington.

Subp. 7. **Florida.** Florida:

A. Nurse Anesthesia Training Program, University of Florida/College of Medicine, Gainsville; and

B. Bay Memorial Medical Center, School of Anesthesia, Panama City.

Subp. 8. **Georgia.** Georgia:

A. Georgia Baptist Hospital School of Anesthesia for Nurses, Atlanta; and

B. Academy of Health Sciences, United States Army/Texas Wesleyan College, Fort Gordon.

Subp. 9. **Hawaii.** Hawaii: Academy of Health Sciences, United States Army/Texas Wesleyan College, Tripler.

Subp. 10. **Illinois.** Illinois:

A. Ravenswood Hospital Medical Center School of Nurse Anesthesia, Chicago;

B. Rush University Anesthesia Nurse Practitioner Program, Chicago; and

C. Decatur Memorial Hospital Nurse Anesthesia Program, Decatur.

Subp. 11. **Kansas.** Kansas:

A. Kansas University Medical Center Nurse Anesthesia Education Program, Kansas City;

B. Saint Francis Regional Medical Center School of Anesthesia for Nurses/Kansas Newman College, Wichita;

C. Wesley Medical Center School of Anesthesia for Nurses, Friends University, Wichita; and

D. Wichita Clinic (Kansas Newman College) School of

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Nurse Anesthesia, Wichita.

Subp. 12. **Kentucky.** Kentucky: Appalachian Regional Hospitals, Inc., Program of Nurse Anesthesia, Harlan.

Subp. 13. **Louisiana.** Louisiana: Charity Hospital School of Nurse Anesthesia, New Orleans.

Subp. 14. **Maine.** Maine:

A. Eastern Maine Medical Center School of Nurse Anesthesia, Bangor;

B. Saint Mary's General Hospital School of Anesthesia for Nurses, Lewiston; and

C. Mercy Hospital (University of New England) School of Anesthesia for Nurses, Portland.

Subp. 15. **Maryland.** Maryland:

A. The Johns Hopkins Hospital School of Anesthesia for Nurses, Baltimore;

B. Navy Nurse Corps Anesthesia Program (George Washington University), Naval School of Health Sciences, Bethesda; and

C. Prince George's General Hospital and Medical Center (George Washington University), School of Anesthesia, Cheverly.

Subp. 16. **Massachusetts.** Massachusetts:

A. Carney Hospital School of Anesthesia, Boston;

B. New England Medical Center School of Nurse Anesthesia, Boston;

C. Berkshire Medical Center School of Anesthesia, Pittsfield; and

D. Saint Vincent Hospital School of Nurse Anesthesia, Worcester.

Subp. 17. **Michigan.** Michigan:

A. Program of Nurse Anesthesia, the University of Michigan, Ann Arbor;

B. Henry Ford Hospital/University of Detroit Graduate Program of Nurse Anesthesia, Detroit;

C. Mount Carmel Mercy Hospital/Mercy College, Detroit;

D. Wayne State University College of Pharmacy and

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Allied Health Professions, Department of Anesthesia, Detroit; and

E. Hurley Medical Center (University of Michigan, Flint) School of Anesthesia, Flint.

Subp. 18. **Minnesota.** Minnesota:

A. Austin School of Anesthesia, Austin;

B. Saint Mary's Hospital, Duluth;

C. Central Mesabi Medical Center School of Anesthesia, Hibbing;

D. Hibbing General Hospital School of Anesthesia, Hibbing;

E. Abbott Northwestern Hospital (Saint Mary's College) School of Anesthesia, Minneapolis;

F. Northwestern Hospital, Minneapolis;

G. Minneapolis Veterans Administration Medical Center (College of Saint Thomas and University of Minnesota) School of Anesthesia, Minneapolis;

H. Saint Mary's Hospital School of Anesthesia, Minneapolis;

I. Minneapolis Training Program, c/o Asbury Hospital, Minneapolis;

J. Mayo School of Health-Related Sciences Nurse Anesthesia Program, Rochester;

K. School of Anesthesia, Division of Education, Mayo Foundation, Rochester;

L. Mayo Clinic, Rochester;

M. Rochester State Hospital School of Anesthesia for Nurses, Rochester;

N. Saint Cloud Hospital, Saint Cloud;

O. Minneapolis School of Anesthesia (Saint Mary's College), Saint Louis Park;

P. Bethesda Lutheran Hospital, Saint Paul; and

Q. Saint Paul-Ramsey Medical Center (University of Minnesota and College of Saint Thomas) School of Nurse Anesthesiology, Saint Paul.

Subp. 19. **Mississippi.** Mississippi: School of Health

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Related Professions, Department of Nurse Anesthesiology, University of Mississippi Medical Center, Jackson.

Subp. 20. **Missouri.** Missouri:

A. Truman Medical Center (University of Missouri/Kansas City) School of Nurse Anesthesia, Kansas City;

B. Barnes Hospital School of Nurse Anesthesia, Saint Louis; and

C. Washington University Nurse Anesthesia Program, School of Medicine, Saint Louis;

D. Southwest Missouri School of Anesthesia (Southwest Missouri State University), Springfield.

Subp. 21. **Nebraska.** Nebraska:

A. Bryan Memorial Hospital/Drake University School of Anesthesia, Lincoln; and

B. Creighton University Nurse Anesthesia Program, Omaha.

Subp. 22. **New Hampshire.** New Hampshire: Mary Hitchcock Memorial Hospital, School of Nurse Anesthesia, Hanover.

Subp. 23. **New Jersey.** New Jersey:

A. Our Lady of Lourdes Medical Center School of Anesthesia for Nurses, Camden; and

B. Jersey Shore Medical Center, School of Anesthesia, Neptune.

Subp. 24. **New York.** New York:

A. Albany Medical Center Hospital, School for Nurse Anesthetists, Albany;

B. Albany Veterans Administration Medical Center School of Anesthesia for Nurses, Albany;

C. Kings County Hospital Center (Brooklyn College), Brooklyn;

D. Roswell Park Memorial Institute, School of Anesthesia for Nurses, Buffalo;

E. Nurse Anesthetist Program, Department of Graduate Education, School of Nursing, State University of New York at Buffalo, Buffalo;

F. Harlem School Center/School of Anesthesia for

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Nurses, New York;

G. Columbia University/Roosevelt Hospital, School of Anesthesia, New York; and

H. New York Medical College-Metropolitan Hospital Center School of Anesthesia for Nurses, New York.

Subp. 25. **North Carolina.** North Carolina:

A. Charlotte Memorial Hospital and Medical Center, School of Nurse Anesthesia, Charlotte;

B. Durham County General Hospital School of Anesthesia for Nurses, Durham;

C. Warren Wilson College/Asheville Anesthesia Associates, School of Anesthesia, Swannanoa; and

D. North Carolina Baptist Hospital and Bowman Gray School of Medicine (Wake Forest University) Nurse Anesthesia Program, Winston-Salem.

Subp. 26. **North Dakota.** North Dakota:

A. Central North Dakota School of Anesthesia; Saint Alexius Hospital, Bismarck;

B. Saint Luke's Hospitals (University of North Dakota and Concordia College) School of Anesthesia, Fargo; and

C. The Grand Forks School of Anesthesia, The United Hospital, Grand Forks.

Subp. 27. **Ohio.** Ohio:

A. Aultman Hospital School of Nurse Anesthesia, Canton;

B. University Hospital School of Nurse Anesthesia, Cincinnati;

C. Cleveland Clinic School of Nurse Anesthesia, Cleveland;

D. Mount Sinai Medical Center (Ursuline College) School of Nurse Anesthesia, Cleveland;

E. The Ohio State University Nurse Anesthesia Division, Columbus;

F. Ohio Valley Hospital School of Anesthesia, Steubenville;

G. Saint Vincent Hospital and Medical Center, School

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of Anesthesia for Nurses, Toledo; and

H. Saint Elizabeth Hospital Medical Center School of Nurse Anesthetists, Youngstown.

Subp. 28. **Pennsylvania.** Pennsylvania:

A. Mercy Hospital, School of Anesthesia, Altoona;

B. Geisinger Medical Center/Susquehanna University, Danville;

C. Hamot Medical Center (Edinboro University of Pennsylvania) School of Anesthesia, Erie;

D. Westmoreland-Latrobe Hospitals School of Anesthesia for Nurses, Greensburg;

E. Harrisburg Area School of Anesthesia, Harrisburg Hospital, Harrisburg;

F. Lee Hospital/University of Pittsburgh at Johnstown, School of Anesthesia for Nurses, Johnstown;

G. Saint Joseph Hospital and Health Care Center, School of Anesthesia, Lancaster;

H. McKeesport Hospital School of Nurse Anesthesia/California University of Pennsylvania, McKeesport;

I. Allegheny Valley Hospital School of Anesthesia (LaRoche College), Natrona Heights;

J. Montgomery Hospital School of Anesthesia, Norristown;

K. Medical College of Pennsylvania, Graduate Program of Nurse Anesthesia, Philadelphia;

L. Lankenau Hospital School of Anesthesia for Nurses, Philadelphia;

M. The Nazareth Hospital School of Anesthesia for Nurses, Philadelphia;

N. La Roche College Nurse Anesthesia Program, Pittsburgh;

O. Mercy Hospital School of Anesthesia for Nurses, Pittsburgh;

P. Saint Francis Medical Center (La Roche College) School of Anesthesia, Pittsburgh;

Q. Shadyside Hospital School of Nurse

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Anesthesia/California University of Pennsylvania, Pittsburgh;

R. Western Pennsylvania Hospital (Community College of Allegheny County) School of Nurse Anesthesia, Pittsburgh;

S. University Health Center of Pittsburgh, School of Anesthesia for Nurses, Pittsburgh;

T. Mercy Hospital School for Nurse Anesthetists, Scranton;

U. The Washington Hospital (California University of Pennsylvania) School of Anesthesia for Nurses, Washington;

V. The Reading Hospital and Medical Center School of Nurse Anesthesia, West Reading; and

W. Wilkes-Barre General Hospital School of Anesthesia, Wilkes-Barre.

Subp. 29. **Rhode Island.** Rhode Island:

A. Saint Joseph Hospital School of Anesthesia for Nurses, North Providence; and

B. The Memorial Hospital School of Nurse Anesthesia, Pawtucket.

Subp. 30. **South Carolina.** South Carolina:

A. Anesthesia for Nurses Program, College of Allied Health Sciences, Medical University of South Carolina, Charleston; and

B. Richland Memorial Hospital School of Anesthesia, Columbia.

Subp. 31. **South Dakota.** South Dakota:

A. McKennan Hospital School of Anesthesiology for Registered Nurses (University of South Dakota), Sioux Falls; and

B. Mount Marty School of Anesthesia, Mount Marty College, Yankton.

Subp. 32. **Tennessee.** Tennessee:

A. Erlanger Medical Center, School of Nurse Anesthesia, Chattanooga;

B. Nurse Anesthesia Program, Holston Valley Hospital and Medical Center, Kingsport;

C. University of Tennessee Memorial Research Center and Hospital, School of Nurse Anesthesia, Knoxville; and

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D. Middle Tennessee School of Anesthesia, Madison.

Subp. 33. **Texas.** Texas:

A. Academy of Health Sciences, United States Army/Texas Wesleyan College, El Paso;

B. Academy of Health Sciences, United States Army/Texas Wesleyan College, Fort Hood;

C. Harris Hospital-Methodist/Texas Wesleyan College, Graduate School of Nurse Anesthesia, Fort Worth;

D. Baylor College of Medicine Nurse Anesthesia Program, Houston;

E. University of Texas Program in Nurse Anesthesia Education, School of Allied Health Sciences, Houston;

F. Academy of Health Sciences, United States Army/Texas Wesleyan College, Fort Sam Houston;

G. Nurse Anesthetist Course, Department of Anesthesiology/SGHSAA, Wilford Hall USAF Medical Center, Lackland; and

H. Wichita General Hospital School of Anesthesia for Nurses, Wichita Falls.

Subp. 34. **Virginia.** Virginia:

A. Allegheny Regional Hospital, School of Anesthesia, Clifton Forge;

B. The Fairfax Hospital (George Washington University) School of Anesthesia for Nurses, Falls Church;

C. DePaul Hospital (Old Dominion University) School of Anesthesia, Norfolk;

D. Medical Center Hospital-Norfolk General Division, Old Dominion University, Norfolk;

E. Navy Nurse Corps Anesthesia Program (George Washington University), Portsmouth;

F. Medical College of Virginia, Virginia Commonwealth University, Richmond; and

G. Potomac Hospital (George Washington University) School of Nurse Anesthesia, Woodbridge.

Subp. 35. **Washington.** Washington:

A. Sacred Heart Medical Center/Gonzaga University,

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Spokane; and

B. Academy of Health Sciences, United States Army/Texas Wesleyan College, Tacoma.

Subp. 36. **West Virginia.** West Virginia:

A. Charleston Area Medical Center School of Nurse Anesthesia, Charleston; and

B. Saint Joseph's Hospital School of Anesthesia for Nurses, Parkersburg.

Subp. 37. **Wisconsin.** Wisconsin:

A. Saint Francis Medical Center (University of Wisconsin-LaCrosse) School of Anesthesia, LaCrosse;

B. Milwaukee County Medical Complex-School of Nurse Anesthesia, Milwaukee;

C. Mercy Medical Center School of Nurse Anesthesia, Oshkosh; and

D. Wausau Hospital Center, School of Anesthesia; Wausau.

6330.0700 LIST OF NURSE MIDWIFERY PROGRAMS OF STUDY.

Subpart 1. **Arizona.** Arizona: University of Arizona College of Nursing, Tuscon.

Subp. 2. **California.** California:

A. University of California at San Diego, Nurse-Midwifery, La Jolla;

B. University of Southern California, Nurse-Midwifery Program, Women's Hospital, Los Angeles;

C. Stanford University, Women's Health Care Training Project, Primary Care Program, Palo Alto; and

D. University of California at San Francisco, San Francisco General Hospital, San Francisco.

Subp. 3. **Colorado.** Colorado: University of Colorado Health Sciences Center School of Nursing, Denver.

Subp. 4. **Connecticut.** Connecticut: Yale University School of Nursing, New Haven.

Subp. 5. **District of Colombia.** District of Columbia: Georgetown University School of Nursing, Washington.

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Subp. 6. **Florida.** Florida:

A. University of Miami School of Nursing, Coral Gables; and

B. University of Florida College of Nursing, Gainesville.

Subp. 7. **Georgia.** Georgia: Emory University, Nell Hodgson Woodruff School of Nursing, Atlanta.

Subp. 8. **Illinois.** Illinois:

A. Rush University College of Nursing, Chicago; and

B. University of Illinois at Chicago College of Nursing, Chicago.

Subp. 9. **Kentucky.** Kentucky:

A. Frontier School of Midwifery and Family Nursing, Frontier Nursing Service, Hyden; and

B. University of Kentucky College of Nursing, Lexington.

Subp. 10. **Maryland.** Maryland: United States Air Force, Nurse-Midwifery Program, Malcom Grow USAF Medical Center, Andrews Air Force Base.

Subp. 11. **Minnesota.** Minnesota: University of Minnesota School of Nursing, Minneapolis.

Subp. 12. **Mississippi.** Mississippi: University of Mississippi Nurse-Midwifery Education Program, Jackson.

Subp. 13. **Missouri.** Missouri: Saint Louis University Department of Nursing, Saint Louis.

Subp. 14. **New Jersey.** New Jersey: University of Medicine and Dentistry of New Jersey, School of Allied Health-Related Professions, Newark.

Subp. 15. **New York.** New York:

A. State University of New York, Downstate Medical Center, College of Health Related Professions, Nurse-Midwifery Program, Brooklyn; and

B. Columbia University Graduate Program in Maternity Nursing and Nurse Midwifery, New York.

Subp. 16. **Ohio.** Ohio: Case Western Reserve University, Frances Payne Bolton School of Nursing, Cleveland.

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Subp. 17. **Oregon.** Oregon: Oregon Health Sciences University School of Nursing, Portland.

Subp. 18. **Pennsylvania.** Pennsylvania:

A. Booth Maternity Center, Philadelphia; and

B. University of Pennsylvania School of Nursing, Philadelphia.

Subp. 19. **South Carolina.** South Carolina: Medical University of South Carolina College of Nursing, Charleston.

Subp. 20. **Tennessee.** Tennessee: Meharry Medical College Department of Nursing Education, Nashville.

Subp. 20a. **Texas.** Texas: Baylor College of Medicine Nurse-Midwifery Program, Houston.

Subp. 21. **Utah.** Utah: University of Utah College of Nursing, Salt Lake City.

REPEALER. Minnesota Rules, parts 6310.2800, subpart 3, 6310.7600, 6310.7700, 6310.7800, 6310.7900, 6310.8000, and 6310.8100 are repealed as of July 31, 1987.

Minnesota Rules, part 6310.3100, subparts 3 and 4 are repealed as of March 31, 1988.

Minnesota Rules, part 6310.2900, subpart 6a, is repealed as of December 31, 1993.

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

Approved
by Revisor _____

APPROVED AS TO FORM AND LEGALITY

July 6 19 87

HUBERT H. HUMPHREY, III
ATTORNEY GENERAL

BY M J Cassedy
SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

JUL 6 1987

Joan Anderson Growe
Secretary of State

2:45 pm

CERTIFICATE OF THE

MINNESOTA BOARD OF NURSING

AUTHORIZING RESOLUTION

I, Mary Bray, do hereby certify that I am a member and the President of the Minnesota Board of Nursing, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete and correct copy of a resolution adopted at a meeting of the Board, duly and properly called and held on the 9th day of January, 1987, that a quorum was present, and that a majority of those present voted for the resolution which has not been rescinded or modified.

> RESOLVED, that Joyce M. Schowalter, Executive Director of the Minnesota Board of Nursing, is hereby granted the authority and directed to sign and to give the Notice of the Board's Intent to Amend Rules Without a Public Hearing governing registration renewal, reregistration, advanced nursing education and nursing program approval to all persons who have registered their names with the Board for that purpose and publish the Notice and rule in the State Register, and to perform any and all acts incidental thereto.

IN WITNESS WHEREOF, I have hereunto subscribed my name this ____ day of May 25, 1987.

Mary Bray

MARY BRAY
President

Kathleen T. Manahan

Attest by one other Board Member

Board of Nursing

Proposed Permanent Rules Relating to Program Approval, Registration, and Advanced Nursing Education

Rules as Proposed

6301.0100 DEFINITIONS.

Subpart 1. to 14. [Unchanged.]

Subp. 15. **Nursing personnel.** "Nursing personnel" means those nurses and nursing assistants, exclusive of nursing students, who provide care to patients. An exception to this definition is permitted in part 6301.1900, subparts 6, 7, and 8 when complying with parts 6301.2000 and 6301.2100.

Subp. 16. to 23. [Unchanged.]

REGISTRATION OF PROFESSIONAL AND PRACTICAL NURSES

6310.2600 DEFINITIONS.

Subpart 1. **Acceptable continuing education activity.** "Acceptable continuing education activity" means a learning experience in which a ~~registered~~ professional nurse has participated, evidence of which ~~he/she~~ the nurse submits to the board as part of the application for registration renewal, and which meets the requirements ~~stated~~ in ~~these rules~~ parts 6310.2600 to 6310.2900.

Subp. 2. **Board.** "Board" means the Minnesota Board of Nursing.

Subp. 3. **Contact hour.** "Contact hour" means 50 consecutive minutes, except in reference to the class period of an educational institution. Class periods of no less than 45 minutes will be accepted as a contact hour.

Subp. 4. **Continuing education participation period.** "Continuing education participation period" means the 24-month interval of time immediately ~~prior to~~ before the registration renewal deadline during which a ~~licensee~~ professional nurse must fulfill the requirements for registration renewal. The length

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may vary for a nurse's first registration period or reregistration period.

Subp. 5. **Continuing education evidence form.** "Continuing education evidence form" means the printed document provided by the board for use in reporting the information required in parts 6310.2800 to 6310.2900.

Subp. 6. **Instructor.** "Instructor" means a presenter, preparer, or guide for a continuing education activity. Written programmed instruction comes within this definition.

Subp. 6a. **Late application fee.** "Late application fee" means penalty fee as authorized in Minnesota Statutes, sections 148.231, subdivision 1 and 148.294, subdivision 1.

Subp. 7. **License.** "License" means the document issued by the board to an individual who meets for the first time the requirements to practice professional or practical nursing in Minnesota.

Subp. 7a. **Licensee.** "Licensee" means either a professional or practical nurse who has been granted a license to practice professional or practical nursing by the board.

Subp. 8. **Licensure.** "Licensure" means the process by which the board confers legal authority upon an individual authorizing the person to engage in professional or practical nursing, thereby certifying that those licensed have attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected.

Subp. 8a. **Mental health.** "Mental health" means an individual's emotional or intellectual ability to adapt to a changing environment.

Subp. 8b. **Moral character.** "Moral character" means the individual's ability to distinguish between right and wrong and act accordingly.

Subp. 8c. **Nursing ability.** "Nursing ability" means the mental and physical capacity and skill necessary to perform nursing actions.

Subp. 9. **Participation.** "Participation" means attendance

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at or in any other manner taking part in an acceptable continuing education activity, documentation of which is submitted as a part of the application for professional nurse registration renewal.

Subp. 9a. **Practical Nurse.** "Practical nurse" means a person authorized by the board to engage in the practice of practical nursing as defined in Minnesota Statutes, section 148.29, subdivision 4.

Subp. 9b. **Professional nurse.** "Professional nurse" means a person authorized by the board to engage in the practice of professional nursing as defined in Minnesota Statutes, section 148.171, paragraph (3).

Subp. 10. **Registration.** "Registration" means the process by which the names and original license numbers of individuals licensed by the board are ~~recorded on a roster to designate that the~~ listed as individuals ~~are~~ authorized to engage in professional or practical nursing during a ~~renewal~~ registration period.

Subp. 11. **Registration renewal.** "Registration renewal" means the periodic process whereby an individual who is licensed and registered with the board requests and obtains registration for the next ~~renewal~~ registration period.

Subp. 12. **Registration renewal deadline.** "Registration renewal deadline" means ~~May 31,~~ the last day of the month immediately preceding the month in which the licensee's ~~next renewal period~~ registration expires.

Subp. 13. **~~Renewal~~ Registration certificate.** "~~Renewal~~ Registration certificate" means the document issued periodically by the board to a ~~registered~~ professional nurse or a practical nurse who meets registration ~~renewal~~ requirements.

Subp. 14. **~~Renewal~~ Registration expiration date.** "~~Renewal~~ Registration expiration date" means the ~~first~~ last calendar day of a ~~renewal~~ registration period.

Subp. 15. **~~Renewal~~ Registration period.** "~~Renewal~~ Registration period" means a 24-month interval of time for which a ~~renewal~~ registration certificate is issued ~~beginning August 1~~

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~~of-any-given-year.~~ The period begins the date the registration certificate is issued and ends the last day of the licensee's month of birth in an even- or odd-numbered year according to licensee's year of birth. The length may vary for a nurse's first registration period or reregistration period.

Subp. 16. **Reregistration.** "Reregistration" means the process whereby a licensee regains the authority to practice professional or practical nursing after ~~a-period-of-lapsed~~ one or more days without current registration.

6310.2700 ~~SCOPE~~ PURPOSE.

Parts 6310.2600 to ~~6310.3500-are-adopted-pursuant-to Minnesota-Statutes-1976,-sections-148.231-and-214.12.--They pertain-to-the-establishment-of~~ 6310.3100 establish requirements and procedures for registration ~~renewal~~ for ~~registered~~ professional nurses and practical nurses and criteria which continuing education activities must meet ~~in-order~~ to be acceptable for registration renewal for professional nurses. Parts 6310.3300 to 6310.3700 establish requirements and procedures for change of name and address, duplicate and replacement documents, and verification of Minnesota license.

6310.2800 REGISTRATION RENEWAL REQUIREMENTS.

Subpart 1. **~~Participation-periods,-contact hours~~ Requirement.** ~~On-June-1,-1978,-each-registered-nurse currently-licensed-and-registered-with-the-board-shall-begin his/her-first-continuing-education-participation-period.~~

~~Fifteen-contact-hours-of-acceptable-continuing-education activities-shall-be-required-for-registration-renewal-between August-1,-1980,-and-July-31,-1982.--Contact-hours-shall-be accrued-during-the-continuing-education-participation-periods-of June-1,-1978,-through-May-31,-1980,-or-June-1,-1979,-through-May 31,-1981.--Thirty~~ Each licensee is responsible for applying for renewal of registration if the person wishes to be authorized to practice as a professional or practical nurse in Minnesota.

Licensees are required to complete a registration renewal application and pay a renewal fee. In addition, professional

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nurses are required to accrue 30 contact hours of acceptable continuing education activities ~~shall be required~~ for registration renewal on August 1, 1982, and thereafter. Contact hours shall be accrued during a 24-month continuing education participation period ~~beginning June 1, 1980, or any June 1 thereafter~~ ending one month before the professional nurse's registration expiration date. The number of contact hours and length of participation period may vary for a professional nurse's first registration renewal following licensure or reregistration in accordance with part 6310.2900, subpart 6.

Subp. 2. **Demonstration of professional nursing skill.** At least one of the acceptable continuing education activities required for registration renewal on or after August 1, 1986, shall require the ~~licensee~~ professional nurse to show evidence ~~that he/she~~ of having successfully demonstrated to the instructor skill in performing one or a portion of a professional nursing function as indicated in Minnesota Statutes, section 148.171, ~~clause~~ paragraph (3).

Subp. 3. [See Repealer.]

Subp. 4. **Application submission.** ~~An acceptable application for registration renewal consisting of a completed, signed application form, a completed evidence form meeting requirements stated in these rules, and a renewal fee, shall be postmarked on or before May 31, immediately preceding the licensee's next renewal period.~~ Licensed practical nurses and registered nurses shall submit a completed, signed application for registration renewal and a renewal fee to the board office. Renewal applications from professional nurses must be accompanied by a completed continuing education evidence form meeting the requirements of parts 6310.2800 and 6310.2900. Renewal applications, fees, and continuing education forms must be received in the board office in the month preceding the month in which the applicant's registration expires. Resubmission of a previously incomplete or incorrect application form, ~~evidence form,~~ and renewal fee ~~postmarked on or~~ received before ~~May 31~~ the month in which the licensee's registration expires, shall

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constitute timely submission if received in the board office on or before the licensee's registration expiration date.

In 1988 and 1989 a registration renewal application and a renewal fee from a professional nurse who held current registration on July 31, 1987, shall be received in the board office on or before May 31 in the year in which the nurse's registration expires. Resubmission of a previously incomplete or incorrect application and renewal fee received on or before May 31 in the year in which the nurse's registration expires, shall constitute timely submission if received in the board office on or before July 31 of that year.

Subp. 5. **~~Penalty~~ Late application fee.** ~~An applicant~~ A licensee filing for registration renewal shall pay a ~~penalty~~ late application fee ~~of $15, effective January 1, 1987~~, as well as the renewal fee for the current renewal period if the application~~, evidence form,~~ or renewal fee is ~~postmarked after May 31 of the year in which it was due~~ received in the board office during the month in which the licensee's registration expires.

In 1988 and 1989 a registration renewal application received from a professional nurse who held current registration on July 31, 1987, shall incur a late application fee if the application or renewal fee is received in the board office during June or July in the year in which the nurse's registration expires.

Subp. 6. **Acceptable continuing education activity.** In order for a continuing education activity to be acceptable to the board for registration renewal, a ~~licensee~~ professional nurse shall be able to substantiate that each of the criteria listed below has been met.

A. The content is related to one or more of the following components of professional nursing specified in Minnesota Statutes, section 148.171, ~~clause~~ paragraph (3):

(1) independent nursing functions as listed below:

(a) providing a nursing assessment of the actual or potential health needs of individuals, families, or

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communities;

(b) providing nursing care supportive to or restorative of life by functions such as: skilled ministration of nursing care, supervising nursing personnel, teaching nursing personnel, health teaching, health counseling, case finding, referral to other health resources; and

(c) evaluating nursing functions; or

(2) delegated medical functions.

B. The duration of the activity was at least one contact hour.

C. The objectives were written in measurable terms which describe what a licensee can expect to learn.

D. The instructor's qualification in the subject, such as education and experience, shall be stated in written form.

E. The method to be utilized by the learner to determine whether or not learning occurred was in written form. Acceptable methods may include but need not be limited to self-evaluation check lists or tests.

F. The continuing education activity was completed during the continuing education participation period immediately preceding the ~~renewal date~~ registration period for which the ~~licensee~~ professional nurse is seeking registration renewal.

G. Credit shall not be granted for identical continuing education activities submitted during any single continuing education participation period.

H. A written statement of participation provided by the instructor or a designee following completion of each acceptable continuing education activity was obtained. A fee receipt shall not be acceptable.

I. A grade indicating successful completion was obtained in an acceptable continuing education activity for which grades are granted.

J. A continuing education activity which the ~~licensee~~ professional nurse taught shall not meet that licensee's registration renewal requirements.

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K. The continuing education activity or the provider of the activity was approved by another board of nursing, another Minnesota health-related licensing board as defined by Minnesota Statutes, section 214.01, subdivision 2, or a national, regional, or state nursing, medical, or allied health organization and the activity meets at least the criteria in items B, F, G, H, and J.

L. A professional nurse holding a current advanced nursing practice certificate that was based upon the meeting of periodic continuing education or other current competency recertification requirements may substitute evidence of that certification for a report of participation in continuing education activities. The certificate shall have been issued by a national nursing or medical organization such as the American Nurses Association, American College of Nurse Midwives, the Council on Recertification of Nurse Anesthetists, or the Nurse Association of the American College of Obstetricians and Gynecologists.

The advanced nursing practice certificate may not be substituted for any previously deferred contact hours.

Subp. 7. **True information.** A licensee shall submit true information. Falsification of any evidence for any registration ~~renewal~~ period ~~and/or~~ or failure to comply with ~~these rules~~ parts 6310.2800 and 6310.2900 for any two registration ~~renewal~~ periods shall constitute unethical conduct and provide grounds for suspension or revocation of a license.

Subp. 8. **Records retention.** A ~~licensee~~ professional nurse shall keep records documenting each acceptable continuing education activity submitted to meet registration renewal requirements and obtain data from the acceptable continuing education activity as required in part 6310.2900, subpart 7. The records shall be kept for two years ~~following the end of the renewal period to which the activity is applied~~ after the continuing education activities are reported to the board on the continuing education evidence form.

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6310.2900 REGISTRATION RENEWAL PROCEDURES.

Subpart 1. **Service.** The licensee shall maintain with the board ~~his/her~~ a correct mailing address for the purpose of receiving board communications ~~and/or~~ or notices. Placing the ~~notice~~ registration renewal application in first class United States mail, postage prepaid and addressed to the licensee at ~~his/her~~ the nurse's last known address shall constitute valid service.

Subp. 2. ~~**Notice**~~ **Application mailing date.** The board shall mail a registration renewal application ~~and evidence form~~ at least ~~120~~ three full calendar ~~days prior to~~ months before a licensee's ~~renewal~~ registration expiration date to the last known address of every ~~registered nurse~~ licensee holding a current renewal certificate. Failure to receive ~~such~~ the notice shall not relieve a license holder of ~~his/her~~ the obligation to comply with ~~these rules~~ parts 6310.2800 and 6310.2900. In 1988 and 1989 registration renewal applications will be mailed by April 1 to professional nurses who held current registration on July 31, 1987.

Subp. 3. **Late submission.** An application~~, evidence form,~~ and renewal fee ~~postmarked on June 1, or later~~ received in the board office during the month in which the licensee's registration expires, shall not be processed and shall be returned to a licensee for payment of a ~~penalty~~ late application fee. In 1988 and 1989 a registration renewal application from a professional nurse who held current registration on July 31, 1987, which was received in the board office during June or July of the year in which the nurse's registration expires shall not be processed and shall be returned to the nurse for payment of a late application fee.

A renewal application and fee received one or more days after the licensee's registration expiration date shall be returned with an application for reregistration. The board will nullify incomplete registration renewal applications that are not completed by licensees' registration expiration dates. For a nullified application, the fee shall be forfeited and the

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application and other documents may be destroyed according to the process provided in Minnesota Statutes, section 138.17, subdivision 7.

Subp. 4. **Continuing education evidence form.** For professional nurses, the registration renewal application shall include a continuing education evidence form. Information to be provided by the ~~licensee~~ professional nurse on an evidence form shall include:

A. identification of the ~~licensee~~ professional nurse;

B. identification of the continuing education activities;

C. verification that the continuing education activities met all the criteria **specified** in part 6310.2800 and that the information contained on the form is true in every respect; and

D. ~~licensee's~~ the professional nurse's signature and date signed.

Subp. 5. **~~Rejection of~~ Incomplete application; notice.** If the application form~~, evidence form,~~ or renewal fee submitted by a licensee is incomplete, incorrect, or in noncompliance with parts 6310.2800 and 6310.2900, the licensee shall ~~be notified as to the reason for the rejection and all documents shall be returned to the licensee~~ within 30 calendar days after receipt by the board ~~receives them~~ be notified of the deficiency and given instructions for completion or correction. The application, fee, and other documents will be retained by the board whenever possible.

Subp. 6. **Initial registration and first registration renewal.** An individual who is issued a license by the board shall also be registered by the board. The license fee shall serve as payment for the initial registration period.

Effective August 1, 1987, and thereafter, the initial registration period following licensure or reregistration is ~~for less than two years. For registered nurses licensed August 1 through January 31 the registration period ends the next July 31. For those licensed February 1 through July 31 the~~

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~~registration-period-ends-July-31-of-the-following-year.--If-an individual-is-granted-a-Minnesota-license-within-six-calendar months-prior-to-the-first-day-of-licensee's-renewal-period,-the license-fee-shall-serve-as-payment-for-the-first-renewal-period.~~ ~~Fifteen~~ from six to 29 full calendar months ending the last day of the licensee's month of birth in an even-numbered year if the year of birth was an even-numbered year or in an odd-numbered year if the year of birth was an odd-numbered year.

A licensee who does not supply a month, day, and year of birth upon a second request from the board shall be assigned a month and year for registration purposes.

A licensee may correct the date of birth stated on the renewal application. The board may require a licensee who wishes to correct the date of birth on file with the board to substantiate the date with official documentation.

Professional nurses shall accrue for the first registration renewal following licensure and reregistration the number of contact hours of acceptable continuing education activities ~~shall-be-required-for-the-first-registration renewal~~ equivalent to the number of full months in their initial registration period. The contact hours shall include at least one successful demonstration of skill in performing a portion of a component of professional nursing. The continuing education participation period begins on the date the license was issued or reregistration was completed and extends through the month immediately preceding the month in which initial registration expires.

Subp. 6a. **Conversion period.** Licensees holding registration certificates with an expiration date unrelated to their month of birth will be registered in the following manner during a conversion period.

A. All licensees who hold current registration on July 31, 1987, and who renew that registration under parts 6310.2800 and 6310.2900 will be assigned a conversion registration period no shorter than six months and no longer than 29 months ending on the last day of the month of birth in

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an even- or odd-numbered year, according to their year of birth.

B. Licensees will be charged a renewal fee for the six- to 29-month conversion registration period which is prorated at $0.835 a month and rounded to the nearest dollar according to the length of each licensee's conversion registration period.

C. Professional nurses shall accrue the number of contact hours of acceptable continuing education activities equivalent to the number of months in their conversion registration period. The contact hours shall include at least one demonstration of skill. The contact hours shall be added to the 30 contact hours required for their next full 24-month registration period.

The total number of contact hours including two demonstrations of skill must be accrued between the last day of the professional nurse's most recent participation period and the first day of the month in which the nurse's next 24-month registration period expires.

D. A professional nurse who lacks sufficient contact hours upon application for registration renewal during the conversion period shall have the number of contact hours lacking added to the contact hours required for the next full 24-month registration period.

Subp. 7. **Substantiation of continuing education activities.** Following each renewal date the board may select a sample of ~~licensees~~ professional nurses applying for registration renewal and require substantiation of participation in acceptable continuing education activities. Selected ~~licensees~~ professional nurses shall submit in writing the following data obtained from the provider of each continuing education activity which verifies the information on the evidence form:

A. Objective or objectives of each continuing education activity~~;~~.

B. Verification received by the ~~licensee~~ professional nurse of the number of contact hours and, for activities lasting four or more hours, a schedule listing time periods~~;~~.

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C. Documentation of each instructor's qualifications, such as education and experience~~;~~.

D. Evidence that the ~~licensee~~ professional nurse used the mechanism which was provided to determine if learning occurred. Acceptable methods may include but need not be limited to self-evaluation checklists or tests~~;~~.

E. Written verification received by the ~~licensee~~ professional nurse of participation in each continuing education activity provided by an instructor involved with the continuing education activity or a designee~~;~~.

F. The specific professional nursing content area to which each continuing education activity is related~~;~~.

G. In 1986 and thereafter, proof of compliance with part 6310.2800, subpart 2~~;-and~~.

H. Any additional documentation the board deems necessary.

Subp. 8. **Insufficient hours.** If a ~~licensee~~ professional nurse cannot demonstrate ~~that-he-or-she-has~~ sufficient hours of acceptable continuing education activities, the number of hours lacking to comply for that continuing education participation period shall be added to the contact hours required in the immediately succeeding period. This ~~rule~~ part may be applied once for any one ~~licensee~~ professional nurse.

Subp. 9. **Substantiation after deferment.** A ~~licensee~~ professional nurse who defers a number of hours of continuing education to the immediately succeeding period pursuant to subpart 8 shall be required to submit with the next renewal application substantiation of participation in continuing education activities that provided the number of contact hours required for that participation period as well as the number of contact hours which were deferred from the previous participation period.

Subp. 10. **Noncompliance; audit.** A ~~licensee~~ professional nurse in noncompliance with part 6310.2800, subparts 1, 2, and 6, shall be subject to the conditions in subpart 7. By this rule an audit shall be automatic for a nurse who has been found

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in an audit of the immediately preceding continuing education participation period to be in noncompliance with the rules.

6310.3100 REREGISTRATION.

Subpart 1. **Removal of name from roster** list. The names of ~~all nurses~~ licensees who do not return the complete renewal application, ~~evidence form,~~ renewal fees, and ~~penalty~~ late application fees by ~~November 1 of each renewal year~~ the registration expiration date shall be removed from the **roster** list of individuals authorized to practice professional or practical nursing during the current renewal period.

Subp. 2. **Reregistration requirements.** A ~~nurse~~ licensee who applies for reregistration shall:

A. submit a completed and signed reregistration application;

B. respond to questions on the application that relate to causes for denial or revocation of licensure listed in Minnesota Statutes, section 148.261 for professional nurses and section 148.297 for practical nurses;

C. pay the registration renewal fee for the current period; ~~and~~

~~C.~~ D. pay the late application fee if registration expired within the last two years unless the licensee submitted evidence of an incomplete or incorrect renewal application before the registration renewal deadline; and

E. submit evidence of meeting all relevant requirements specified in ~~parts 6310.2800 and 6310.2900~~ subparts 2a to 8. ~~Participation in continuing education activities must have occurred during the 24 months prior to the submission of the application for reregistration.~~

Subp. 2a. **Continuing education.** A professional nurse must submit evidence of meeting all requirements specified in parts 6310.2800 and 6310.2900. Participation in continuing education activities must have occurred during the 24 months immediately before board action on the application for reregistration. Beginning April 1, 1988, and thereafter, this requirement

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applies only to professional nurses whose registration expired within the two years immediately preceding application for reregistration.

Subp. 3. **Substitute for continuing education.** A professional nurse who has been employed as a ~~registered~~ professional nurse in another state or country or in a federal facility located in Minnesota for a period of two years or more immediately preceding application for reregistration may substitute satisfactory employment references which encompass the entire employment period in lieu of the continuing education report.

Subp. 4. **Requirements if not registered for five years or more.** The licensed practical nurse whose name has not been on the registration list for five years or more must present evidence of competency in nursing before becoming reregistered. The evidence may include any of the following which occurred within the five-year period before board action on the application for a current registration certificate:

A. employment as a licensed practical nurse in another United States jurisdiction or foreign country;

B. completion of no less than one week of a refresher course;

C. attendance at no less than 15 clock hours of nursing-related educational offerings; or

D. participation in an orientation program at least one week in length conducted by an employer or potential employer; and

E. such other evidence as the board may reasonably require.

Subp. 5. **Evidence of moral character and mental health.** A licensee shall verify on the application that the licensee is of good moral character and in good mental health. The board may require further evidence of a licensee's character or mental health if the board has information satisfying one of the following conditions:

A. implying a violation of a federal, state, or local

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law or rule;

B. constituting grounds for denial or revocation of a license, if true;

C. implying that the licensee provided inaccurate information or omitted information solicited on the licensure, examination, registration renewal, or reregistration applications;

D. showing that the applicant was discharged from employment;

E. showing that disciplinary action was taken or is pending or the licensee is under investigation by another nurse licensing agency; or

F. implying that the licensee is mentally incompetent or mentally ill.

Subp. 6. **Acceptable practice requirement.** Beginning April 1, 1988, and thereafter, a licensee without current registration who is applying for reregistration must submit proof of at least 320 hours of acceptable nursing practice in the four years immediately preceding receipt of the application for reregistration or meet the requirement in subpart 7. To be acceptable the practice must have:

A. consisted of employment or volunteer nursing in any setting, or participation in clinical nursing courses or any combination of these activities;

B. occurred only while the licensee was authorized to practice nursing unless legal authorization for the practice was not required in the jurisdiction where it occurred; or

C. included one or more of the functions defined in Minnesota Statutes, section 148.171, paragraph (3) for professional nurses or Minnesota Statutes, section 148.29, subdivision 4 for practical nurses, or be identified by the employer, volunteer supervisor, patient's family or physician, or instructor as requiring the appropriate nursing license.

Subp. 7. **Refresher course requirement.** Beginning April 1, 1988, and thereafter, licensees without current registration who do not demonstrate compliance with the acceptable practice

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requirement in subpart 6 must submit an affidavit of successful completion of a refresher course which occurred within the 24 months immediately preceding board action on the application for reregistration. The affidavit must be signed by the person responsible for the course, hereinafter, coordinator.

The refresher course must have been designed to meet the following criteria:

A. The coordinator must be a registered nurse.

B. The course must include theory and clinical experience components. The theory component may be conducted in a classroom or through self-study learning materials. The clinical experience may be arranged by the coordinator or by the student with the coordinator's approval.

C. Determination that a professional nurse or practical nurse student has successfully completed the course must include at least one evaluation of the student's ability to combine nursing abilities as outlined in part 6301.2200. The refresher course student's evaluation of combining nursing categories must include at least one ability from each subpart of part 6301.1800 and, in addition, for professional nurse students from each subpart of part 6301.1900. Whenever clinical experience has been arranged by the student, the coordinator shall be responsible for the evaluation preparation and for directing the conduct of the evaluation.

Subp. 8. **Limited registration certificate.** A licensee presenting an affidavit of enrollment in a refresher course will upon written request and submission of a reregistration application and fee be provided a registration certificate valid only for participation in the clinical experience component of the refresher course and no longer than 90 days. The affidavit must be signed by the refresher course coordinator.

Subp. 9. **Waiver.** When a licensee residing outside of Minnesota applies for reregistration for the purpose of obtaining verification of current registration status to another country or United States jurisdiction, the requirements in subpart 7 shall be waived.

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Subp. 10. **Refresher course audit.** A licensee meeting the refresher course requirement may be selected for audit to determine that the course met the criteria in subpart 7 and that all application materials were accurate.

Subp. 11. **Nullification and reapplication.** The board will nullify incomplete reregistration applications that are not completed within the six-month period following receipt of fees or within the six-month period following issuance of a registration certificate for practice in a clinical component of a refresher course.

For a nullified application, the fee shall be forfeited and the application and other documents may be destroyed according to the process specified in Minnesota Statutes, section 138.17, subdivision 7. If a licensee fails to submit an application and fee within six months after the board received any other documents relating to the application, the board may destroy the documents.

If a licensee whose application has been nullified wants to be reregistered, a new reregistration application must be submitted and all applicable reregistration requirements must be met.

Subp. 12. **First renewal following reregistration.** Licensees who have reregistered will receive registration certificates as specified in part 6310.2900, subpart 6, and must subsequently meet the renewal requirements in part 6310.2800 and the procedures in part 6310.2900. The continuing education requirement and participation period for professional nurses following reregistration is provided in part 6310.2900, subpart 6.

6310.3300 CHANGE OF NAME AND ADDRESS ON RECORDS.

Subpart 1. **Name change.** The licensee who has changed names shall notify the board in writing as soon as possible and request a revised ~~renewal~~ registration certificate. When requesting a revised ~~renewal~~ registration certificate, the licensee shall return the current certificate to the board. If

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the current certificate has been lost, stolen, or destroyed, the licensee shall provide a written ~~evidence~~ explanation of the situation. The board may require substantiation of the name change by requiring official documentation.

Subp. 2. **Address change.** The licensee who has changed addresses shall notify the board in writing as soon as possible. The board shall notify the licensee of address changes made in the licensee's records. However, a revised ~~renewal~~ registration certificate will not be issued.

6310.3400 DUPLICATE AND REPLACEMENT DOCUMENTS.

Subpart 1. **License.** A duplicate license shall not be issued. A replacement license may be issued for a fee when the licensee notifies the board, by certified statement, that the original license was lost, stolen, or destroyed. The replacement license shall be marked "Replacement" and the date of issuance indicated. ~~The fee for a replacement license is $10, effective January 1, 1987.~~

Subp. 2. **~~Renewal~~ Registration certificate.** A duplicate ~~renewal~~ registration certificate shall not be issued. If a ~~renewal~~ registration certificate is lost, stolen, or destroyed, the licensee shall submit a written ~~evidence~~ explanation of the situation. Upon written request of the licensee, a ~~verification of current registration shall~~ replacement registration certificate may be issued for a fee ~~of $10, effective January 1, 1987~~. The replacement registration certificate shall be marked "Replacement."

If a licensee does not receive a ~~renewal~~ registration certificate which has been issued and notifies the board office in writing within ~~90~~ 60 days of the date of issuance, a ~~verification of current~~ replacement registration certificate may be issued without a fee.

6310.3500 VERIFICATION OF MINNESOTA LICENSE.

Subpart 1. **Verification of licensure.** A ~~registered nurse~~ licensee wishing ~~to be licensed in~~ a certified statement of licensure status sent to another United States jurisdiction or

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foreign country or to any other third party may, upon written request and payment of a fee, have a certified statement of Minnesota licensure status issued to the Board of Nursing ~~or~~, other official agency empowered to issue nursing licenses in the other jurisdiction or country or a third party.

~~The fee for verification of a license shall be $15 effective January 1, 1987, for each verification.~~

Subp. 1a. **Verification of examination scores.** A Minnesota licensee wishing a certified statement of licensing examination scores sent to a third party may, upon written request and payment of fee, have a certified statement of examination scores issued.

Subp. 2. ~~**Transcript**~~ **Copies of license application.** ~~If~~ A copy of a transcript or other application materials is provided from the board files ~~for a nursing program which is no longer currently in operation, an additional~~ upon payment of a fee ~~of $10 effective January 1, 1987, may be charged~~. Copies will not be provided for transcripts or other application materials available from nursing programs in the United States.

6310.3600 REGISTRATION FEES.

Subpart 1. **Amount.** The amount of fees shall be as follows:

A. registration renewal, $20 per registration period;

B. late application, $15;

C. replacement license, $10;

D. replacement registration certificate, $10;

E. verification of licensure status, $15;

F. verification of examination scores, $15;

G. a copy of licensure application materials, $10; and

H. service charge for a dishonored check, $15.

Subp. 2. **Effective date.** The fees in subpart 1 are effective January 1, 1987, unless specified otherwise. All fees are nonrefundable.

6310.3700 DISHONORED CHECKS.

Subpart 1. **Service charge.** If a licensee submits a

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dishonored check for any of the fees required in parts 6310.2800, subparts 1, 4, and 5; 6310.3100, subparts 2, items C and D; 6310.3400, subparts 1 and 2; and 6310.3500, subparts 1, 1a, and 2, a service charge will be assessed in keeping with Minnesota Statutes, section 332.50, subdivision 2.

Subp. 2. **Nullified registration.** Nonreplacement of a dishonored check for the fees required in parts 6310.2800, subparts 1, 4, and 5, and 6310.3100, subpart 2, items C and D and nonpayment of the service charge will result in a nullified registration.

Subp. 3. **Additional fee.** Nonreplacement of a dishonored check for the fees required in parts 6310.3400, subparts 1 and 2 and 6310.3500, subparts 1, 1a, and 2, and nonpayment of the service charge will result in the amounts being added to the next fee the licensee must pay.

6330.0600 LIST OF NURSE ANESTHESIA PROGRAMS OF STUDY.

Subpart 1. **Alabama.** Alabama:

A. Baptist Medical Centers-Samford University School of Anesthesia, Birmingham;

B. University of Alabama in Birmingham, School of Community and Allied Health Anesthesia for Nurses Program, Birmingham;

C. Manley L. Cummins School of Anesthesia for Nurses, Southeast Alabama Medical Center, Dothan; and

D. School of Anesthesia for Nurses-University of South Alabama Medical Center, Mobile.

Subp. 2. **California.** California:

A. Loma Linda University-School of Allied Health Professions, Department of Anesthesia, Loma Linda;

B. Kaiser-Permanente School of Anesthesia for Nurses/CSULB, Los Angeles;

C. Los Angeles County, Martin Luther King, Jr./Drew Medical Center, Los Angeles;

D. UCLA Program of Nurse Anesthesia, Los Angeles; and

E. ~~United States~~ Navy ~~School of~~ Nurse Corps

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Anesthesia Program (George Washington University), San Diego.

Subp. 3. **Colorado.** Colorado: ~~United States Army~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~ Sciences, United States Army/Texas Wesleyan College, Aurora.

Subp. 4. **Connecticut.** Connecticut:

A. Bridgeport Hospital School of Nurse Anesthesia (Southern Connecticut State University), Bridgeport;

B. New Britain School of Nurse Anesthesia (Central Connecticut State University), New Britain; and

C. Hospital of Saint Raphael, School of Anesthesia, New Haven.

Subp. 5. **Delaware.** Delaware:

A. Wesley College-Kent General Hospital School of Anesthesia, Dover; and

B. Wilmington Medical Center School of Anesthesia, Wilmington.

Subp. 6. **District of Columbia.** District of Columbia:

A. Greater Southeast Community Hospital/George Washington University, School of Nurse Anesthesia, Washington; and

B. United States ~~Army~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~ Sciences/Texas Wesleyan College, Washington.

Subp. 7. **Florida.** Florida:

A. Nurse Anesthesia Training Program, University of Florida/College of Medicine, Gainsville; and

B. Bay Memorial Medical Center, School of Anesthesia, Panama City.

Subp. 8. **Georgia.** Georgia:

A. Georgia Baptist Hospital School of Anesthesia for Nurses, Atlanta; and

B. ~~United States Army~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~ Sciences, United States Army/Texas Wesleyan College, Fort Gordon.

Subp. 9. **Hawaii.** Hawaii: ~~United States Army~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~

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Sciences, United States Army/Texas Wesleyan College, Tripler.

Subp. 10. **Illinois.** Illinois:

A. Ravenswood Hospital Medical Center School of Nurse Anesthesia, Chicago;

B. Rush University Anesthesia Nurse Practitioner Program, Chicago; and

C. Decatur Memorial Hospital Nurse Anesthesia Program, Decatur.

Subp. 11. **Kansas.** Kansas:

A. ~~University of~~ Kansas, University Medical Center Nurse Anesthesia Education Program, Kansas City;

B. Saint Francis Regional Medical Center School of Anesthesia for Nurses/Kansas Newman College, Wichita;

C. Wesley Medical Center School of Anesthesia for Nurses, Friends University, Wichita; and

D. ~~The~~ Wichita Clinic (Kansas Newman College) School of Nurse Anesthesia, Wichita.

Subp. 12. **Kentucky.** Kentucky: Appalachian Regional Hospitals, Inc., Program of Nurse Anesthesia, Harlan.

Subp. 13. **Louisiana.** Louisiana: Charity Hospital School ~~for~~ of Nurse Anesthesia, New Orleans.

Subp. 14. **Maine.** Maine:

A. Eastern Maine Medical Center School of Nurse Anesthesia, Bangor;

B. Saint Mary's General Hospital School of Anesthesia for Nurses, Lewiston; and

C. Mercy Hospital (University of New England) School of ~~Anesthesiology~~ Anesthesia for Nurses, Portland.

Subp. 15. **Maryland.** Maryland:

A. The Johns Hopkins Hospital School of Anesthesia for Nurses, Baltimore;

B. ~~United States~~ Navy Nurse Corps Anesthesia Program (George Washington University), Naval School of Health Sciences, ~~National Naval Medical Center,~~ Bethesda; and

C. Prince George's General Hospital and Medical Center (George Washington University), School of

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Anesthesia ~~(George Washington University)~~, Cheverly.

Subp. 16. **Massachusetts.** Massachusetts:

A. Carney Hospital School of Anesthesia, Boston;

B. ~~Tufts~~ New England Medical Center ~~Hospital~~ School of Nurse Anesthesia, Boston;

C. Berkshire Medical Center School of ~~Nurse~~ Anesthesia, Pittsfield; and

D. Saint Vincent Hospital School of Nurse Anesthesia, Worcester.

Subp. 17. **Michigan.** Michigan:

A. Program of Nurse Anesthesia, the University of Michigan ~~Hospitals Program of Nurse Anesthesia~~, Ann Arbor;

B. Henry Ford ~~Hospital School of Anesthesia~~/~~University~~ Hospital/University of Detroit Graduate Program of Nurse Anesthesia, Detroit;

C. Mount Carmel Mercy Hospital/Mercy College, Detroit;

D. Wayne State University College of Pharmacy and Allied Health Professions ~~Nurse~~, Department of Anesthesia ~~Educational Program~~, Detroit; and

E. Hurley Medical Center (University of Michigan, Flint) School of Anesthesia, Flint.

Subp. 18. **Minnesota.** Minnesota:

A. Austin School of Anesthesia, Austin;

B. Saint Mary's Hospital, Duluth;

C. Central Mesabi Medical Center School of Anesthesia, Hibbing;

D. Hibbing General Hospital School of Anesthesia, Hibbing;

E. Abbott Northwestern Hospital (Saint Mary's College) School of Anesthesia, Minneapolis;

F. Northwestern Hospital, Minneapolis;

G. Minneapolis Veterans Administration Medical Center (College of Saint Thomas and University of Minnesota) School of Anesthesia, Minneapolis;

H. Saint Mary's Hospital School of Anesthesia, Minneapolis;

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I. Minneapolis Training Program, c/o Asbury Hospital, Minneapolis;

J. Mayo School of Health-Related Sciences Nurse Anesthesia Program, Rochester;

K. School of Anesthesia, Division of Education, Mayo Foundation, Rochester;

L. Mayo Clinic, Rochester;

M. Rochester State Hospital School of Anesthesia for Nurses, Rochester;

N. Saint Cloud Hospital, Saint Cloud;

O. Minneapolis School of Anesthesia (Saint Mary's College), Saint Louis Park;

P. Bethesda Lutheran Hospital, Saint Paul; and

Q. Saint Paul-Ramsey Medical Center (University of Minnesota and College of Saint Thomas) School of Nurse ~~Anesthesia~~ Anesthesiology, Saint Paul.

Subp. 19. **Mississippi.** Mississippi: School of Health Related Professions, Department of Nurse Anesthesiology, University of Mississippi Medical Center, Jackson.

Subp. 20. **Missouri.** Missouri:

A. Truman Medical Center~~,~~ (University of Missouri/Kansas City) School ~~for~~ of Nurse ~~Anesthetists~~ Anesthesia, Kansas City;

B. Barnes Hospital School of Nurse Anesthesia, Saint Louis; and

C. Washington University Nurse Anesthesia Program, School of Medicine, Saint Louis;

D. Southwest Missouri School of Anesthesia (Southwest Missouri State University), Springfield.

Subp. 21. **Nebraska.** Nebraska:

A. Bryan Memorial ~~Hospital/Nebraska-Wesleyan~~ Hospital/Drake University~~,~~ School of ~~Nurse~~ Anesthesia, Lincoln; and

B. Creighton University Nurse Anesthesia Program, Omaha.

Subp. 22. **New Hampshire.** New Hampshire: Mary Hitchcock

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Memorial Hospital, School of Nurse Anesthesia, Hanover.

Subp. 23. **New Jersey.** New Jersey:

A. Our Lady of Lourdes ~~Hospital~~ Medical Center School of Anesthesia for Nurses, Camden; and

B. Jersey Shore Medical Center, School of Anesthesia, Neptune.

Subp. 24. **New York.** New York:

A. Albany Medical Center Hospital, School for Nurse Anesthetists, Albany;

B. Albany Veterans Administration Medical Center School of Anesthesia for Nurses, Albany;

C. Kings County ~~School of Anesthesia~~ Hospital Center (Brooklyn ~~College/SUNY~~ College), Brooklyn;

D. Roswell Park Memorial Institute, School of Anesthesia for Nurses, Buffalo;

E. Nurse Anesthetist Program, Department of Graduate Education, School of Nursing, State University of New York at Buffalo, Buffalo;

F. Harlem School Center/School of Anesthesia for Nurses, New York;

G. Columbia University/Roosevelt Hospital, School of Anesthesia, New York; and

H. New York Medical College-Metropolitan Hospital Center School of Anesthesia for Nurses, New York.

Subp. 25. **North Carolina.** North Carolina:

A. Charlotte Memorial Hospital and Medical Center, School of Nurse Anesthesia, Charlotte;

B. Durham County General Hospital School of Anesthesia for Nurses, Durham;

C. Warren Wilson College/Asheville Anesthesia Associates, School of Anesthesia, Swannanoa; and

D. North Carolina Baptist Hospital and Bowman Gray School of Medicine~~,~~ (Wake Forest University) Nurse Anesthesia Program, Winston-Salem.

Subp. 26. **North Dakota.** North Dakota:

A. Central North Dakota School of Anesthesia; Saint

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Alexius Hospital, Bismarck;

B. Saint Luke's ~~Hospital~~ Hospitals (University of North Dakota and Concordia College) School of Anesthesia, Fargo; and

C. The Grand Forks School of Anesthesia, The United Hospital, Grand Forks.

Subp. 27. **Ohio.** Ohio:

A. Aultman Hospital School of Nurse Anesthesia, Canton;

B. University Hospital School of Nurse Anesthesia, Cincinnati;

C. Cleveland Clinic School of Nurse Anesthesia, Cleveland;

D. Mount Sinai Medical Center (Ursuline College) School of Nurse Anesthesia, Cleveland;

E. The Ohio State University Nurse Anesthesia Division, Columbus;

F. Ohio Valley Hospital School of Anesthesia, Steubenville;

G. Saint Vincent Hospital and Medical Center, School of Anesthesia for Nurses, Toledo; and

H. Saint Elizabeth Hospital Medical Center School of Nurse Anesthetists, Youngstown.

Subp. 28. **Pennsylvania.** Pennsylvania:

A. Mercy Hospital, School of Anesthesia, Altoona;

B. Geisinger Medical Center/Susquehanna University, Danville;

C. Hamot Medical Center (Edinboro University of Pennsylvania) School of Anesthesia ~~(Edinboro State College)~~, Erie;

D. Westmoreland-Latrobe Hospitals School of Anesthesia for Nurses, Greensburg;

E. Harrisburg Area School of Anesthesia, Harrisburg Hospital, Harrisburg;

F. Lee Hospital/University of Pittsburgh at Johnstown, School of Anesthesia for Nurses, Johnstown;

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G. Saint Joseph Hospital and Health Care Center, School of Anesthesia, Lancaster;

H. McKeesport Hospital School of Nurse Anesthesia/California ~~State College~~ University of Pennsylvania, McKeesport;

I. Allegheny Valley Hospital School of Anesthesia (LaRoche College), Natrona Heights;

J. Montgomery Hospital School of Anesthesia, Norristown;

K. Medical College of Pennsylvania ~~and Hospital~~, Graduate Program of Nurse Anesthesia, Philadelphia;

L. Lankenau Hospital School of Anesthesia for Nurses, Philadelphia;

M. The Nazareth Hospital School of Anesthesia for Nurses, Philadelphia;

N. La Roche College Nurse Anesthesia Program, Pittsburgh;

O. Mercy Hospital School of Anesthesia for Nurses, Pittsburgh;

P. Saint Francis ~~General Hospital,~~ Medical Center (La Roche College) School of Anesthesia, Pittsburgh;

Q. Shadyside Hospital School of Nurse Anesthesia/California ~~State College~~ University of Pennsylvania, Pittsburgh;

R. Western Pennsylvania Hospital (Community College of Allegheny County) School of Nurse Anesthesia, Pittsburgh;

S. University Health Center of Pittsburgh, School of Anesthesia for Nurses, Pittsburgh;

T. Mercy Hospital School for Nurse Anesthetists, Scranton;

U. The Washington Hospital (California University of Pennsylvania) School of Anesthesia for Nurses ~~(California State College)~~, Washington;

V. The Reading Hospital and Medical Center School of Nurse Anesthesia, West Reading; and

W. Wilkes-Barre General Hospital School of

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Anesthesia, Wilkes-Barre.

Subp. 29. **Rhode Island.** Rhode Island:

A. Saint Joseph Hospital School of Anesthesia for Nurses, North Providence; and

B. The Memorial Hospital School of Nurse Anesthesia, Pawtucket.

Subp. 30. **South Carolina.** South Carolina:

A. Anesthesia for Nurses Program, College of Allied Health Sciences, Medical University of South Carolina, Charleston; and

B. Richland Memorial Hospital School of Anesthesia, Columbia.

Subp. 31. **South Dakota.** South Dakota:

A. McKennan Hospital School of Anesthesiology for Registered Nurses (University of South Dakota), Sioux Falls; and

B. Mount Marty School of Anesthesia, Mount Marty College, Yankton.

Subp. 32. **Tennessee.** Tennessee:

A. Erlanger Medical Center, School of Nurse Anesthesia, Chattanooga;

B. Nurse Anesthesia Program, Holston Valley Hospital and Medical Center, Kingsport;

C. University of Tennessee Memorial Research Center and Hospital, School of Nurse Anesthesia, Knoxville; and

D. Middle Tennessee School of Anesthesia, Madison.

Subp. 33. **Texas.** Texas:

A. ~~United States Army~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~ Sciences, United States Army/Texas Wesleyan College, El Paso;

B. ~~United States~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~ Sciences, United States Army/Texas Wesleyan College, Fort Hood;

C. Harris ~~Hospital-Methodist~~ Hospital-Methodist/Texas Wesleyan College, Graduate School of Nurse Anesthesia ~~in Association with Texas Wesleyan College~~, Fort Worth;

D. Baylor College of Medicine Nurse Anesthesia

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Program, Houston;

E. University of Texas Program in Nurse Anesthesia Education, School of Allied Health ~~Science Center~~ Sciences, Houston;

F. ~~United States~~ Academy of Health ~~Sciences/State University of New York at Buffalo, San Antonio~~ Sciences, United States Army/Texas Wesleyan College, Fort Sam Houston;

G. Nurse Anesthetist Course, Department of Anesthesiology/SGHSAA, Wilford Hall USAF Medical ~~Center/SGHSAA, San Antonio~~ Center, Lackland; and

H. Wichita General Hospital School of Anesthesia for Nurses, Wichita Falls.

Subp. 34. **Virginia.** Virginia:

A. Allegheny Regional Hospital, School of Anesthesia, Clifton Forge;

B. The Fairfax Hospital (George Washington University) School of Anesthesia for Nurses ~~(Affiliated with George Washington University)~~, Falls Church;

C. DePaul Hospital (Old Dominion University) School of Anesthesia, Norfolk;

D. Medical Center Hospital-Norfolk General Division, Old Dominion University, Norfolk;

E. ~~United States~~ Navy Nurse Corps Anesthesia ~~School, Phase II,~~ Program (George Washington University), Portsmouth;

F. Medical College of Virginia, Virginia Commonwealth University, Richmond; and

G. Potomac Hospital, (George Washington University) School of Nurse Anesthesia, Woodbridge.

Subp. 35. **Washington.** Washington:

A. Sacred Heart Medical Center/Gonzaga University, Spokane; and

B. ~~United States Army~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~ Sciences, United States Army/Texas Wesleyan College, Tacoma.

Subp. 36. **West Virginia.** West Virginia:

A. Charleston Area Medical Center School of Nurse

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Anesthesia, Charleston; and

B. Saint Joseph's Hospital School of Anesthesia for Nurses, Parkersburg.

Subp. 37. **Wisconsin.** Wisconsin:

A. Saint Francis Medical Center (University of Wisconsin-LaCrosse) School of Anesthesia, LaCrosse;

B. Milwaukee County Medical Complex-School of Nurse Anesthesia, Milwaukee;

C. Mercy Medical Center School of Nurse Anesthesia ~~for-Graduate-Nurses~~, Oshkosh; and

D. Wausau Hospital Center, School of Anesthesia; Wausau.

6330.0700 LIST OF NURSE MIDWIFERY PROGRAMS OF STUDY.

Subpart 1. **Arizona.** Arizona: University of Arizona College of Nursing, Tuscon.

Subp. 2. **California.** California:

A. University of California at San Diego, Nurse-Midwifery, La Jolla;

B. University of Southern California, Nurse-Midwifery Program, Women's Hospital, Los Angeles;

C. Stanford University, Women's Health Care Training Project, Primary Care Program, Palo Alto; and

D. University of California at San Francisco, San Francisco General Hospital, San Francisco.

Subp. 3. **Colorado.** Colorado: University of Colorado Health Sciences Center School of Nursing, Denver.

Subp. 4. **Connecticut.** Connecticut: Yale University ~~Maternal-Newborn-(Nurse-Midwifery)-Program~~ School of Nursing, New Haven.

Subp. 5. **District of Colombia.** District of Columbia: Georgetown University School of Nursing, Washington.

Subp. 6. **Florida.** Florida:

A. University of Miami School of Nursing, Coral Gables; and

B. University of Florida ~~at-Gainesville,-T.-Hillis~~

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~~Miller-Health-Center~~ College of Nursing, Gainesville.

Subp. 7. **Georgia.** Georgia: Emory University, Nell Hodgson Woodruff School of Nursing, Atlanta.

Subp. 8. **Illinois.** Illinois:

A. ~~Rush-Presbyterian-Saint-Luke's-Medical-Center~~ Rush University College of Nursing, Chicago; and

B. University of Illinois at ~~the-Medical-Center,~~ Chicago College of Nursing, Chicago.

Subp. 9. **Kentucky.** Kentucky:

A. Frontier School of Midwifery and Family Nursing, Frontier Nursing Service, Hyden; and

B. University of Kentucky College of Nursing, Lexington.

Subp. 10. **Maryland.** Maryland: United States Air Force ~~(USAF)~~, ~~Nurses-Only,~~ Nurse-Midwifery Program, Malcom Grow USAF Medical Center, Andrews Air Force Base.

Subp. 11. **Minnesota.** Minnesota: University of Minnesota School of Nursing, Minneapolis.

Subp. 12. **Mississippi.** Mississippi: University of Mississippi Nurse-Midwifery Education Program, Jackson.

Subp. 13. **Missouri.** Missouri: Saint Louis University Department of Nursing, Saint Louis.

Subp. 14. **New Jersey.** New Jersey: University of Medicine and Dentistry of New Jersey, School of Allied ~~Health~~ Health-Related Professions, ~~Nurse-Midwifery-Program,~~ Newark.

Subp. 15. **New York.** New York:

A. State University of New York, Downstate Medical Center, College of Health Related Professions, Nurse-Midwifery Program, Brooklyn; and

B. Columbia University Graduate Program in Maternity Nursing and Nurse Midwifery, ~~Columbia-Presbyterian-Medical Center,~~ New York.

Subp. 16. **Ohio.** Ohio: Case Western Reserve University, Frances Payne Bolton School of Nursing, Cleveland.

Subp. 17. **Oregon.** Oregon: Oregon Health Sciences University School of Nursing, Portland.

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Subp. 18. **Pennsylvania.** Pennsylvania:

A. Booth Maternity Center, Philadelphia; and

B. University of Pennsylvania School of Nursing, Philadelphia.

Subp. 19. **South Carolina.** South Carolina: Medical University of South Carolina ~~Nurse-Midwifery-Program~~ College of Nursing, Charleston.

Subp. 20. **Tennessee.** Tennessee: Meharry Medical College ~~Nurse-Midwifery-Program~~ Department of Nursing Education, Nashville.

Subp. 20a. **Texas.** Texas: Baylor College of Medicine Nurse-Midwifery Program, Houston.

Subp. 21. **Utah.** Utah: University of Utah College of Nursing, Salt Lake City.

REPEALER. Minnesota Rules, parts 6310.2800, subpart 3, 6310.7600, 6310.7700, 6310.7800, 6310.7900, 6310.8000, and 6310.8100 are repealed as of July 31, 1987.

Minnesota Rules, part 6310.3100, subparts 3 and 4 are repealed as of March 31, 1988.

Minnesota Rules, part 6310.2900, subpart 6a, is repealed as of December 31, 1993.

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Office of the Revisor of Statutes

Administrative Rules

TITLE: Proposed Permanent Rules Relating to Program Approval, Registration, and Advanced Nursing Education

AGENCY: Board of Nursing

MINNESOTA RULES: Chapters 6301, 6310, and 6330

APPROVED AS TO FORM AND LEGALITY
July 6 1987
HUBERT H. HUMPHREY, III
ATTORNEY GENERAL
BY M J Cassidy
SPECIAL ASSISTANT ATTORNEY GENERAL

The attached rules are approved for publication in the State Register

David S. Niss
Assistant Revisor

NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING

Minnesota Board of Nursing

In the Matter of the Proposed Adoption of Amendments to Rules of the State Board of Nursing Governing the Definition of Nursing Personnel in the Program Approval Rules, Part 6301.0100, Subpart 15, Registration and Related Topics, Parts 6310.2600-6310.3700 and 6310.7600-6310.8100, and the Advanced Nursing Practice List of Programs, Parts 6330.0600 and 6330.0700.

NOTICE OF INTENT TO ADOPT A RULE WITHOUT PUBLIC HEARING

Notice is hereby given that the State Board of Nursing intends to adopt the above-entitled rule without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in Minnesota Statutes, sections 14.22 to 14.28.[1] The statutory authority to adopt the rule is Minn. Stat. § 148.191, subd. 2.

All persons have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged.[2] Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.[3]

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day[4] comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged[5] to identify the

portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, sections 14.131 to 14.20.

Comments or written requests for a public hearing must be submitted to:

Margaret Baach
Assistant Director
Board of Nursing
2700 University Avenue West, #108
St. Paul, Minnesota 55114

The proposed rule may be modified if the modifications are supported by data and views submitted to the agency and do not result in a substantial change in the proposed rule as noticed.

A copy of the proposed rule is attached to this notice.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available from the Board of Nursing upon request.

If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to Margaret Baach.

Comments or written requests for a public hearing must be submitted to:

Margaret Baach
Assistant Director
Board of Nursing
2700 University Avenue West, #108
St. Paul, Minnesota 55114

Dated: March 23, 1987

MINNESOTA BOARD OF NURSING

STATE OF MINNESOTA

Joyce M. Schowalter

JOYCE M. SCHOWALTER
Executive Director

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE THE

MINNESOTA BOARD OF NURSING

In the Matter of the Proposed Adoption of Amendments to Rules of the State Board of Nursing Governing the Definition of Nursing Personnel in the Program Approval Rules, Registration and Related Topics, and the Advanced Nursing Practice List of Programs.

STATEMENT OF NEED AND REASONABLENESS

The following facts and explanations are presented to establish the need for and reasonableness of the proposed parts 6301.0100; 6310.2600 - 6310.3700; 6330.0600 - 6330.0700 and the repeal of parts 6310.2800, subpart 3; 6310.2900, subpart 6a; 6310.3100, subparts 3 and 4 and 6310.7600 - 6310.8100.

These rule parts are being promulgated to revise one of the definitions pertaining to the approval of nursing programs, to revise the present requirements and procedures for registration of professional and practical nurses and to update the lists of anesthesia and midwifery programs. The repeal of the current parts pertaining to registration of licensed practical nurses is needed to allow for the establishment of consistency in rule format. This revision merges the registration requirements for professional and practical nurses. The program approval rule requirements for professional and practical nursing programs were merged in 1983. The practical and professional nurse licensure requirements were merged in 1984. When the registration requirements are different for a professional or a practical nurse there is a statement in the rule parts that identifies the requirement specific to the professional or practical nurse.

Many of the procedures to be followed in the proposed registration rule parts are different from those in the current parts to facilitate the conversion

of registration from the Statewide Licensing (SWL) system to the board's computer system. Explanations regarding these numerous modifications to the parts are included in this document.

Most of the requirements in the current rule parts are incorporated into the proposed rule parts because they are basic to implementing the registration requirements. Where there has been no significant changes in the wording of a part, a statement to that effect has been made in this document.

The following facts and explanations are presented to establish the need for and reasonableness of the proposed parts 6301.0100; 6310.2600 - 6310.3700; 6330.0600 - 6330.0700 and the repeal of parts 6310.2800, subpart 3; 6310.2900, subpart 6a; 6310.3100, subparts 3 and 4 and 6310.7600 - 6310.8100.

6301.0100 DEFINITIONS.

Subpart 15. Nursing personnel.

This definition amendment is needed as nursing students are excluded from the current definition. This means that nursing personnel must be used when evaluating student's ability to delegate, supervise and teach, when complying with part 6301.1900, subparts 6, 7 and 8. A change in the part will allow professional programs to use nursing students to simulate the roles of nurses and nursing assistants for the purpose of evaluation.

The amendment is needed to permit nursing programs to utilize the alternative methods to evaluate the ability of nursing students to delegate, supervise and teach. The request for a rule change was initiated by the University of Minnesota School of Nursing. Administrators of that program expressed concern regarding the amount of time required by nursing personnel in clinical agencies to assist in student activities. This is time taken away from patient care.

In the Minneapolis/St. Paul area there are approximately 950 professional nursing students requiring evaluation of nursing abilities each year. The

exclusion of nursing students form the definition of nursing personnel make compliance with the part difficult in that clinical agencies must provide nursing personnel to meet the student need. Decreases in numbers of nursing personnel in some institutions, increasing demands on their time, and changing patterns of care and supervision make this evaluation method problematic.

The amendment is reasonable in that other appropriate means exist for evaluating the abilities of delegation, supervision and teaching, such as role play and simulation with nursing students.

There is nothing in this part that prohibits the use of nursing personnel for the evaluation of abilities in part 6301.1900, subpart 6, 7 and 8. The utilization of nursing personnel continues to be required in part 6301.2200, subpart 1.

6301.2600 DEFINITIONS.

Subpart 1. Acceptable continuing education activity.

The change in this definition and in subsequent parts of "registered" to "professional" nurse is needed for consistency in board rules. Minnesota Statutes, section 148.171 paragraph (2) clarifies that the registered nurse practices professional nursing. In the merger of registration rule parts, the term "professional nurses and practical nurses" is more readily wielded than the term "registered nurses and licensed practical nurses".

Subp. 2. Board.

Unchanged.

Subp. 3. Contact hour.

This amendment is necessary so professional nurses taking courses in educational institutions with 45 minute class periods are able to utilize these classes for registration renewal provided the classes meet all the other criteria in part 6310.2800, subpart 6. This amendment is reasonable as a 45

minute class in an educational institution may include as much content as is presented in a 50 minute class presented outside of an educational institution. A 45 minute class cannot reasonably be looked upon as fragmented and therefore unacceptable because it is five minutes less than acceptable activities. Fifty consecutive minutes will continue to be required for all activities taught outside of an education institution.

Subp. 4. Continuing education participation period.

The insertion of the term "registration" is needed for clarity. Merger of the registration rule parts dictates that the term licensee in this and subsequent parts be used for both practical and professional nurses. Continuing education is required only for professional nurses, hence the change in this definition from licensee to professional nurse.

While most professional nurses renewing their registration will have a 24 month participation period, it is necessary to point out that the length of the participation period for the first registration period following licensure and reregistration may vary from the 24 month interval.

Subp. 5. Continuing education evidence form.

The insertion of the term "continuing education" is necessary for clarity.

Subp. 6. Instructor.

Unchanged.

Subp. 6a. Late application fee.

This term and its definition are needed for clarity.

Subp. 7. License.

This insertion is necessitated by the merger of the rules.

Subp. 7a. Licensee.

This new definition is necessitated by the merger of the rules. This definition is consistent with the use of the term in other agency rule parts.

Subp. 8. Licensure.

This insertion is necessitated by the merger of the rules.

Subp. 8a. Mental health.

This term is needed to continue the implementation of Minnesota Statutes, section 148.211, subd. 1 and 148.291, subd. 1. The definition of "mental health" as offered in this part comes from Webster's New Collegiate Dictionary. Further World Book defines mental health as "the state of being well mentally, characterized by soundness of thought and outlook, adaptability to one's environment, and balanced behavior." This definition is the same as that in part 6315.0100, subpart 15.

Subp. 8b. Moral character.

This term is needed to continue the implementation of Minnesota Statutes, sections 148.211, subd. 1 and 148.291. Webster's New Collegiate Dictionary defines moral as "of or relating to principles of right and wrong in behavior." Character is defined as "one of the attributes or features that make up and distinguish the individual." Further World Book defines moral as "good in character or conduct, capable of understanding right and wrong, having to do with character or with the difference between right and wrong." This definition is the same as in part 6315.0100, subpart 16.

Subp. 8c. Nursing ability.

This term is needed to implement Minnesota Statutes, sections 148.171 paragraph (3) and 148.29, subd. 4. It is consistent with the definition for program approval, part 6301.0100, subpart 13, and licensure rules, part 6315.0100, subpart 17. This term is needed to clarify for the refresher course coordinator the required student outcomes.

Subp. 9. Participation.

This insertion is necessitated by the merger of the rules.

Subp. 9a. Practical nurse.

This new definition is necessitated by the merger of the rules and is consistent with the agency's other rule parts.

Subp. 9b. Professional nurse.

This new definition is necessitated by the merger of the rules and is consistent with the agency's other rule parts.

Subp. 10. Registration.

The dictionary definition of registration is the act of registering; an entry in a register. Substituting the term "listed" for "recorded on a roster" is consistent with Minnesota Statutes, sections 148.213, subd. 5 and 148.294, subd. 3 as well as with the dictionary definition. The addition of "or practical" to the definition is necessitated by the merger of the rules. Renewal means to repeat or to do again. Therefore it is inappropriate to refer to a licensee's first period of registration as a renewal. Similarly it is inappropriate to refer to renewal of registration for a licensee who does not have current registration.

Subp. 11. Registration renewal.

It is necessary to change the term "renewal" to "registration" for consistency with subpart 10.

Subp. 12. Registration renewal deadline.

This term continues to be necessary in order to let licensees know the time by which applications must be submitted to receive their registration certificate before the expiration date. Changing to individualized registration expiration dates makes it necessary to express the deadline in terms of each licensee's expiration date.

Subp. 13. Registration certificate.

"Registration" is used throughout the parts rather than "renewal" for the reasons stated for subp. 10. The certificate is issued as evidence that the individual is registered. The merger of the rules requires the insertion of

"practical nurse."

Subp. 14. Registration expiration date.

This definition change is necessary to facilitate the conversion of registration from Statewide Licensing (SWL) system to the board's computer system. In that conversion the expiration of registration will be set in relation to each licensee's birthdate. The expiration date becomes the focal point of the rule parts rather than the first date in the nurse's renewal period. The focus on the expiration date is warranted by the fact that practicing nursing beyond that date without having current registration is unlawful according to Minnesota Statutes sections 148.281, subd. 1 (3) and 148.293, subd. 3.

Subp. 15. Registration period.

The substitution of "registration" rather than "renewal" is needed for consistency. The substantive change in the definition of this term is necessary due to the change from a set expiration date for each type of license to one related to each licensee's month and year of birth. Explaining that the length of the period may vary for first registration and reregistration is necessary to alert individuals to this difference.

Subp. 16. Reregistration.

The merger of the rules requires the insertion of "practical nurses." When a licensee must apply for reregistration is changed. This change should be reflected in the definition so that individuals are duly notified.

6310.2700 PURPOSE.

This part is needed to inform readers and those regulated of the intent of the rule parts in this chapter. The rule parts have been designed to carry out the board's responsibility to protect the public. These rule parts assure that only qualified licensees will be initially registered, and that only qualified

licensees will be granted renewal of registration or reregistration. These parts clarify the process for verification of data on a licensee to other jurisdictions.

6310.2800 REGISTRATION RENEWAL REQUIREMENTS.

Subpart 1. Requirement.

The continuing education contact hour requirement for professional nurses between 1978 and 1982 should be repealed because they are no longer relevant. Stating that it is the licensees' responsibility to apply for renewal of registration is needed for clarity. This statement appeared in part 6310.7600, subpart 1 which will be repealed.

The change to a registration expiration date related to each licensee's month and year of birth makes it necessary to redefine the end point of the continuing education participation period for professional nurses. While most nurses' continuing education participation periods will remain 24 months long, it is necessary to clarify that the number of contact hours and length of participation period will vary as the nurse enters or reenters the system.

Subp. 2. Demonstration of professional nursing skill.

Merger of the rules makes it necessary to clarify that this requirement continues to apply only to professional nurses.

Subp. 3. Renewal fee.

This part may be repealed as the renewal fee is stated in part 6310.3700, subpart 1, item A.

Subp. 4. Application submission.

It is necessary to specify that applications must be received in the board office by a certain date rather than be postmarked by a specified date for the following reasons. Postmarks may be missing or may be illegible. Private postal meter machines may be set with incorrect dates. While it is true that nurses who drop their applications in a mailbox will not be certain when their

applications will be delivered, under the current requirement such licensees are not certain when their application will be postmarked.

It is reasonable for the agency to require receipt of the application in the board office by a certain date as the board cannot initiate the registration process until the application is received. Using a postmark deadline obligates the board through an agency over which it has no control. Mail is received in the board office a varying number of days following the postmark date.

Setting a deadline for submission of applications before registration expiration is necessary to assure that the board can process the registration and register the individual before registration expiration. The deadline establishes lead time that is necessary to enable licensees to comply with Minnesota Statutes sections 148.281, subd. 1 (3) and 148.293, subd. 3 which indicate that the practice of professional and practical nursing is unlawful unless duly licensed and currently registered to do so.

Because registration expiration dates are established in relation to each licensee's month and year of birth, it is necessary to set the application deadline date in relation to each licensee's expiration date. Setting the deadline one month before expiration is reasonable. Office automation will provide the board with the resources to process applications within the one month time frame. For consistency the one month deadline is established for the professional and practical nurse applications.

Historically applications are submitted closer to the deadline. Reducing the submission period from two months to one month for the professional nurse will fit the pattern of submission for this group.

For the practical nurse in the past the application deadline date was the same as the expiration date. This has lead to the faulty assumption that putting the application in the mail by the deadline was all that was necessary

in order to continue practicing. Changing the deadline date so that it precedes the expiration date by one month clarifies the requirement that in order to practice, registration must be granted. To grant registration the board needs time to process the application and send out the evidence (registration certificate) that an individual is authorized to practice.

It is reasonable to continue to permit resubmission of an application without payment of a late application fee provided that the stated conditions are met. It is necessary to change the language to conform with the other changes regarding the point at which the application must be initially submitted.

It is necessary to maintain the already established deadline date for the professional nurses renewing in 1988 and 1989 who will have had registration on July 31, 1987 in the Statewide Licensing (SWL) system. That deadline date marks the end of their 24 month continuing education participation period. This period was announced to this group when they renewed in either 1986 or 1987. It is also reasonable to permit this group to resubmit applications without paying late penalty fees because this provision has been in effect in the past.

Subp. 5. Late application fee.

It is necessary to change the conditions related to the collection of this fee to be consistent with the requirements established for application submission. It is reasonable to change the name of this fee to clarify that it is assessed because of late submission of the application.

For the professional nurses who will have current registration on July 31, 1987, it is necessary to continue the practice of requiring a late application fee during the two months following their application deadline date. This approach is consistent with their preset continuing education participation period.

Subp. 6. Acceptable continuing education activity.

The insertion of the term "professional nurse" is necessitated by the merger of the rules.

A through E. Unchanged.

F. The insertion of the term "professional nurse" is necessitated by the merger of the rules. The changes of "renewal" to "registration" and "date" to "period" are necessary for consistency with changes in terminology.

G. through I. Unchanged.

J. The insertion of the term "professional nurse" is necessitated by the merger of the rules.

K. In 1978 the board opted for a system for continuing education activities that was not based on prior approval. Prior board approval was deemed to be costly and time consuming. The board determined the criteria that would be applied to continuing education activities and established the system of nurses determining if an activity met these requirements. Because a consideration was efficiency at that time and is still a consideration, it is reasonable to utilize approval which is carried out by other selected entities.

The board designated criteria A through J as defining an acceptable continuing education activity. It is not necessary that all the board's criteria be met when an activity has been approved by one of the specified bodies. It will be most efficient for all concerned to determine that such approved activities met only the criteria of being at least one contact hour in duration, being completed in the professional nurse's participation period, not being identical to any other activity reported during the participation period, providing a written statement of participation to the nurse, and not being taught by the nurse.

It is reasonable to accept the approval of a continuing education activity or the provider of the continuing education activity by the specified bodies in

lieu of the activity meeting the board's criteria regarding acceptable content, objectives, instructor's qualifications, and written self-evaluation or successful completion. The approval process of the specified organizations will alleviate the need for determining that the activity met these criteria. The fact that an approved activity might not provide a list of measurable objectives or written tool for self-assessment, will not inhibit the nurse's ability to learn or to implement that learning into practice.

The approval bodies specified all address instructor's qualifications in various ways. In all cases nurses will be able to learn the instructor's qualifications and may continue to make informed decisions about whether to attend.

Nurse administrators have indicated that they need continuing education content related to their practice. The board's criterion for acceptable content is based on the legal practice definition which does not include administration as a function all nurses are authorized to perform. The lack of any other basis for determining content acceptability for this group, and any other such groups, will be resolved by utilizing the screening of content by the entities specified in this part. Acceptance of content approved by the specified entities is reasonable as content acceptability will be determined by other creditable groups whose approval mechanisms are designed to judge continuing education activities for high quality in many areas including content which will improve practice.

This requirement is necessary to utilize the continuing education approval process of other boards of nursing and thereby ease the movement of professional nurses between states. Lacking this requirement, many nurses who have been actively participating in continuing education in another state find upon moving to Minnesota that their continuing education activities may not be accepted because they cannot prove that the activities met all of the board's criteria.

The board has long recognized the nursing education programs approved by other boards of nursing as a basis for licensure and it is now time to extend that utilization of approval to approval of continuing education activities.

It is reasonable to also utilize the approval of continuing education activities by Minnesota health-related licensing boards mentioned in Minnesota Statutes section 214.01, subd. 2. Health related continuing education activities are suitable for professional nurses. Such approval makes it unnecessary for the board to again determine that the activity also met all of the board's criteria. In the past many nurses have attended these activities and found them helpful to their practice even though some of these activities did not meet all of the board's criteria for registration renewal. This requirement is needed to broaden the continuing education options for registered nurses.

Many nursing, medical and allied health organizations of state, regional and national level also approve continuing education activities. Where such approval exists, it is unnecessary for the board to again determine that the activity also met all of the board's criteria. This amendment is needed to increase the available continuing education opportunities for nurses. Some nationally approved educational providers have not offered continuing education activities here in the past because they have not wanted to meet yet another state's requirements.

L. It is reasonable to permit professional nurses to substitute a current advanced nursing practice certificate for a report of participation in continuing education activities when the certificate is based upon meeting periodic continuing education or other current competency recertification requirements. Such substitution will accomplish at least the same purpose as directly meeting the board's continuing education requirement. This change is

necessary to prevent overregulation of professional nurses who have met the requirements for current competency which have been determined by a national professional organization, as required for their type of practice. The requirements for recertification as an advanced nurse practitioner which have been reviewed to date have in every case far exceeded the board's continuing education requirement.

It is reasonable to specify that professional nurses must fulfill previous obligations by meeting any previously deferred contact hour requirement. This requirement is needed to assure all nurses are treated equally. Once the deferred contact hour requirement has been met by the nurse, a current advance nurse practice certificate may be used to meet the continuing education requirement for registration renewal.

Subp. 7. True information.

The addition to this part is necessary for clarity. The deletion of the term "renewal" is necessary for consistency with the revision of the definitions.

Subp. 8. Records retention.

It is reasonable to reduce the amount of time that professional nurses must retain records documenting the acceptability of continuing education activities from four years to two years. This reduction is possible as it has been found that it is possible to complete all audits of continuing education records within two years. This change is necessary to reduce the record keeping burden for the board and nurses.

6310.2900 REGISTRATION RENEWAL PROCEDURES.

Subpart 1. Service.

The changes in this part are necessary for clarity.

Subpart 2. Application mailing date.

This part is necessary to inform licensees that the board will send

registration renewal applications to them in adequate time for processing. The merger of the rules causes this subpart to apply to all licensees. The time needed to process applications for all licensees who wish to renew will be three months.

It is reasonable to reduce the lead time in mailing out the applications to professional nurses from 120 days to 3 full calendar months as that length of time will be ample for submission. Even when mailed out four months ahead, the majority of the nurses have completed renewal in three months. Practical nurses' registration renewal applications have been mailed approximately three months before expiration and this has proven satisfactory.

It will be necessary in 1988 and 1989 to service the professional nurses who hold current registration on July 31, 1987 by mailing their renewal applications 120 days prior to expiration so they will have the usual two month warning before their continuing education participation period ends. The continuing education participation period was announced to them when they renewed in 1986 and 1987.

Once these professional nurses' registration expiration dates have been converted to relate to their birth month and year and these two groups have been subdivided into 24 groups, mailing the applications three months before expiration will be adequate service. The continuing education participation period will be shifted forward one month so the applications will still provide professional nurses with a two month warning.

Subp. 3. Late submission.

It is necessary to change the language regarding the required time of submission and the title of the fee to be consistent with the requirement in part 6300.2800. It is also necessary to add language to this part to provide a one-time continuance of the present application deadline date for professional

nurses currently in the SWL system when they submit the application leading to conversion to an expiration date related to month and year of birth.

It is necessary to require licensees who do not submit an application prior to their registration expiration date to reregister. Ending the opportunity to renew registration after the registration expiration date is necessary to clarify that there is no grace period following registration expiration. This requirement is necessary to implement Minnesota Statutes Sections 148.281, subd. 1 (3) and 148.293 subd. 1 (3). This change is reasonable as licensees have had three months during which to renew their registration and those do not renew during that time will be able to reregister.

It is necessary to let licensees know that incomplete applications will be nullified and fees forfeited. Such procedures are necessary to enable the board to continue processing valid applications. The requirement is reasonable as nurses have three months during which to apply and will receive a notice of incomplete application within 30 days of submittal.

Subp. 4. Continuing education evidence form.

The insertions in this part are necessary to clarify that the evidence form relates to continuing education which continues to be a requirement for professional nurses.

Subp. 5. Incomplete applications; notice.

It is necessary to change this part to facilitate the processing of applications using the board's computer system. It will now be possible to maintain record of receipt of applications and fees so it will no longer be necessary to reject all incomplete applications. The procedure as revised is reasonable as the licensee will still receive notice within 30 calendar days of receipt of the application by the board of any deficiencies and be given instructions for completion or correction.

Subp. 6. Initial registration and first registration renewal.

The clarification that the license fee serves as payment for initial registration is not truly an addition to the part. This policy is presently stated in the language that must be repealed because of the changes being made in registration expiration dates.

The additions to this part are necessary to clarify the establishment of registration expiration dates related to month and year of birth for each new licensee and reregistrant. Individualized registration expiration dates will effectively spread out the board's two year workload in renewing registration from four large groups to twenty four small groups.

In 1977 the Continuing Education Task Force recommended to the board that registration renewal be related to licensees' birthdate. This task force was comprised of professional staff nurses, nurse administrators, nurse educators and nurse practitioners. The recommendation was offered in the interest of efficiency. At that time the board was advised by those beginning the SWL system that renewing the registration of small groups every month would be difficult to do in the new SWL system. Now that the board is able to develop its own computer system, it is not only possible but preferable to even out the registration renewal in this fashion.

Relating each licensee's registration date their month and year of birth should make it easier for licensee's to remember when renewal is needed. Driver's license expiration has accustomed many to this advantage. Unlike the driver's license the registration certificate will not reveal the nurse's age.

Employers are encouraged to check to see that the licensees on their staff have renewed their registration and so are authorized to continue practicing. It is true that some employers will need to make such a check each month rather than twice a year. Maintenance of a tickler file for this check is common practice so the change should not be a burden. Employers should realize it is

not necessary for them to shepherd each licensee through the renewal process, renewal is the licensee's responsibility. The advantage for employers will be that if a few licensee's do not renew their registration on time and are not authorized to practice, that proportion of staff would be only a fraction of one-twenty-fourth of the staff rather than a fraction of half of the staff.

Six months was established as the length of the shortest certificate to ensure that licensees would not need to renew their registration immediately. The longest certificate will be good for 29 months in order to spread licensees' expiration dates over 24 months. Succeeding registration certificates will continue to be 24 months in length.

This requirement is reasonable as the board already has dates of birth for all but approximately 80 licensees. These dates have been taken from microfilmed license applications and entered into the computer data base.

The requirement is necessary to clarify the procedure the board will follow if a licensee will not supply birthdate information upon second request. In such cases it is reasonable to assign a month and year for registration purposes so the licensee will receive a registration certificate.

The procedure is reasonable as the nurse may correct the date of birth stated on the renewal application. It is necessary that the board be able to require official documentation of such date of birth corrections to assure that the data in the licensee's record include only accurate identifers.

It is necessary to clarify for professional nurses entering the registration renewal system following licensure or reentering following reregistration, the number of contact hours they will need to accrue for their first registration renewal. It is reasonable to require the number of contact hours accrued during this registration period be set in relation to the length of that registration period. It would be confusing to precisely prorate the usual requirement of 30 contact hours accrued in 24 months requirement to this

period which may range in length from six to 29 months. It is reasonable to require each nurse to accrue one contact hour per month in their initial registration period. This simple formula should be easy to understand and remember. Those with the longest period will have to collect 29 contact hours. Those with the shortest period six contact hours.

Beginning the continuing education participation period at the time of licensure or reregistration is necessary to assure that nurses will begin to participate in continuing education to maintain and update their knowledge and skills from the moment they enter or reenter nursing. This requirement is reasonable as nurses will have five months in which to accrue six contact hours of acceptable continuing education and 28 months in which to accrue 29 contact hours. The present requirement has established that nurses are able to accrue 15 contact hours in as little as four months and 30 contact hours in 24 months.

Subp. 6a. Conversion period.

It is necessary to clarify the procedures for licensees whose registration has been in the SWL system and whose registration expiration date does not now relate to their date of birth. One registration period, known as the conversion period, will be necessary to change registration expiration for these licensees from the present set date to a date related to their month and year of birth.

A. This item is necessary in order to clarify that the licensees who are affected will be assigned, in accord with their birthdate, a registration period ranging from six to 29 months thereby establishing a new registration expiration date.

B. This item is necessary to clarify for the licensees affected, that the usual registration renewal fee will be prorated in relation to the length of their conversion registration period. This requirement is reasonable as the amount charged each licensee for the conversion registration period is

equal in terms of cost per month of registration. The amount for six months of registration will be $5.00. The amount for 29 months of registration will be $24.00. On January 15, 1987, John Schorn, Executive Budget Officer indicated that because the cost per month will be the same whether the registration period is for 24 months or 29 months the Department of Finance saw no problems in collecting this conversion fee.

C. This item is necessary to clarify for professional nurses the amount of continuing education they will need to accrue during their conversion registration period. The amount is reasonable as it is related to the length of their conversion registration period. See the explanation for Subpart 6 for specific details.

It is necessary to delay the reporting of the contact hours accrued during this registration period to the end of the next full 24 month registration period in order for the board to establish the new system. It is reasonable to delay these continuing education reports so the board can make the new system operational. Once the new system is operating the workload will be evenly distributed over 24 months and the staff will be able to review the continuing education reports. The board decided to delay the report of continuing education participation rather than waive the continuing education report as some state boards of nursing have done during the time of converting renewal to birthdates. While it is true some nurses may put off the accrual of continuing education contact hours until the end of the second participation period, that seems preferable to excusing all nurses from accrual of contact hours. Professional nurses who do not renew their registration and therefore do not have to make the delayed continuing education report will have to meet the reregistration requirements before they are again authorized to practice.

It is necessary to clarify for professional nurses that when they report their continuing education activities for the conversion participation period

and the next full 24 month participation period, the total number of contact hours that must be accrued must also include two demonstrations of skill. This requirement is reasonable as one demonstration of skill in performing nursing per participation period is minimal for this practice oriented profession. The requirement is consistent with that currently being met by newly licensed and reregistered professional nurses.

D. It is necessary to enable professional nurses who lack sufficient contact hours to defer those contact hours when they enter the conversion period. It is reasonable to add those deferred contact hours to the report which will be received at the end of the nurse's next full 24 month period so the board can concentrate its energies on establishing the new computerized system.

Subp. 7. Substantiation of continuing education activities.

It is necessary to clarify that the required substantiation must be obtained from the provider of the continuing education activity. This requirement is reasonable as it is consistent with 6310.2800, subp. 1 which indicates that falsification of any evidence for registration renewal shall constitute unethical conduct and provide grounds for suspension or revocation of a license.

The insertion of the term "professional nurse" is necessitated by the merger of the rules.

Subp. 8. Insufficient hours.

The merger of the rules requires the clarification that this requirement continues to apply only to professional nurses.

Subp. 9. Substantiation after deferment.

The merger of the rules requires the clarification that this requirement continues to apply only to professional nurses.

Subp. 10. Noncompliance audit.

The merger of the rules requires the clarification that this requirement continues to apply only to professional nurses.

6310.3100 REREGISTRATION

Subp. 1. Removal of name from list.

It is reasonable to clarify for licensees that in keeping with Minnesota Statutes sections 148.281, subd. 1(3) and 148.293, subd. 1(3), if registration has not been renewed it does not exist and therefore the licensee is not authorized to practice nursing. It is necessary to end the opportunity to renew registration for three months after registration expiration as individuals should not be permitted to renew that which does not exist. The opportunity to renew registration after it had expired often gave nurses the false impression that there was a grace period which permitted practice. The requirement is reasonable as licensees without registration who want authorization to practice can reregister.

Subp. 2. Reregistration requirements.

The merger of the rules makes many of the changes in these requirements necessary to clarify the requirements for both types of licensees and those requirements that apply only to professional nurses or only to practical nurses.

A. The addition to this item is necessary for clarification.

B. This item is necessary to permit the board to determine whether or not one of the causes for revocation of licensure has occurred between the time of last registration and this application for reentry on the list of those authorized to practice. The requirement is reasonable given the board's charge to protect the health, safety and welfare of the public in regard to nursing practice.

C. This item is necessary to clarify the fee.

D. This item is necessary to prevent licensees from avoiding the

late application fee. Without this requirement licensee's who are due to renew registration could wait one more day and reregister without paying a late application fee. The requirement is reasonable as licensees who can present evidence of submission of an incomplete or incorrect renewal application prior to the renewal deadline do not have the to pay late application fee.

E. This item is necessary to clarify the current competency requirements for licensees.

Subp. 2a. Continuing education.

Requiring professional nurses to submit evidence of meeting the requirements in parts 6310.2800 and 6310.2900 in the 24 months immediately preceding submission of the application for reregistration is not new. Beginning April 1, 1988 it is reasonable to require the continuing education evidence from only the professional nurses whose registration expired within the two years immediately preceding application for reregistration. It is necessary to maintain the continuing education requirement for nurse's who were eligible to renew in order to prevent that group from avoiding the continuing education requirement. It is reasonable that nurses who should have renewed have to report continuing education participation when they reregister.

Proposed new requirements in subparts 6 and 7 make it possible to repeal the continuing education requirement for nurses whose registration has expired more that two years ago. This is necessary so the board is not overregulating professional nurses.

Subp. 3. Substitution for continuing education.

The merger of the rules requires clarification that this requirement continues to apply only to professional nurses.

Subp. 4. Requirements if not registered for five years or more.

This requirement is not new for practical nurses. The reorganization of

the rules will cause the present part to be repealed. There are only two changes from the requirement as it is now stated in part 6310.7800, subpart 2.

One change is to add language so that to be acceptable, compliance regarding current competency may occur within the five year period before board action on the application rather than have to continue to occur before submittal of the application. This clarification is necessary to permit practical nurses submitting incomplete applications to meet the requirements and become reregistered.

The other change in the requirement is the elimination of the option of submitting "such other similar evidence" of current competency. The deletion of this item is reasonable as experience has established that the specified forms of evidence are sufficient and no similar evidence has been received. The repeal is needed to reduce confusion of reregistration applicants about the optional requirements.

Subp. 5. Evidence of good moral character and mental health.

This requirement is necessary to continue implementation of Minnesota Statutes sections 148.211, subd. 1 and 148.291, subd. 1. It is reasonable to expect licensees who do not have current registration to attest to their good moral character and good mental health because they have the most intimate and comprehensive information about themselves. It is reasonable to ask moral character and mental health related questions of those applying for reinstatement of their registration as similar questions are asked of all applicants for licensure. Reregistering licensees should be held responsible for proving that they still meet the requirement of good moral character and good mental health. However, it is reasonable to indicate that if there is information that creates a doubt about the licensee's good moral character and/or good mental health the board does have the authority to require more than paper certification regarding good moral character and good mental health.

The board has authority via Minnesota Statutes sections 148.261 and 148.297 to revoke licensure for such reasons as proof that the person employed fraud or deceit in procuring a license or registration or has been convicted of a felony or gross misdemeanor. Items A through E relate to the causes for licensure denial and revocation. Item F relates directly to the individual's mental health. This part is restricted to those individuals in the hospital for treatment of mental illness. It is reasonable to restrict it to those individuals who are hospitalized since hospitalization is required by individuals who can no longer cope. Discharge or referral to outpatient treatment is indicative of the individual's ability to again cope.

Subp. 6. Acceptable practice requirement.

The board has the responsibility under Minnesota Statutes sections 148.231, subd. 5. and 148.294, subd. 3 to make a determination that professional and practical nurses desiring to resume practice in Minnesota are currently competent to do so. The licensees who apply for reregistration are nurses who have not renewed their registration because of an oversight, or because they have either temporarily left nursing or have been practicing nursing in another state or country. The length of time between registration and reregistration may vary from one day to fifty years. In 1986, 848 professional nurses and 475 practical nurses reregistered.

The background about the development of subparts 6 and 7 may be of interest. In 1985 the board received recommendations from the Nurse Practice Act Steering Committee which was comprised of representatives from the board, Sigma Theta Tau, Minnesota League for Nursing, Minnesota Nurses Association, Minnesota Licensed Practical Nurses association and Professional and Technical Health Care Employees Union Local 113. The board referred to the Registration Committee for study that group's recommendation to require incrementally more

stringent requirements for reregistration based on years out of practice.

The board's registration committee explored alternative mechanisms for determining that licensees are currently competent to return to practice. The National Council of State boards of Nursing, Inc. (NCSBN) defines current competency as having the ongoing ability to render safe, direct nursing care or the ongoing ability to make sound judgment upon which that nursing care is based. The alternative mechanisms were evaluated in light of available resources, accessibility, validity and reliability. Any continued competency regulation is somewhat costly to the board, the employer, the licensee and the public. However, incompetent nursing practice may ultimately be more expensive.

Because current research does not support any single method of ensuring continued competence the Registration Committee recommended the alternative of requirements found in subparts 6 and 7. The acceptable practice requirement is necessary to determine if a licensee is currently competent to resume nursing in Minnesota or if the refresher course required in subpart 7 must be completed before practice authorization (registration certification) is issued. On September 26, 1986 the NCSBN reported that as of 1984 fourteen states required a refresher course for re-entry into nursing practice and ten states had a minimal practice requirement.

Proof of acceptable nursing practice within the last four years will alleviate the need for proof that the licensee has taken a refresher course. Refresher course teachers have found that while refresher courses may be helpful to licensees who have been out of practice three years, a refresher course is not essential until the licensee has been away from nursing practice four or more years. It is estimated that 45 percent of reregistering licensees would be able meet this requirement and would not need a refresher course.

There is no point in beginning to require proof of current practice until

the refresher courses are ready to accept nurses who cannot meet the acceptable practice requirement. Therefore, implementation of this requirement is delayed until April 1, 1988 to permit nurse educators to modify refresher courses to meet the criteria in subpart 7.

For implementation, it is necessary to specify the amount of acceptable practice required within the last four years. To avoid acceptance of one day of employment as an indicator of competence, an arbitrary boundary must be established. Three hundred twenty hours of practice is the minimal amount needed to determine a licensee is able to provide nursing care. The requirement is reasonable as it will assure that licensees will have at least practiced 40 hours a week for eight weeks or practiced eight hours a month for forty months.

A. It is necessary to specify the kinds of practice and practice sites which will be acceptable. The requirement is reasonable as it encompasses all kinds of practice in any setting.

B. This item is necessary to assure that the practice used to meet this requirement has not been unlawful. It is reasonable that licensees not be able to meet the requirement through practice that was not legally authorized.

C. This requirement is necessary to clarify the functions that will constitute acceptable practice for professional nurses and practical nurses. Use of the statutory practice definitions and acceptance of the responsible person's indication that a nursing license is required is in keeping with the board's current practices. The requirement is reasonable as the board must have verification from a responsible party that the practice was acceptable. The requirement is not unreasonable as it permits confirmation of the licensee's practice by a wide range of responsible persons in the settings where nurses practice.

It is recognized that current competency in all settings is not guaranteed

by 320 hours of nursing practice in one or more settings. However, this requirement will provide a rationale basis for deciding whether a licensee is minimally safe to resume practice in this state or if a refresher course is needed. The requirement is reasonable as licensees who do not document sufficient acceptable practice may reregister by successfully completing a refresher course.

Subp. 7. Refresher course requirement.

Background information about the development of this requirement is presented in the explanation regarding subpart 6. The implementation date of this requirement is set at April 1, 1988 to permit nurse educators to modify refresher courses to meet this requirement.

Once the requirements for the courses have been promulgated, it is expected that refresher courses will be modified to meet the requirements. There has been informal indications from some of the refresher course teachers in the vocational system and community college system that they will be interested in making the necessary course modifications and in developing self study learning materials that can be used by licensees in any areas of the state at any time of year. Baccalaureate institutions may elect to begin offering refresher courses too.

The date for implementation was set after asking several instructors the time needed for course modifications. The time allotted is adequate for developing new courses. It will be more than adequate for modifying present courses, especially if the coordinator draws upon evaluation materials already prepared by each faculty of every nursing program preparing students for professional and practical nurse licensure. A positive response to this requirement is expected as Minnesota's post secondary institutions are used to responding to the demand for programs to enable adults to re-enter the job market. With this lead time refresher courses can be made readily available to

licensees throughout the state. Therefore, no problem is anticipated in the availability of refresher courses which meet the criteria by April 1, 1988. However, if such refresher courses do not become generally available the board can revise the implementation date.

This requirement is necessary to assure the current competency of licensees who are seeking reinstatement of their registration and who are unable to meet the acceptable practice requirement. To assure such licensees are ready to practice, it is necessary to require successful completion of the refresher course. This requirement is in keeping with the fact that the rapid expansion and technology makes education a life long process. Without this requirement licensees could begin but not complete the course or might not be evaluated or could be evaluated but not receive a passing grade.

It is reasonable to require that the affidavit be signed by the person responsible for the refresher course as that person will be responsible for seeing that a determination regarding successful completion is made. The affidavit is necessary to avoid licensees claiming to have successfully completed the refresher course when they did not do so. It is necessary to specify that the refresher course be completed within the 24 months immediately preceding board action on the application to assure that the knowledge and skills the licensee obtained in the refresher course have not become obsolete.

A. It is necessary to require that the coordinator of the refresher course be a registered nurse to assure that the person responsible for the presentation of nursing theory and skill and evaluation of students is a person who is acquainted with nursing. The requirement in reasonable in that all other qualifications of the coordinator may be judged by licensees wishing to take a refresher course.

B. This requirement is necessary to assure that the course will

prepare licensees for resumption of practice. If the clinical experience component was not required, licensees might elect to not take that component or coordinators might offer courses which did not include this vital component. Educators who have dealt with inactive licensees wishing to resume practice find that it is crucial to expose these students to current day practices in clinical settings before they assume sole responsibility for ministering to patients. The most frequently cited difficulty inactive nurses have been found to have upon return to practice, according to the nursing refresher course literature, is general lack of self-confidence. The best way to build confidence in practice can be accomplished in refresher courses which include exposure to practice in the current-day work world. Such exposure may be gained only in actual care settings.

It is reasonable to specify the nursing abilities to be evaluated and to let the coordinator determine the amount of time necessary for theory and clinical experience within that boundary. This discretion is necessary to permit accommodation to teaching the amount of theory and skill needed and the methods used in teaching as well as accommodation to the various learning rates of these adult students. Specifying the nursing abilities that must be evaluated will assure the course will be long enough for students to accomplish the specified student outcomes (nursing abilities). The coordinator will be able to individualize the course as needed to assist students who, due to their various backgrounds, will all have different learning needs in preparing to demonstrate that they possess the required nursing abilities. Specifying the nursing abilities that are required will also facilitate testing out any students who are unable to verify acceptable practice but not feel the need for a complete refresher course.

It is necessary to permit the preparation of self study materials so coordinators can prepare materials that will make it possible for licensees to

take refresher courses when they want to and to do so near their homes. Without this feature refresher courses could not be available in places where or at times when there are not enough students to support offering a classroom course. The development of home study materials will also be a boon to licensees who need to continue to care for small children or an ill partner while taking the course. It would be unreasonable not to permit coordinators and students to utilize this legitimate teaching-learning method.

It is necessary to permit licensees to arrange for the clinical experience with the coordinator's approval so licensees in sparsely populated areas of the state will not have to move to another community for a coordinator arranged clinical experience. The North Dakota Board of Nursing has found that permitting self-study and self-arranged clinical experiences has worked well in their state which also has many areas without post-secondary educational institutions and areas without clinical facilities large enough to accommodate a group of students. Allowing individuals to arrange their own clinical experience will also make it possible for the coordinator to individualize the course for students in urban as well as rural areas who wish preparation in a particular clinical setting.

C. This item is necessary to assure that each refresher course student will have demonstrated to the instructor the ability to combine the nursing abilities required of students initially seeking licensure. The nursing abilities in subparts of 6301.1800 and 6301.1900 were taken from the statutory definitions of practical and professional nursing. The nursing abilities represent steps in or ways of performing the nursing functions drawn from the legal practice definitions found in Minnesota Statutes, sections 148.171, paragraph 3 and 148.29, subd. 4.

The nursing abilities are goal oriented and general in nature. The

abilities are reasonable as they cause nurses to focus on promoting health rather than waiting for patients to evidence needs to problems. The list of nursing abilities is not exhaustive. When these abilities were justified at the time the program approval rules were promulgated in 1982-1983, each ability was proven to be essential to the provision of minimally complete and safe nursing care.

It is reasonable to require licensees who have not practiced for 4 or more years and who wish to return to practice in Minnesota to demonstrate that they have the same nursing abilities that are required of graduates entering practice. The ability to practice can be measured. It is reasonable to do so to assure the public that nurses can do nursing.

Evaluation of the ability to combine nursing actions is necessary to assure that licensees are able to provide a coordinated, interrelated performance of nursing actions. The practice of nursing itself requires that nurses combine nursing abilities. The nature of nursing is such that nurses rarely exhibit a single ability exclusively when caring for patients. The ability to combine nursing actions indicates that the licensee is able to maintain the integrity of the patient as a human being.

Combining abilities from at least three categories of nursing practice is necessary to assure the licensee is able to establish sequence and coordinate a series of actions. Combining from at least three categories will determine if the licensee can obtain internal harmony and consistency among the different actions required.

The number of nursing abilities to be evaluated may be of special concern to refresher course coordinators. Because all practical and professional nurses are licensed as generalists, there is no way to reduce the abilities to be evaluated. However, there is no limitation on the number of abilities that may be evaluated in combination. Coordinators may combine the abilities so it will

be possible to evaluate for all the nursing abilities in one or two evaluation situations for practical nurses and in four or five evaluation situations for professional nurses.

The context in which nurses practice has variables that cannot be replicated in a classroom laboratory. Therefore, licensees must be evaluated while caring for actual patients in clinical settings. It is necessary to require evaluation of all the nursing abilities in clinical settings in order to determine if the licensee who has not practiced for four or more years can function in current practice settings. This requirement does not preclude preliminary evaluations of nursing abilities in an educational laboratory. The components of the evaluation in clinical settings will need to be structured by the coordinator to the extent necessary to assure the opportunity to judge the licensee's ability to coordinate and interrelate the actions taken.

Having the refresher course coordinator evaluate the reregistration applicant's ability to combine all of the nursing abilities is a reasonable way to assure that the applicant still has the ability to practice nursing as defined by law. The board has imposed no constraints on the coordinator's freedom of choice in designing evaluation methods. There are many ways in which an evaluator may collect enough data about a student's performance to judge if the criteria are met and the standard set as the basis for decision is met or exceeded. The coordinator may also elect to use evaluation methods already developed by faculties of nursing programs preparing students for licensure.

Minnesota nurses are licensed as generalists. While some licensees may not plan to immediately engage in practice that encompasses all nursing functions, it is reasonable to require demonstration of all nursing abilities as the registration certificate, once issued, will enable them to engage in all nursing functions. The public must be able to rely on licensees with current

registration certificates being able to carry out with a minimal degree of safety, all of the functions authorized by law. If nursing abilities are not needed in employment such as in reviewing insurance claims, the employer should not specify licensure as an employment requirement. If an employer believes a professional nurse returning to work in a specialized setting such as the operating room does need nursing abilities, it is likely the employer needs an operating room technician rather than a registered nurse. But if an employer requires an employee to have a professional or practical nursing license, the employer must be able to rely on the nurse having at least the same nursing abilities as new graduates.

Subp. 8. Limited registration certificate.

This requirement is necessary as clinical facilities may require licensees taking a refresher course to have legal authorization to practice before accepting them as participants in a clinical experience. Before issuing a limited registration certificate, it is reasonable for the board to determine, through an affidavit of enrollment that is signed by the refresher course coordinator, that the applicant is enrolled in a refresher course. The issuance of a registration certificate to a licensee who meets this requirement is reasonable as the certificate will be limited to the participation in the clinical experience component of the refresher course. The certificate will be valid for no more than 90 days.

Subp. 9. Waiver.

This requirement is necessary as approximately 50 percent of the boards of nursing in other U.S. jurisdictions require individuals applying for licensure to prove that they have current licensure or registration in another state. It is possible that a Minnesota licensee who has not practiced for more than four years may need to seek reregistration in Minnesota in order to obtain licensure in another state. For such a licensee who is already residing in another state,

it may be impossible to arrange for the required refresher course clinical experience in that state. It would be unreasonable to require Minnesota licensees in other states who do not want to practice in Minnesota to return to Minnesota to complete a refresher course. Therefore, it is reasonable to permit a licensee who resides in another state and who is reregistering for the purpose of licensure in another state to be reregistered without meeting the Minnesota refresher course requirement.

Subp. 10. Refresher course audit.

Permitting the board to audit the application materials of a licensee who met the criteria in subpart 7. is necessary to assure that the refresher course the licensee took did indeed meet the criteria. The requirement is a reasonable way to assure compliance with these criteria without establishing a costly prior approval criteria system. The staff will, of course, review courses for refresher course coordinators who wish to know if their courses meet the criteria.

Subp. 11. Nullification and reapplication.

It is reasonable to specify the length of time a licensee has to complete a reregistration application. This requirement is needed to deal with the people who are unable to complete the application or who may procrastinate or who do not notify the board they have changed their minds about completing reregistration. The requirement is reasonable as licensees who still want to reregister may do so by submitting another application.

The requirement is reasonable as completing the application in a six month period after filing the application or beginning the clinical component of a refresher course will not be a hardship. After six months the information that has been provided will have become outdated or the reregistration requirements may have changed. Storing such applications after six months would present a

problem.

Subp. 12. First renewal following reregistration.

This requirement is necessary in order to clarify for licensees the renewal requirements which they are expected to meet.

6310.3300 CHANGE OF NAME AND ADDRESS ON RECORDS.

Subp. 1. Name change.

The changes in this part are necessary due to the changes in definitions.

Subp. 2. Address change.

The changes in this part are necessary due to the changes in definitions.

6310.3400 DUPLICATE LICENSE AND REPLACEMENT DOCUMENTS.

Subp. 1. License.

The changes in this part are necessary as all fees are placed in part 6310.3600 for ready reference.

Subp. 2. Registration certificate.

The changes in this part are consistent with the changes in the definitions. The computer system being installed in the board office will permit issuance of a replacement registration certificate.

It is necessary to require the notice be sent to the board in writing so the board has the nurse's statement that the certificate was not received. Such a requirement is a reasonable way to reduce the chances of issuing a replacement registration certificate to an imposter.

It is reasonable to change the length of time during which a licensee will, without cost, be issued a replacement certificate from 90 days to 60 days as licensees who do not receive their registration certificates will be able to notify the board in writing well within that length of time. Until the registration certificate is received, licensees do not know if they have been authorized to continue practice. It is necessary to reduce as much as possible the length of time in which licensees may not bother to determine if their

registration has been renewed.

6310.3500 VERIFICATION OF MINNESOTA LICENSE.

Subp. 1. Verification of licensure.

The changes in this part are necessary to fully implement Minnesota Statutes sections 148.231, subd. 6 and 148.294, subd. 4 which authorize the board to verify Minnesota licensure to an agency, facility, school or institution as well as to licensing authorities in other jurisdictions. It is reasonable to repeal this part regarding the fee for verification as it is stated in part 6310.3600.

Subp. 1a. Verification of examination scores.

This requirement is necessary to clarify that the board does supply examination scores upon request and payment of fee.

Subp. 2. Copies of license application.

It is necessary to clarify that copies of license application materials as well as transcripts may be purchased. It is reasonable to specify that the board will not supply transcripts or other application materials which are available from nursing programs in the United States as obtaining such copies from the original source will not be a hardship. Repealing the previous language is necessary to enable the board to supply such materials to nurses from other countries. Foreign educated licensees find the current requirement to be a burden as it often takes a long time to get documents from other countries.

6310.3600 REGISTRATION FEES.

Subp. 1. Amount.

None of these fees or the amounts of the fees are new. These fees have been removed from individual parts and put together to facilitate ready reference. If any future changes in fee amounts become necessary, changing one

part is more efficient than changing many parts.

Subp. 2. Effective date.

These fees have been effective since January 1, 1987. The addition to this part is necessary to clarify that fees will not be refunded. It is reasonable to specify that these fees are nonrefundable as they are earned whether they result in the end product of the service being issued.

6310.3700 DISHONORED CHECKS.

Subp. 1. Service charge.

This requirement is authorized by Minnesota Statute section 332.50, subd. 2. The service charge is necessary to offset the cost of trying to collect the fee for which the dishonored check was submitted. This requirement is reasonable as the agency permits the submission of personal checks for registration and verification.

Subp. 2. Nullified registration.

It is only reasonable to nullify registration obtained by use of a dishonored check when the dishonored check is not replaced and the service charge is not paid. This part is necessary so the end product of the service does not remain valid when the fees have not been paid.

Subp. 3. Additional fee.

This requirement is necessary to permit the board to continue to try to collect money for a dishonored check which was not replaced and for a service charge that was not paid. It is only reasonable to collect this money for services which were provided before it was known the check was dishonored.

6330.0600 LIST OF NURSE ANESTHESIA PROGRAMS OF STUDY.

Subpart. 1. Alabama.

A. - D. Unchanged.

Subp. 2. California.

A. - D. Unchanged.

E. This change is necessary to accurately reflect the current name of the program.

Subp. 3. Colorado.

This change is necessary to accurately reflect the current name of the program.

Subp. 4. Connecticut.

A. This change is necessary to accurately reflect the current name of the program.

B. This change is necessary to accurately reflect the current name of the program.

C. Unchanged.

Subp. 5. Delaware.

A. and B. Unchanged.

Subp. 6. District of Columbia.

A. Unchanged.

B. This change is necessary to accurately reflect the current name of the program.

Subp. 7. Florida.

A. and B. Unchanged.

Subp. 8. Georgia.

A. Unchanged.

B. This change is necessary to accurately reflect the current name of the program.

Subp. 9. Hawaii.

This change is necessary to accurately reflect the current name of the program.

Subp. 10. Illinois.

A. - D. Unchanged.

Subp. 11. Kansas.

A. This change is necessary to accurately reflect the current name of the program.

B. and C. Unchanged.

D. This change is necessary to accurately reflect the current name of the program.

Subp. 12. Kentucky.

Unchanged.

Subp. 13. Louisiana.

This change is necessary to accurately reflect the current name of the program.

Subp. 14. Maine.

A. and B. Unchanged.

C. This change is necessary to accurately reflect the current name of the program.

Subp. 15. Maryland.

A. Unchanged.

B. This change is necessary to accurately reflect the current name of the program.

C. This change is necessary to accurately reflect the current name of the program.

Subp. 16. Massachusetts.

A. Unchanged.

B. This change is necessary to accurately reflect the current name of the program.

C. This change is necessary to accurately reflect the current name of the program.

D. Unchanged.

Subp. 17. Michigan.

A. This change is necessary to accurately reflect the current name of the program.

B. This change is necessary to accurately reflect the current name of the program.

C. Unchanged.

D. This change is necessary to accurately reflect the current name of the program.

E. This change is necessary to accurately reflect the current name of the program.

Subp. 18. Minnesota.

A. - D. Unchanged.

E. This change is necessary to accurately reflect the current name of the program.

F. Unchanged.

G. This change is necessary to accurately reflect the current name of the program.

H. - P. Unchanged.

Q. This change is necessary to accurately reflect the current name of the program.

Subp. 19. Mississippi.

Unchanged.

Subp. 20. Missouri.

A. This addition of a newly accredited program is necessary according to part 6330.0500, subp. 1.

B. Unchanged.

C. This change is necessary to accurately reflect the current name of the program.

D. This change is necessary to accurately reflect the current name of the program.

Subp. 21. Nebraska.

A. This change is necessary to accurately reflect the current name of the program.

B. Unchanged.

Subp. 22. New Hampshire.

Unchanged.

Subp. 23. New Jersey.

A. This change is necessary to accurately reflect the current name of the program.

B. Unchanged.

Subp. 24. New York.

A. and B. Unchanged.

C. This change is necessary to accurately reflect the current name of the program.

D. - H. Unchanged.

Subp. 25. North Carolina.

A. - C. Unchanged.

D. This change is necessary to accurately reflect the current name of the program.

Subp. 26. North Dakota.

A. Unchanged.

B. This change is necessary to accurately reflect the current name of the program.

C. Unchanged.

Subp. 27. Ohio.

A. - C. Unchanged.

D. This change is necessary to accurately reflect the current name of the program.

E. - H. Unchanged.

Subp. 28. Pennsylvania.

A. and B. Unchanged.

C. This change is necessary to accurately reflect the current name of the program.

D. This change is necessary to accurately reflect the current name of the program.

E. - G. Unchanged.

H. This change is necessary to accurately reflect the current name of the program.

I. and J. Unchanged.

K. This change is necessary to accurately reflect the current name of the program.

L. - O. Unchanged.

P. This change is necessary to accurately reflect the current name of the program.

Q. This change is necessary to accurately reflect the current name of the program.

R. This change is necessary to accurately reflect the current name of the program.

S. and T. Unchanged.

U. This change is necessary to accurately reflect the current name of the program.

V. and W. Unchanged.

Subp. 29. Rhode Island.

A. and B. Unchanged.

Subp. 30. South Carolina.

A. and B. Unchanged.

Subp. 31. South Dakota.

A. and B. Unchanged.

Subp. 32. Tennessee.

A. and B. Unchanged.

C. This change is necessary to accurately reflect the current name of the program.

D. Unchanged.

Subp. 33. Texas.

A. This change is necessary to accurately reflect the current name of the program.

B. This change is necessary to accurately reflect the current name of the program.

C. This change is necessary to accurately reflect the current name of the program.

D. Unchanged.

E. This change is necessary to accurately reflect the current name of the program.

F. This change is necessary to accurately reflect the current name of the program.

G. This change is necessary to accurately reflect the current name of the program.

H. Unchanged.

Subp. 34. Virginia.

A. Unchanged.

B. This change is necessary to accurately reflect the current name of the program.

C. This change is necessary to accurately reflect the current name of the program.

D. Unchanged.

E. This change is necessary to accurately reflect the current name of the program.

F. Unchanged.

G. This change is necessary to accurately reflect the current name of the program.

Subp. 35. Washington.

A. Unchanged.

B. This change is necessary to accurately reflect the current name of the program.

Subp. 36. West Virginia.

A. and B. Unchanged.

Subp. 37. Wisconsin.

A. This change is necessary to accurately reflect the current name of the program.

B. Unchanged.

C. This change is necessary to accurately reflect the current name of the program.

D. Unchanged.

6330.0700 LIST OF NURSE MIDWIFERY PROGRAMS OF STUDY.

Subp. 1. Arizona.

Unchanged.

Subp. 2. California.

A. - D. Unchanged.

Subp. 3. Colorado.

Unchanged.

Subp. 4. Connecticut.

This change is necessary to accurately reflect the current name of the program.

Subp. 5. District of Columbia.

Unchanged.

Subp. 6. Florida.

A. Unchanged.

B. This change is necessary to accurately reflect the current name of the program.

Subp. 7. Georgia.

Unchanged.

Subp. 8. Illinois.

A. This change is necessary to accurately reflect the current name of the program.

B. This change is necessary to accurately reflect the current name of the program.

Subp. 9. Kentucky.

A. and B. Unchanged.

Subp. 10. Maryland.

This change is necessary to accurately reflect the current name of the program.

Subp. 11. Minnesota.

Unchanged.

Subp. 12. Mississippi.

Unchanged.

Subp. 13. Missouri.

Unchanged.

Subp. 14. New Jersey.

This change is necessary to accurately reflect the current name of the program.

Subp. 15. New York.

A. Unchanged.

B. This change is necessary to accurately reflect the current name of the program.

Subp. 16. Ohio.

This change is necessary to accurately reflect the current name of the program.

Subp. 17. Oregon.

Unchanged.

Subp. 18. Pennsylvania.

A. and B. Unchanged.

Subp. 19. South Carolina.

This change is necessary to accurately reflect the current name of the program.

Subp. 20. Tennessee.

This change is necessary to accurately reflect the current name of the program.

Subp. 20a. Texas.

This addition of the newly accredited program is necessary according to part 6330.0500, subp. 1.

Subp. 21. Utah.

Repealer

6310.2800, subpart 3.

It is necessary to repeal this subpart on July 31, 1987 as the renewal fee is specified in 6310.3600, subpart 1, item A, which will become effective on August 1, 1987.

6310.7600 - 6310.8100

It is necessary to repeal these parts on July 31, 1987 as the practical nursing requirements and procedures for registration, change of name and address, duplicate and replacement documents and verification of Minnesota license are specified in 6310.2600 - 6310.3700, which will become effective on August 1, 1987.

6310.3100, subpart 3.

The repeal of this subpart on March 31, 1988 is necessary because the addition to subpart 2a specifies that on April 1, 1988 only the professional nurses whose registration expired within the last two years must submit evidence of meeting continuing education requirements for reregistration. Because subpart 2a has narrowed down this requirement to only the professional nurses who should not be able to evade their continuing education obligation, it is reasonable to not permit substitution of employment for the continuing education report.

6310.3100, subpart. 4.

It is necessary to repeal this subpart on March 31, 1988 as the requirement will be replaced on April 1, 1988 when practical nurses who are reregistering will be required to document meeting the acceptable nursing practice requirement in subpart 6. or prove satisfactory completion of a refresher course that meets the criteria specified in subpart 7.

6310.2900, subpart 6a.

It is reasonable to repeal this subpart on December 31, 1993 as by that

date the registration expiration dates of licensees in the SWL system will have all been converted to relate to their month and year of birth.

Dated: April 3, 1987

STATE OF MINNESOTA

BOARD OF NURSING

Joyce M. Schowalter

JOYCE M. SCHOWALTER, RN
EXECUTIVE DIRECTOR

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE THE

MINNESOTA BOARD OF NURSING

In the Matter of the Proposed Adoption of Amendments to Rules of the State Board of Nursing Governing the Definition of Nursing Personnel in the Program Approval Rules, Registration and Related Topics, and the Advanced Nursing Practice List of Programs.

SUPPLEMENTAL STATEMENT OF NEED AND REASONABLENESS

The following facts and explanations are presented in response to the testimony received during the 30 day comment period. Written testimony was received from three individuals and one professional association. Even though the proposed rules were not controversial, the testimony was useful in identifying two areas in the Statement of Need and Reasonableness that were incorrect.

Correction to the Statement of Need and Reasonableness, page 16, regarding Subpart 5.

It is necessary to correct the second sentence regarding subpart 5. That sentence should read: "It will now be possible to maintain record of receipt of applications and fees so it will no longer be necessary to return all incomplete applications.

The need for correction is due to inadvertent use of the word "reject" in this sentence. The substitution of the word "return" is necessary to be consistent with the proposed rule. The board will continue to reject incomplete applications even though the incomplete application materials will be retained whenever possible.

Correction to the Statement of Need and Reasonableness, page 25, regarding Subpart 5, item F.

It is necessary to correct the three sentences at the end of the section

regarding subpart 5. The three sentences were inadvertently taken from another document and do not apply to item F.

Item F. is necessary to permit the board to seek further evidence regarding the mental health of an applicant for reregistration when evidence is received which implies an applicant for reregistration may be mentally incompetent or mentally ill. Seeking further evidence is in keeping with Minnesota Statutes, sections 148.211, subd. 1(b) and 148.291, subd. 1(b) which specifies mental health as one of the requirements for licensure. Mental health is defined for these rules as an individual's emotional or intellectual ability to adapt to a changing environment.

In cases where the board receives evidence implying mental incompetence or mental illness, it is reasonable that the board seek evidence to determine whether the applicant for reregistration can adapt to a changing environment. An applicant's emotional or intellectual ability must be such that the nurse can adapt to sudden changes in the patient care environment.

A licensee who is reregistered must be able to safeguard patients during environmental changes. If a licensee's mental functions are impaired to the extent that adaptations to environmental changes cannot be made, the consequences to patients in that environment could be serious indeed. For example, during a heat wave, a geriatric patient would need to be given increased fluids to avoid life-threatening dehydration and electrolyte imbalance.

Dated: June 1, 1987

STATE OF MINNESOTA

BOARD OF NURSING

Joyce M. Schowalter

JOYCE M. SCHOWALTER, RN
EXECUTIVE DIRECTOR

AFFIDAVIT OF MAILING THE NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING

In the Matter of the Proposed Adoption of Amendments to Rules of the State Board of Nursing Governing the Definition of Nursing Personnel in the Program Approval Rules, Part 6301.0100, Subpart 15, the Advanced Nursing Practice List of Programs, Parts 6330.0600 and 6330.0700 and Registration and Related Topics, Parts 6310.2600-6310.5000 and 6310.7600-6310.8100

AFFIDAVIT OF MAILING THE NOTICE OF INTENT TO ADOPT A RULE WITHOUT A PUBLIC HEARING

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Catherine Passer, being sworn says:

I hereby certify that the list of persons and associations who have requested, pursuant to Minnesota Statutes, sections 14.14, subdivision 1.a and 14.22 or 14.30, that their names be placed on the state Board of Nursing rulemaking mailing list is accurate, complete, and current as of this 7th day of April, 1987.

That on the 3rd day of April, 1987, at the City of St. Paul, County of Ramsey, State of Minnesota, I mailed the attached Notice of Intent to Adopt A Rule Without A Public Hearing by depositing in the United States mail, a copy thereof, with postage prepaid, to all persons and associations on the aforementioned mailing list.

Catherine Passer
Catherine Passer

Subscribed and sworn to before me
this 7th day of April, 1987.

Marilyn A. Wolner

MARILYN A. WOLNER
NOTARY PUBLIC-MINNESOTA
HENNEPIN COUNTY
MY COMMISSION EXPIRES APRIL 30, 1991

JENNY AMON
RIVERVIEW HOSPITAL ASSOCIATION
323 SOUTH MINNESOTA
CROOKSTON, MN 56716

Board of Nursing

Mailed 4-3-87 (unless noted otherwise)

JOLA AMUNDSEN RN
ALEXANDRIA AVTI PRACTICAL NURSING PROGRAM
1601 JEFFERSON STREET
ALEXANDRIA, MN 56308

ROBERT D. ANDERSON
ROBERT D. ANDERSON PUBLISHING CO.
9323 TECH CENTER DRIVE, SUITE 1700
SACRAMENTO, CA 95821

TONI ANDERSON
1409 CEDAR STREET
OWATONNA, MN 55060

RENEE ARO DIRECTOR OF NURSING
CHRISTIAN NURSING CENTER
1801 WILLMAR AVE.
WILLMAR, MN 56201

SISTER HELEN CLAIRE ARTS ACTING CHAIR
COLLEGE OF ST. SCHOLASTICA
1200 KENWOOD AVE.
DULUTH, MN 55811

GLADYS BANKE RN, INSERVICE COORDINATOR
KNUTE NELSON MEMORIAL HOME
420 - 12TH AVENUE EAST
ALEXANDRIA, MN 56308

PATRICIA D. BARNES
HIBBING COMMUNITY COLLEGE
1515 EAST 25TH STREET
HIBBING, MN 55746

RUNICE BAUER RN, DIRECTOR
FARIBAULT AREA VOC-TECH INSTITUTE
1225 SW 3RD STREET
FARIBAULT, MN 55053

SHIRLEY BEBENSEE
RR2, BOX 232
HUTCHINSON, MN 55350

KATHY BENGTSON
HUBBARD COUNTY NURSING SERVICE
COURTHOUSE
PARK RAPIDS, MN 56470

JANICE BRAND
NORTHLAND COMMUNITY COLLEGE
HIGHWAY 1 EAST
THIEF RIVER FALLS, MN 56701

SHIRLEY BREKKEN
AGASSIZ VALLEY SCHOOL OF PRACTICAL NURSING
ROBERTSON HALL, UMC
CROOKSTON, MN 56716

JOHN M. BROEKER
BROEKER, MIKALCHICK AND BLUMER
2850 METRO DRIVE, SUITE 800
MINNEAPOLIS, MN 55420

MARION BRUNZ
MANKATO AVTI
1920 LEE BOULEVARD
NORTH MANKATO, MN 56001

VERNIECE BUAN DIRECTOR
HENNEPIN TECHNICAL CENTERS - SOUTH
PRACTICAL NURSING
9200 FLYING CLOUD DRIVE
EDEN PRAIRIE, MN 55344

JANE K. CAMPION
ST. MARYS HOSPITAL
ROCHESTER, MN 55902

WILLIAM R. CARTER, III
MINNESOTA POST BOARD
333 SIBLEY STREET, SUITE 495
ST. PAUL, MN 55101

RUTH COATS DIRECTOR
RED WING AVTI
PRACTICAL NURSING PROGRAM
HIGHWAY 58 AND PIONEER ROAD
RED WING, MN 55066

SHEILA CORCORAN
UNIV. OF MN SCHOOL OF NURSING
5-140 UNIT F, 308 HARVARD ST.
MINNEAPOLIS, MN 55455

KATHLEEN COTA RN, JD
MINNESOTA NURSES' ASSOCIATION
1821 UNIVERSITY AVENUE
ST. PAUL, MN 55104

MRS. DICK DAHL
RR 2, BOX 87
ELMORE, MN 56027

JEAN DAWSON
MINNESOTA GOVERNMENT REPORT
B-28, PRESS ROOM, STATE CAPITOL
ST. PAUL, MN 55155

CAROL DELANEY
GOLDEN AGE HEALTH CARE CENTER
1415 WEST COUNTY ROAD B
ROSEVILLE, MN 55113

MARGO DICKINSON
BLUE CROSS & BLUE SHIELD OF MN
P.O. BOX 64560 #3-30
ST. PAUL, MN 55164

JUDY DOMNING
MINNESOTA LPN ASSOCIATION
2700 UNIVERSITY AVE. W., #50
ST. PAUL, MN 55114

LYNN DYKEMA
MINNESOTA NURSES' ASSOCIATION
1821 UNIVESITY AVE.
ST. PAUL, MN 55104

JOSEPHINE A. ELIOFF RN, COORDINATOR
EVELETH AREA VOCATIONAL TECHNICAL INST.
HIGHWAY 53
EVELETH, MN 55734

SHARON ERICKSON PRACTICAL NURSING COORDINATOR
AREA VOCATIONAL TECHNICAL INSTITUTE
THIEF RIVER FALLS, MN 56701

DR. ADELLA ESPELIEN RN, Ph.D., CHAIRPERSON
COLLEGE OF ST. BENEDICT
DEPARTMENT OF NURSING
37 SOUTH COLLEGE AVENUE
ST. JOSEPH, MN 56374

JULIE ESZLINGER-JENSEN
STATE BD. OF VOCATIONAL-TECHNICAL ED.
550 CEDAR ST.
ST. PAUL, MN 55101

ELLEN T. FAHY DEAN
UNIVERSITY OF MINNESOTA
SCHOOL OF NURSING
5-140 UNIT F, 308 HARVARD ST.
MINNEAPOLIS, MN 55455

CONNIE FEIG CHAIR
WILLMAR AVTI
PRACTICAL NURSING PROGRAM
BOX 1097
WILLMAR, MN 56201

ESTHER FEVIG DIRECTOR OF NURSING
ST. MARY'S HOSPITAL
1014 LINCOLN AVE.
DETROIT LAKES, MN 56501

LOIS FIELDING
BRAINERD COMMUNITY COLLEGE
BRAINERD, MN 56401

BRUCE FREDERICK ASST. ADMINISTRATOR FOR NSG.
ST. MARYS HOSPITAL
1216 - 2ND ST. SW
ROCHESTER, MN 55902

CONRAD M. FREDIN ATTORNEY AT LAW
515 PROVIDENCE BLDG.
DULUTH, MN 55802

DONALD R. GAALAAS
ITASCA COMMUNITY COLLEGE
1851 HIGHWAY 169 E.
GRAND RAPIDS, MN 55744

KAREN GARDNER RN, DEPT. CHAIRPERSON OF NSG.
WINONA STATE UNIVERSITY
WINONA, MN 55987

ROBERTA S. GIBSON
DISTRICT A NURSING SERVICE ADMINISTRATORS
ROSEAU AREA HOSPITAL
715 - 3RD AVENUE SE
ROSEAU, MN 56751

DOROTHY HAHN
ST. JOSEPH'S HOSPITAL
600 PLEASANT AVE.
PARK RAPIDS, MN 56470

THERESA L. HANEY
AREA VOCATIONAL TECHNICAL INSTITUTE
HIGHWAY 34 EAST
DETROIT LAKES, MN 56501

KATHLEEN HARTMANN NURSING PROGRAM DIRECTOR
ST. MARY'S CAMPUS OF THE
COLLEGE OF ST. CATHERINE
2500 S. 6TH ST.
MINNEAPOLIS, MN 55454

MIRIAM HAZZARD ASSOC. DEAN, HEALTH CAREER PRG
NORTH HENNEPIN COMMUNITY COLLEGE
7411 - 85TH AVE. N.
BROOKLYN PARK, MN 55445

MARGARET HERMANN RN, MA
FAIRVIEW DEACONESS SCHOOL OF NU[redacted]ING
1400 E. 24TH ST.
MINNEAPOLIS, MN 55404

MARGUERITE HESSIAN CHAIRPERSON, DEPT. OF NURSI
THE COLLEGE OF ST. CATHERINE
2004 RANDOLPH AVENUE
ST. PAUL, MN 55105

CAROL HOCKING CHAIRPERSON
ST. OLAF COLLEGE
DEPARTMENT OF NURSING
NORTHFIELD, MN 55057

DAVID HOLMSTROM
BOARD OF PHARMACY
2700 UNIVERSITY AVE. W.
ST. PAUL, MN 55114

MARYANNE V. HRUBY EXECUTIVE DIRECTOR
LEGISLATIVE COMMISSION TO REVIEW
ADMINISTRATIVE RULES
55 STATE OFFICE BLDG.
INTER-AGENCY MAIL,

Mary Neathery Haynes Director, Continuing Educ
Inver Hills Community College
8445 College Trail
Inver Grove Heights, MN 55075

Mary Neathery Haynes Director
Inver Hills Community College
Continuing Ed. for Nursing and Allied Health
8445 College Trail
Inver Grove Heights, MN 55075

HARRY JANKY
1814 NW 16TH ST.
FARIBAULT, MN 55021

C. LYNN JOHNSON
WILLMAR COMMUNITY COLLEGE
WILLMAR, MN 56201

LAVOHN JOSTEN PUBLIC HEALTH NURSING DIRECTOR
MINNESOTA DEPARTMENT OF HEALTH
717 DELEWARE ST. SE
MINNEAPOLIS, MN 55440

JUDY A. JUNKER DIRECTOR
RAINY RIVER COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM
INTERNATIONAL FALLS, MN 56649

CHERYL J. JUREK
ST. LUKE'S HOSPITAL
915 E. 1ST ST.
DULUTH, MN 55805

GAYLE KITTILA NURSING EDUCATION SPECIALIST
METROPOLITAN MEDICAL CENTER
900 S. 8TH ST.
MINNEAPOLIS, MN 55404

JANE A. KOHNER RN, DIRECTOR
WINONA ATI
PN PROGRAM
1250 HOMER ROAD
WINONA, MN 55987

JUDY KOPPER
524 - 7TH ST. SW
ROCHESTER, MN 55902

MARILYN KRASOWSKI RN, INSTRUCTOR-COORDINATOR
ST. PAUL TVI
235 MARSHALL AVE.
ST. PAUL, MN 55102

CLARE LABAR RN, SENIOR STAFF SPECIALIST
AMERICAN NURSES' ASSOCIATION, INC.
2420 PERSHING RD.
KANSAS CITY, MO 64108

ROSEMARY A. LANGSTON RN, Ph.D.
WINONA STATE UNIVERSITY
PHELPS HALL
WINONA, MN 55987

CAROL MARIE LATOUR
NORTH MEMORIAL MEDICAL CENTER
ROUTE 2, BOX 313A
MAPLE LAKE, MN 55358

ELAINE LEGER
HENNEPIN TECHNICAL CENTERS
1820 N. XENIUM LANE
PLYMOUTH, MN 55441

BEVELYN D. LINDLE
MINNESOTA DEPARTMENT OF HEALTH
HEALTH SYSTEMS - SURVEY & COMPLIANCE
RR 6, BOX 290
BEMIDJI, MN 56601

LOIS L. LINN RN, Ph.D., DIRECTOR OF NURSING
ROCHESTER COMMUNITY COLLEGE
HIGHWAY 14 EAST
ROCHESTER, MN 55904

DAVE LOCEY
MN ASSOCIATION OF NURSE ANESTHETISTS
2353 RICE ST., #220
ROSEVILLE, MN 55113

DIANE MACMILLAN
DULUTH AVTI
PRACTICAL NURSING PROGRAM
2101 TRINITY RD.
DULUTH, MN 55811

KATHLEEN MANAHAN NURSING PROGRAM DIRECTOR
NORMANDALE COMMUNITY COLLEGE
9700 FRANCE AVE. S.
BLOOMINGTON, MN 55431

SHARON J. MANNS
ST. LUKE'S HOSPITAL
915 EAST 1ST ST.
DULUTH, MN 55805

PEGGY MARTIN DIRECTOR OF EDUCATION
ST. GABRIEL'S HOSPITAL
815 SE SECOND ST.
LITTLE FALLS, MN 56345

JEAN M. MATTER
2840 NORTHERN VALLEY DR. NE, #3
ROCHESTER, MN 55904

SYLVIA M. MERTENS
ST. CLOUD AVTI PRACTICAL NURSING
1540 NORTHWAY DR.
ST. CLOUD, MN 56301

MARILEE MILLER RN, Ph.D., CHAIR
GUSTAVUS ADOLPHUS COLLEGE
DEPARTMENT OF NURSING
570 CAPITOL BLVD.
ST. PAUL, MN 55103

DR. MARILYN MOLEN
METROPOLITAN STATE UNIVERSITY
121 METRO SQUARE BLDG.
ST. PAUL, MN 55101

DOROTHY MRKONICH Ph.D.
MINNESOTA INTERCOLLEGIATE NURSING CONSORTIUM
2004 RANDOLPH
ST. PAUL, MN 55105

JOAN NERZ
1312 ALBEMARLE ST.
ST. PAUL, MN 55117

SUSAN I. NESS DIRECTOR
POLK COUNTY NURSING SERVICE
P.O. BOX 403
CROOKSTON, MN 56716

JANE PHILLIPS ASSOCIATE ADMINISTRATOR
HENNEPIN COUNTY MEDICAL CENTER
701 PARK AVE.
MINNEAPOLIS, MN 55415

W. L. PHILLIPS
PHILLIPS LEGISLATIVE SERVICE
459 RICE ST., SUITE 300
ST. PAUL, MN 55103

Karen A. Pike RN, M.A., Director Cont. Ed.
Lakewood Community College
3401 Century Avenue
White Bear Lake, MN 55110

DELLORIS RISBRUDT
FERGUS FALLS COMMUNITY COLLEGE
1414 COLLEGE WAY
FERGUS FALLS, MN 56537

SANDRA ROBERTSON
DAKOTA COUNTY AVTI
PRACTICAL NURSING PROGRAM
1300 E. 145TH ST.
ROSEMOUNT, MN 55068

BRUCE T. ROWE ADMINISTRATOR
CARLTON-COOK-LAKE-ST. LOUIS COMMUNITY
HEALTH SERVICES BOARD
325 LAKE AVE. S., SUITE 604
DULUTH, MN 55802

ANN RUEHLING
BLUE CROSS & BLUE SHIELD OF MN
P.O. BOX 64560 #330
ST. PAUL, MN 55164

SAM RUHLE
OFFICE OF ADMINISTRATIVE HEARINGS
400 SUMMIT BANK BUILDING
310 FOURTH AVE. S.
MINNEAPOLIS, MN 55415

BENNO W. SALEWSKI
MN ASSOCIATION OF HEALTH CARE FACILITIES
2850 METRO DRIVE, SUITE 429
BLOOMINGTON, MN 55420

CHARLENE SAWYER
ITASCA COMMUNITY COLLEGE
1851 EAST HIGHWAY 169
GRAND RAPIDS, MN 55744

SUSAN SCHAFFER
BROKER, MIKALCHICK & BLUMER
2850 METRO DRIVE, SUITE 800
BLOOMINGTON, MN 55420

LOU SCHROEDER VICE PRESIDENT
IMMANUEL-ST. JOSEPH HOSPITAL
345 GARDEN BLVD.
MANKATO, MN 56001

DIANE L. SELL DIRECTOR
BRAINERD AVTI
PRACTICAL NURSING PROGRAM
300 QUINCE ST.
BRAINERD, MN 56401

LINDA SEPPANEN RN, Ph.D.
COLLEGE OF ST. TERESA
WINONA, MN 55987

KAREN SOLLOM
BEMIDJI AVTI
ROOSEVELT AND GRANT
BEMIDJI, MN 56601

JEAN SPRAGG RN, DIRECTOR OF NURSING
VIRGINIA REGIONAL MEDICAL CENTER
901 - 9TH ST. N.
VIRGINIA, MN 55792

HELEN T. STEVENSON DIRECTOR OF NURSING
ANOKA-RAMSEY COMMUNITY COLLEGE
11200 MISSISSIPPI BLVD. NW
COON RAPIDS, MN 55433

BETTE STRUCK
ANOKA AVTI
1355 WEST MAIN
ANOKA, MN 55303

HELEN SUNDQUIST DIRECTOR OF NURSES
ST. OTTO'S HOME
920 SE 4TH ST.
LITTLE FALLS, MN 56345

BARBARA VOLK TEBBITT SR. ASSOC. DIR. & DNS
THE UNIV. OF MN HOSPITAL AND CLINIC
HARVARD ST. AT EAST RIVER RD.
MINNEAPOLIS, MN 55455

THIRD DISTRICT
MN NURSES ASSOCIATION
2500 PARK AVENUE
MINNEAPOLIS, MN 55404

JANE TODDIE
ST. MARYS SCHOOL OF PRACTICAL NURSING
1216 - 2ND ST. SW
ROCHESTER, MN 55902

MISS VALBORG E. TOLLEFSRUD
ST. OLAF COLLEGE DEPT. OF NURSING
WHITNEY BUILDING
620 -10TH AVE. S.
MINNEAPOLIS, MN 55415

SHIRLEY VOIGT
GOOD SAMARITAN CENTER
410 S. MCKINLEY
WARREN, MN 56762

EVA VRASPIR DIRECTOR
MOORHEAD STATE UNIVERSITY
NURSING DEPARTMENT
MOORHEAD, MN 56560

JOANNE WANDREI
MINNEAPOLIS TECHNICAL INSTITUTE
1415 HENNEPIN AVE. S.
MINNEAPOLIS, MN 55403

MARILYN WIGNESS RN, DIRECTOR OF NURSING
NORTHWEST MEDICAL CENTER
120 S. LABREE AVE.
THIEF RIVER FALLS, MN 56701

DAVID ZIEGENHAGEN
BOARD OF MEDICAL EXAMINERS
2700 UNIVERSITY AVE. W.
ST. PAUL, MN 55114

Rules mailed to the following on April 3, 1987:

Mary Bray
1087 - 6th Street S. W.
New Brighton, MN 55112

Shirley Brekken
R. R. 3
Crookston, MN 56716

Renee Burman
6445 Able Street N. E.
Minneapolis, MN 55432

Jacqueline Cannon
312 W. 59th Street
Minneapolis, MN 55419

Harriet Headley
Box 57
Twig, MN 55791

Nancy Malmon
5513 Irving Avenue South
Minneapolis, MN 55419

Kathleen Manahan
Normandale Community College
9700 France Avenue South
Bloomington, MN 55431

Marie Menikheim
2901 Benton Blvd.
Minneapolis, MN 55416

Virginia Minske
1618 - 28th Street N. W.
Rochester, MN 55901

Laura Trimbo
1064 Swift Street
Shakopee, MN 55379

Julie Goodman - Mailed 4/21
Rochester Community College
851 - 30th Street S. E.
Rochester, MN 55904-4999

Mailed 4/21
Theresa Lange
North Hennepin Community College
7411 - 85th Avenue North
Minneapolis, MN 55445

Mailed 4/24

Jan Nichols
Third District MNA
2710A Nicollet Avenue
Minneapolis, MN 55408

Mailed 4/27

Lois F. Nelson, R.N., Ed. D.
Chairperson, Tri-College
University Nursing Program
Box 110
Concordia College
Moorhead, MN 56560

PROPOSED RULES

Pursuant to Minn. Stat. of 1982, §§ 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing, as long as the agency determines that the rules will be noncontroversial in nature. The agency must first publish a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. The notice must advise the public:

1. **that they have 30 days in which to submit comment on the proposed rules;**
2. **that no public hearing will be held unless 25 or more persons make a written request for a hearing within the 30-day comment period;**
3. **of the manner in which persons shall request a hearing on the proposed rules; and**
4. **that the rule may be modified if the modifications are supported by the data and views submitted.**

If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.14-14.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

Pursuant to Minn. Stat. §§ 14.29 and 14.30, agencies may propose emergency rules under certain circumstances. Proposed emergency rules are published in the *State Register* and, for at least 25 days thereafter, interested persons may submit data and views in writing to the proposing agency.

Board of Nursing

Proposed Permanent Rules Relating to Program Approval, Registration, and Advanced Nursing Education

Notice of Intent to Adopt a Rule without a Public Hearing

Notice is hereby given that the State Board of Nursing intends to adopt the above-entitled rule without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in Minnesota Statutes, sections 14.22 to 14.28. The statutory authority to adopt the rule is Minn. Stat. § 148.191, subd. 2.

All persons have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to Minnesota Statutes, sections 14.131 to 14.20.

Comments or written requests for a public hearing must be submitted to:

Margaret Baach
Assistant Director
Board of Nursing
2700 University Avenue West, #108
St. Paul, Minnesota 55114

The proposed rule may be modified if the modifications are supported by data and views submitted to the agency and do not result in a substantial change in the proposed rule as noticed.

A copy of the proposed rule is attached to this notice.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available from the Board of Nursing upon request.

If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of

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the date of submission to the Attorney General. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the adopted rule, must submit the written request to Margaret Baach.

Comments or written requests for a public hearing must be submitted to:

Margaret Baach
Assistant Director
Board of Nursing
2700 University Avenue West, #108
St. Paul, Minnesota 55114

Dated: 23 March 1987

Joyce M. Schowalter, Executive Director
Minnesota Board of Nursing

Rules as Proposed

6301.0100 DEFINITIONS.

Subpart 1. to 14. [Unchanged.]

Subp. 15. **Nursing personnel.** "Nursing personnel" means those nurses and nursing assistants, exclusive of nursing students, who provide care to patients. An exception to this definition is permitted in part 6301.1900, subparts 6, 7, and 8 when complying with parts 6301.2000 and 6301.2100.

Subp. 16. to 23. [Unchanged.]

REGISTRATION OF PROFESSIONAL AND PRACTICAL NURSES

6310.2600 DEFINITIONS.

Subpart 1. **Acceptable continuing education activity.** "Acceptable continuing education activity" means a learning experience in which a ~~registered~~ professional nurse has participated, evidence of which ~~he/she~~ the nurse submits to the board as part of the application for registration renewal, and which meets the requirements ~~stated~~ in ~~these rules~~ parts 6310.2600 to 6310.2900.

Subp. 2. **Board.** "Board" means the Minnesota Board of Nursing.

Subp. 3. **Contact hour.** "Contact hour" means 50 consecutive minutes, except in reference to the class period of an educational institution. Class periods of no less than 45 minutes will be accepted as a contact hour.

Subp. 4. **Continuing education participation period.** "Continuing education participation period" means the 24-month interval of time immediately ~~prior to~~ before the registration renewal deadline during which a ~~licensee~~ professional nurse must fulfill the requirements for registration renewal. The length may vary for a nurse's first registration period or reregistration period.

Subp. 5. **Continuing education evidence form.** "Continuing education evidence form" means the printed document provided by the board for use in reporting the information required in parts 6310.2800 to 6310.2900.

Subp. 6. **Instructor.** "Instructor" means a presenter, preparer, or guide for a continuing education activity. Written programmed instruction comes within this definition.

Subp. 6a. **Late application fee.** "Late application fee" means penalty fee as authorized in Minnesota Statutes, sections 148.231, subdivision 1 and 148.294, subdivision 1.

Subp. 7. **License.** "License" means the document issued by the board to an individual who meets for the first time the requirements to practice professional or practical nursing in Minnesota.

Subp. 7a. **Licensee.** "Licensee" means either a professional or practical nurse who has been granted a license to practice professional or practical nursing by the board.

Subp. 8. **Licensure.** "Licensure" means the process by which the board confers legal authority upon an individual authorizing the person to engage in professional or practical nursing, thereby certifying that those licensed have attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected.

Subp. 8a. **Mental health.** "Mental health" means an individual's emotional or intellectual ability to adapt to a changing environment.

Subp. 8b. **Moral character.** "Moral character" means the individual's ability to distinguish between right and wrong and act accordingly.

Subp. 8c. **Nursing ability.** "Nursing ability" means the mental and physical capacity and skill necessary to perform nursing actions.

Subp. 9. **Participation.** "Participation" means attendance at or in any other manner taking part in an acceptable continuing education activity, documentation of which is submitted as a part of the application for professional nurse registration renewal.

Subp. 9a. **Practical Nurse.** "Practical nurse" means a person authorized by the board to engage in the practice of practical nursing as defined in Minnesota Statutes, section 148.29, subdivision 4.

Subp. 9b. **Professional nurse.** "Professional nurse" means a person authorized by the board to engage in the practice of professional nursing as defined in Minnesota Statutes, section 148.171, paragraph (3).

Subp. 10. **Registration.** "Registration" means the process by which the names and original license numbers of individuals licensed by the board are ~~recorded on a roster to designate that the~~ listed as individuals ~~are~~ authorized to engage in professional or practical nursing during a ~~renewal~~ registration period.

Subp. 11. **Registration renewal.** "Registration renewal" means the periodic process whereby an individual who is licensed and registered with the board requests and obtains registration for the next ~~renewal~~ registration period.

Subp. 12. **Registration renewal deadline.** "Registration renewal deadline" means ~~May 31,~~ the last day of the month immediately preceding the month in which the licensee's ~~next renewal period~~ registration expires.

Subp. 13. **~~Renewal~~ Registration certificate.** "~~Renewal~~ Registration certificate" means the document issued periodically by the board to a ~~registered~~ professional nurse or a practical nurse who meets registration ~~renewal~~ requirements.

Subp. 14. **~~Renewal~~ Registration expiration date.** "~~Renewal~~ Registration expiration date" means the ~~first~~ last calendar day of a ~~renewal~~ registration period.

Subp. 15. **~~Renewal~~ Registration period.** "~~Renewal~~ Registration period" means a 24-month interval of time for which a ~~renewal~~ registration certificate is issued~~, beginning August 1 of any given year~~. The period begins the date the registration certificate is issued and ends the last day of the licensee's month of birth in an even- or odd-numbered year according to licensee's year of birth. The length may vary for a nurse's first registration period or reregistration period.

Subp. 16. **Reregistration.** "Reregistration" means the process whereby a licensee regains the authority to practice professional or practical nursing after ~~a period of lapsed~~ one or more days without current registration.

6310.2700 ~~SCOPE~~ PURPOSE.

Parts 6310.2600 to ~~6310.3500 are adopted pursuant to Minnesota Statutes 1976, sections 148.231 and 214.12. They pertain to the establishment of~~ 6310.3100 establish requirements and procedures for registration ~~renewal~~ for ~~registered~~ professional nurses and practical nurses and criteria which continuing education activities must meet ~~in order~~ to be acceptable for registration renewal for professional nurses. Parts 6310.3300 to 6310.3700 establish requirements and procedures for change of name and address, duplicate and replacement documents, and verification of Minnesota license.

6310.2800 REGISTRATION RENEWAL REQUIREMENTS.

Subpart 1. ~~Participation periods; contact hours~~ Requirement. ~~On June 1, 1978, each registered nurse currently licensed and registered with the board shall begin his/her first continuing education participation period.~~

~~Fifteen contact hours of acceptable continuing education activities shall be required for registration renewal between August 1, 1980, and July 31, 1982. Contact hours shall be accrued during the continuing education participation periods of June 1, 1978, through May 31, 1980, or June 1, 1979, through May 31, 1981. Thirty~~ Each licensee is responsible for applying for renewal of registration if the person wishes to be authorized to practice as a professional or practical nurse in Minnesota.

Licensees are required to complete a registration renewal application and pay a renewal fee. In addition, professional nurses are required to accrue 30 contact hours of acceptable continuing education activities ~~shall be required~~ for registration renewal on August 1, 1982, and thereafter. Contact hours shall be accrued during a 24-month continuing education participation period ~~beginning June 1, 1980, or any June 1 thereafter~~ ending one month before the professional nurse's registration expiration date. The number of contact hours and length of participation period may vary for a professional nurse's first registration renewal following licensure or reregistration in accordance with part 6310.2900, subpart 6.

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Subp. 2. **Demonstration of professional nursing skill.** At least one of the acceptable continuing education activities required for registration renewal on or after August 1, 1986, shall require the ~~licensee~~ professional nurse to show evidence ~~that he/she~~ of having successfully demonstrated to the instructor skill in performing one or a portion of a professional nursing function as indicated in Minnesota Statutes, section 148.171, ~~clause~~ paragraph (3).

Subp. 3. [See Repealer.]

Subp. 4. **Application submission.** ~~An acceptable application for registration renewal consisting of a completed, signed application form; a completed evidence form meeting requirements stated in these rules; and a renewal fee, shall be postmarked on or before May 31, immediately preceding the licensee's next renewal period.~~ Licensed practical nurses and registered nurses shall submit a completed, signed application for registration renewal and a renewal fee to the board office. Renewal applications from professional nurses must be accompanied by a completed continuing education evidence form meeting the requirements of parts 6310.2800 and 6310.2900. Renewal applications, fees, and continuing education forms must be received in the board office in the month preceding the month in which the applicant's registration expires. Resubmission of a previously incomplete or incorrect application form~~, evidence form,~~ and renewal fee ~~postmarked on or~~ received before ~~May 31~~ the month in which the licensee's registration expires, shall constitute timely submission if received in the board office on or before the licensee's registration expiration date.

In 1988 and 1989 a registration renewal application and a renewal fee from a professional nurse who held current registration on July 31, 1987, shall be received in the board office on or before May 31 in the year in which the nurse's registration expires. Resubmission of a previously incomplete or incorrect application and renewal fee received on or before May 31 in the year in which the nurse's registration expires, shall constitute timely submission if received in the board office on or before July 31 of that year.

Subp. 5. **~~Penalty~~ Late application fee.** ~~An applicant~~ A licensee filing for registration renewal shall pay a ~~penalty~~ late application fee ~~of $15, effective January 1, 1987~~, as well as the renewal fee for the current renewal period if the application~~, evidence form,~~ or renewal fee is ~~postmarked after May 31 of the year in which it was due~~ received in the board office during the month in which the licensee's registration expires.

In 1988 and 1989 a registration renewal application received from a professional nurse who held current registration on July 31, 1987, shall incur a late application fee if the application or renewal fee is received in the board office during June or July in the year in which the nurse's registration expires.

Subp. 6. **Acceptable continuing education activity.** In order for a continuing education activity to be acceptable to the board for registration renewal, a ~~licensee~~ professional nurse shall be able to substantiate that each of the criteria listed below has been met.

A. The content is related to one or more of the following components of professional nursing specified in Minnesota Statutes, section 148.171, ~~clause~~ paragraph (3):

(1) independent nursing functions as listed below:

(a) providing a nursing assessment of the actual or potential health needs of individuals, families, or communities;

(b) providing nursing care supportive to or restorative of life by functions such as: skilled ministration of nursing care, supervising nursing personnel, teaching nursing personnel, health teaching, health counseling, case finding, referral to other health resources; and

(c) evaluating nursing functions; or

(2) delegated medical functions.

B. The duration of the activity was at least one contact hour.

C. The objectives were written in measurable terms which describe what a licensee can expect to learn.

D. The instructor's qualification in the subject, such as education and experience, shall be stated in written form.

E. The method to be utilized by the learner to determine whether or not learning occurred was in written form. Acceptable methods may include but need not be limited to self-evaluation check lists or tests.

F. The continuing education activity was completed during the continuing education participation period immediately preceding the ~~renewal date~~ registration period for which the ~~licensee~~ professional nurse is seeking registration renewal.

G. Credit shall not be granted for identical continuing education activities submitted during any single continuing education participation period.

H. A written statement of participation provided by the instructor or a designee following completion of each acceptable continuing education activity was obtained. A fee receipt shall not be acceptable.

I. A grade indicating successful completion was obtained in an acceptable continuing education activity for which grades are granted.

J. A continuing education activity which the ~~licensee~~ professional nurse taught shall not meet that licensee's registration renewal requirements.

K. The continuing education activity or the provider of the activity was approved by another board of nursing, another Minnesota health-related licensing board as defined by Minnesota Statutes, section 214.01, subdivision 2, or a national, regional, or state nursing, medical, or allied health organization and the activity meets at least the criteria in items B, F, G, H, and J.

L. A professional nurse holding a current advanced nursing practice certificate that was based upon the meeting of periodic continuing education or other current competency recertification requirements may substitute evidence of that certification for a report of participation in continuing education activities. The certificate shall have been issued by a national nursing or medical organization such as the American Nurses Association, American College of Nurse Midwives, the Council on Recertification of Nurse Anesthetists, or the Nurse Association of the American College of Obstetricians and Gynecologists.

The advanced nursing practice certificate may not be substituted for any previously deferred contact hours.

Subp. 7. **True information.** A licensee shall submit true information. Falsification of any evidence for any registration ~~renewal~~ period ~~and/or~~ or failure to comply with ~~these rules~~ parts 6310.2800 and 6310.2900 for any two registration ~~renewal~~ periods shall constitute unethical conduct and provide grounds for suspension or revocation of a license.

Subp. 8. **Records retention.** A ~~licensee~~ professional nurse shall keep records documenting each acceptable continuing education activity submitted to meet registration renewal requirements and obtain data from the acceptable continuing education activity as required in part 6310.2900, subpart 7. The records shall be kept for two years ~~following the end of the renewal period to which the activity is applied~~ after the continuing education activities are reported to the board on the continuing education evidence form.

6310.2900 REGISTRATION RENEWAL PROCEDURES.

Subpart 1. **Service.** The licensee shall maintain with the board ~~his/her~~ a correct mailing address for the purpose of receiving board communications ~~and/or~~ or notices. Placing the ~~notice~~ registration renewal application in first class United States mail, postage prepaid and addressed to the licensee at ~~his/her~~ the nurse's last known address shall constitute valid service.

Subp. 2. ~~Notice~~ **Application mailing date.** The board shall mail a registration renewal application ~~and evidence form~~ at least ~~120~~ three full calendar ~~days prior to~~ months before a licensee's ~~renewal~~ registration expiration date to the last known address of every ~~registered nurse~~ licensee holding a current renewal certificate. Failure to receive ~~such~~ the notice shall not relieve a license holder of ~~his/her~~ the obligation to comply with ~~these rules~~ parts 6310.2800 and 6310.2900. In 1988 and 1989 registration renewal applications will be mailed by April 1 to professional nurses who held current registration on July 31, 1987.

Subp. 3. **Late submission.** An application~~, evidence form,~~ and renewal fee ~~postmarked on June 1, or later~~ received in the board office during the month in which the licensee's registration expires, shall not be processed and shall be returned to a licensee for payment of a ~~penalty~~ late application fee. In 1988 and 1989 a registration renewal application from a professional nurse who held current registration on July 31, 1987, which was received in the board office during June or July of the year in which the nurse's registration expires shall not be processed and shall be returned to the nurse for payment of a late application fee.

A renewal application and fee received one or more days after the licensee's registration expiration date shall be returned with an application for reregistration. The board will nullify incomplete registration renewal applications that are not completed by licensees' registration expiration dates. For a nullified application, the fee shall be forfeited and the application and other documents may be destroyed according to the process provided in Minnesota Statutes, section 138.17, subdivision 7.

Subp. 4. **Continuing education evidence form.** For professional nurses, the registration renewal application shall include a continuing education evidence form. Information to be provided by the ~~licensee~~ professional nurse on an evidence form shall include:

A. identification of the ~~licensee~~ professional nurse;

B. identification of the continuing education activities;

C. verification that the continuing education activities met all the criteria ~~specified~~ in part 6310.2800 and that the information contained on the form is true in every respect; and

D. ~~licensee's~~ the professional nurse's signature and date signed.

Subp. 5. ~~Rejection of~~ **Incomplete application; notice.** If the application form~~, evidence form,~~ or renewal fee submitted by a licensee is incomplete, incorrect, or in noncompliance with parts 6310.2800 and 6310.2900, the licensee shall ~~be notified as to the~~

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~~reason for the rejection and all documents shall be returned to the licensee~~ within 30 calendar days after receipt by the board ~~receives them~~ be notified of the deficiency and given instructions for completion or correction. The application, fee, and other documents will be retained by the board whenever possible.

Subp. 6. **Initial registration and first registration renewal.** An individual who is issued a license by the board shall also be registered by the board. The license fee shall serve as payment for the initial registration period.

Effective August 1, 1987, and thereafter, the initial registration period following licensure or reregistration is ~~for less than two years. For registered nurses licensed August 1 through January 31 the registration period ends the next July 31. For those licensed February 1 through July 31 the registration period ends July 31 of the following year. If an individual is granted a Minnesota license within six calendar months prior to the first day of licensee's renewal period, the license fee shall serve as payment for the first renewal period.~~ Fifteen from six to 29 full calendar months ending the last day of the licensee's month of birth in an even-numbered year if the year of birth was an even-numbered year or in an odd-numbered year if the year of birth was an odd-numbered year.

A licensee who does not supply a month, day, and year of birth upon a second request from the board shall be assigned a month and year for registration purposes.

A licensee may correct the date of birth stated on the renewal application. The board may require a licensee who wishes to correct the date of birth on file with the board to substantiate the date with official documentation.

Professional nurses shall accrue for the first registration renewal following licensure and reregistration the number of contact hours of acceptable continuing education activities ~~shall be required for the first registration renewal~~ equivalent to the number of full months in their initial registration period. The contact hours shall include at least one successful demonstration of skill in performing a portion of a component of professional nursing. The continuing education participation period begins on the date the license was issued or reregistration was completed and extends through the month immediately preceding the month in which initial registration expires.

Subp. 6a. **Conversion period.** Licensees holding registration certificates with an expiration date unrelated to their month of birth will be registered in the following manner during a conversion period.

A. All licensees who hold current registration on July 31, 1987, and who renew that registration under parts 6310.2800 and 6310.2900 will be assigned a conversion registration period no shorter than six months and no longer than 29 months ending on the last day of the month of birth in an even- or odd-numbered year, according to their year of birth.

B. Licensees will be charged a renewal fee for the six- to 29-month conversion registration period which is prorated at $0.835 a month and rounded to the nearest dollar according to the length of each licensee's conversion registration period.

C. Professional nurses shall accrue the number of contact hours of acceptable continuing education activities equivalent to the number of months in their conversion registration period. The contact hours shall include at least one demonstration of skill. The contact hours shall be added to the 30 contact hours required for their next full 24-month registration period.

The total number of contact hours including two demonstrations of skill must be accrued between the last day of the professional nurse's most recent participation period and the first day of the month in which the nurse's next 24-month registration period expires.

D. A professional nurse who lacks sufficient contact hours upon application for registration renewal during the conversion period shall have the number of contact hours lacking added to the contact hours required for the next full 24-month registration period.

Subp. 7. **Substantiation of continuing education activities.** Following each renewal date the board may select a sample of ~~licensees~~ professional nurses applying for registration renewal and require substantiation of participation in acceptable continuing education activities. Selected ~~licensees~~ professional nurses shall submit in writing the following data obtained from the provider of each continuing education activity which verifies the information on the evidence form:

A. Objective or objectives of each continuing education activity~~;~~.

B. Verification received by the ~~licensee~~ professional nurse of the number of contact hours and, for activities lasting four or more hours, a schedule listing time periods~~;~~.

C. Documentation of each instructor's qualifications, such as education and experience~~;~~.

D. Evidence that the ~~licensee~~ professional nurse used the mechanism which was provided to determine if learning occurred. Acceptable methods may include but need not be limited to self-evaluation checklists or tests~~;~~.

E. Written verification received by the ~~licensee~~ professional nurse of participation in each continuing education activity provided by an instructor involved with the continuing education activity or a designee~~;~~.

F. The specific professional nursing content area to which each continuing education activity is related~~;~~.

G. In 1986 and thereafter, proof of compliance with part 6310.2800, subpart 2~~; and~~.

H. Any additional documentation the board deems necessary.

Subp. 8. **Insufficient hours.** If a ~~licensee~~ professional nurse cannot demonstrate ~~that he or she has~~ sufficient hours of acceptable continuing education activities, the number of hours lacking to comply for that continuing education participation period shall be added to the contact hours required in the immediately succeeding period. This ~~rule~~ part may be applied once for any one ~~licensee~~ professional nurse.

Subp. 9. **Substantiation after deferment.** A ~~licensee~~ professional nurse who defers a number of hours of continuing education to the immediately succeeding period pursuant to subpart 8 shall be required to submit with the next renewal application substantiation of participation in continuing education activities that provided the number of contact hours required for that participation period as well as the number of contact hours which were deferred from the previous participation period.

Subp. 10. **Noncompliance; audit.** A ~~licensee~~ professional nurse in noncompliance with part 6310.2800, subparts 1, 2, and 6, shall be subject to the conditions in subpart 7. By this rule an audit shall be automatic for a nurse who has been found in an audit of the immediately preceding continuing education participation period to be in noncompliance with the rules.

6310.3100 REREGISTRATION.

Subpart 1. **Removal of name from ~~roster~~ list.** The names of ~~all nurses~~ licensees who do not return the complete renewal application, ~~evidence form,~~ renewal fees, and ~~penalty~~ late application fees by ~~November 1 of each renewal year~~ the registration expiration date shall be removed from the ~~roster~~ list of individuals authorized to practice professional or practical nursing during the current renewal period.

Subp. 2. **Reregistration requirements.** A ~~nurse~~ licensee who applies for reregistration shall:

A. submit a completed and signed reregistration application;

B. respond to questions on the application that relate to causes for denial or revocation of licensure listed in Minnesota Statutes, section 148.261 for professional nurses and section 148.297 for practical nurses;

C. pay the registration renewal fee for the current period; ~~and~~

~~C.~~ D. pay the late application fee if registration expired within the last two years unless the licensee submitted evidence of an incomplete or incorrect renewal application before the registration renewal deadline; and

E. submit evidence of meeting all relevant requirements specified in ~~parts 6310.2800 and 6310.2900~~ subparts 2a to 8. ~~Participation in continuing education activities must have occurred during the 24 months prior to the submission of the application for reregistration.~~

Subp. 2a. **Continuing education.** A professional nurse must submit evidence of meeting all requirements specified in parts 6310.2800 and 6310.2900. Participation in continuing education activities must have occurred during the 24 months immediately before board action on the application for reregistration. Beginning April 1, 1988, and thereafter, this requirement applies only to professional nurses whose registration expired within the two years immediately preceding application for reregistration.

Subp. 3. **Substitute for continuing education.** A professional nurse who has been employed as a ~~registered~~ professional nurse in another state or country or in a federal facility located in Minnesota for a period of two years or more immediately preceding application for reregistration may substitute satisfactory employment references which encompass the entire employment period in lieu of the continuing education report.

Subp. 4. **Requirements if not registered for five years or more.** The licensed practical nurse whose name has not been on the registration list for five years or more must present evidence of competency in nursing before becoming reregistered. The evidence may include any of the following which occurred within the five-year period before board action on the application for a current registration certificate:

A. employment as a licensed practical nurse in another United States jurisdiction or foreign country;

B. completion of no less than one week of a refresher course;

C. attendance at no less than 15 clock hours of nursing-related educational offerings; or

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D. participation in an orientation program at least one week in length conducted by an employer or potential employer; and

E. such other evidence as the board may reasonably require.

Subp. 5. **Evidence of moral character and mental health.** A licensee shall verify on the application that the licensee is of good moral character and in good mental health. The board may require further evidence of a licensee's character or mental health if the board has information satisfying one of the following conditions:

A. implying a violation of a federal, state, or local law or rule;

B. constituting grounds for denial or revocation of a license, if true;

C. implying that the licensee provided inaccurate information or omitted information solicited on the licensure, examination, registration renewal, or reregistration applications;

D. showing that the applicant was discharged from employment;

E. showing that disciplinary action was taken or is pending or the licensee is under investigation by another nurse licensing agency; or

F. implying that the licensee is mentally incompetent or mentally ill.

Subp. 6. **Acceptable practice requirement.** Beginning April 1, 1988, and thereafter, a licensee without current registration who is applying for reregistration must submit proof of at least 320 hours of acceptable nursing practice in the four years immediately preceding receipt of the application for reregistration or meet the requirement in subpart 7. To be acceptable the practice must have:

A. consisted of employment or volunteer nursing in any setting, or participation in clinical nursing courses or any combination of these activities;

B. occurred only while the licensee was authorized to practice nursing unless legal authorization for the practice was not required in the jurisdiction where it occurred; or

C. included one or more of the functions defined in Minnesota Statutes, section 148.171, paragraph (3) for professional nurses or Minnesota Statutes, section 148.29, subdivision 4 for practical nurses, or be identified by the employer, volunteer supervisor, patient's family or physician, or instructor as requiring the appropriate nursing license.

Subp. 7. **Refresher course requirement.** Beginning April 1, 1988, and thereafter, licensees without current registration who do not demonstrate compliance with the acceptable practice requirement in subpart 6 must submit an affidavit of successful completion of a refresher course which occurred within the 24 months immediately preceding board action on the application for reregistration. The affidavit must be signed by the person responsible for the course, hereinafter, coordinator.

The refresher course must have been designed to meet the following criteria:

A. The coordinator must be a registered nurse.

B. The course must include theory and clinical experience components. The theory component may be conducted in a classroom or through self-study learning materials. The clinical experience may be arranged by the coordinator or by the student with the coordinator's approval.

C. Determination that a professional nurse or practical nurse student has successfully completed the course must include at least one evaluation of the student's ability to combine nursing abilities as outlined in part 6301.2200. The refresher course student's evaluation of combining nursing categories must include at least one ability from each subpart of part 6301.1800 and, in addition, for professional nurse students from each subpart of part 6301.1900. Whenever clinical experience has been arranged by the student, the coordinator shall be responsible for the evaluation preparation and for directing the conduct of the evaluation.

Subp. 8. **Limited registration certificate.** A licensee presenting an affidavit of enrollment in a refresher course will upon written request and submission of a reregistration application and fee be provided a registration certificate valid only for participation in the clinical experience component of the refresher course and no longer than 90 days. The affidavit must be signed by the refresher course coordinator.

Subp. 9. **Waiver.** When a licensee residing outside of Minnesota applies for reregistration for the purpose of obtaining verification of current registration status to another country or United States jurisdiction, the requirements in subpart 7 shall be waived.

Subp. 10. **Refresher course audit.** A licensee meeting the refresher course requirement may be selected for audit to determine that the course met the criteria in subpart 7 and that all application materials were accurate.

Subp. 11. **Nullification and reapplication.** The board will nullify incomplete reregistration applications that are not completed within the six-month period following receipt of fees or within the six-month period following issuance of a registration certificate for practice in a clinical component of a refresher course.

For a nullified application, the fee shall be forfeited and the application and other documents may be destroyed according to the process specified in Minnesota Statutes, section 138.17, subdivision 7. If a licensee fails to submit an application and fee within six months after the board received any other documents relating to the application, the board may destroy the documents.

If a licensee whose application has been nullified wants to be reregistered, a new reregistration application must be submitted and all applicable reregistration requirements must be met.

Subp. 12. **First renewal following reregistration.** Licensees who have reregistered will receive registration certificates as specified in part 6310.2900, subpart 6, and must subsequently meet the renewal requirements in part 6310.2800 and the procedures in part 6310.2900. The continuing education requirement and participation period for professional nurses following reregistration is provided in part 6310.2900, subpart 6.

6310.3300 CHANGE OF NAME AND ADDRESS ON RECORDS.

Subpart 1. **Name change.** The licensee who has changed names shall notify the board in writing as soon as possible and request a revised ~~renewal~~ registration certificate. When requesting a revised ~~renewal~~ registration certificate, the licensee shall return the current certificate to the board. If the current certificate has been lost, stolen, or destroyed, the licensee shall provide a written ~~evidence~~ explanation of the situation. The board may require substantiation of the name change by requiring official documentation.

Subp. 2. **Address change.** The licensee who has changed addresses shall notify the board in writing as soon as possible. The board shall notify the licensee of address changes made in the licensee's records. However, a revised ~~renewal~~ registration certificate will not be issued.

6310.3400 DUPLICATE AND REPLACEMENT DOCUMENTS.

Subpart 1. **License.** A duplicate license shall not be issued. A replacement license may be issued for a fee when the licensee notifies the board, by certified statement, that the original license was lost, stolen, or destroyed. The replacement license shall be marked "Replacement" and the date of issuance indicated. ~~The fee for a replacement license is $10, effective January 1, 1987.~~

Subp. 2. **~~Renewal~~ Registration certificate.** A duplicate ~~renewal~~ registration certificate shall not be issued. If a ~~renewal~~ registration certificate is lost, stolen, or destroyed, the licensee shall submit a written ~~evidence~~ explanation of the situation. Upon written request of the licensee, a ~~verification of current registration shall~~ replacement registration certificate may be issued for a fee ~~of $10, effective January 1, 1987~~. The replacement registration certificate shall be marked "Replacement."

If a licensee does not receive a ~~renewal~~ registration certificate which has been issued and notifies the board office in writing within ~~90~~ 60 days of the date of issuance, a ~~verification of current~~ replacement registration certificate may be issued without a fee.

6310.3500 VERIFICATION OF MINNESOTA LICENSE.

Subpart 1. **Verification of licensure.** A ~~registered nurse~~ licensee wishing ~~to be licensed in~~ a certified statement of licensure status sent to another United States jurisdiction or foreign country or to any other third party may, upon written request and payment of a fee, have a certified statement of Minnesota licensure status issued to the Board of Nursing ~~or~~, other official agency empowered to issue nursing licenses in the other jurisdiction or country or a third party.

~~The fee for verification of a license shall be $15 effective January 1, 1987, for each verification.~~

Subp. 1a. **Verification of examination scores.** A Minnesota licensee wishing a certified statement of licensing examination scores sent to a third party may, upon written request and payment of fee, have a certified statement of examination scores issued.

Subp. 2. **~~Transcript~~ Copies of license application.** ~~If~~ A copy of a transcript or other application materials is provided from the board files ~~for a nursing program which is no longer currently in operation, an additional~~ upon payment of a fee ~~of $10 effective January 1, 1987, may be charged~~. Copies will not be provided for transcripts or other application materials available from nursing programs in the United States.

6310.3600 REGISTRATION FEES.

Subpart 1. **Amount.** The amount of fees shall be as follows:

A. registration renewal, $20 per registration period;

B. late application, $15;

C. replacement license, $10;

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D. replacement registration certificate, $10;

E. verification of licensure status, $15;

F. verification of examination scores, $15;

G. a copy of licensure application materials, $10; and

H. service charge for a dishonored check, $15.

Subp. 2. **Effective date.** The fees in subpart 1 are effective January 1, 1987, unless specified otherwise. All fees are nonrefundable.

6310.3700 DISHONORED CHECKS.

Subpart 1. **Service charge.** If a licensee submits a dishonored check for any of the fees required in parts 6310.2800, subparts 1, 4, and 5; 6310.3100, subparts 2, items C and D; 6310.3400, subparts 1 and 2; and 6310.3500, subparts 1, 1a, and 2, a service charge will be assessed in keeping with Minnesota Statutes, section 332.50, subdivision 2.

Subp. 2. **Nullified registration.** Nonreplacement of a dishonored check for the fees required in parts 6310.2800, subparts 1, 4, and 5, and 6310.3100, subpart 2, items C and D and nonpayment of the service charge will result in a nullified registration.

Subp. 3. **Additional fee.** Nonreplacement of a dishonored check for the fees required in parts 6310.3400, subparts 1 and 2 and 6310.3500, subparts 1, 1a, and 2, and nonpayment of the service charge will result in the amounts being added to the next fee the licensee must pay.

6330.0600 LIST OF NURSE ANESTHESIA PROGRAMS OF STUDY.

Subpart 1. **Alabama.** Alabama:

A. Baptist Medical Centers-Samford University School of Anesthesia, Birmingham;

B. University of Alabama in Birmingham, School of Community and Allied Health Anesthesia for Nurses Program, Birmingham;

C. Manley L. Cummins School of Anesthesia for Nurses, Southeast Alabama Medical Center, Dothan; and

D. School of Anesthesia for Nurses-University of South Alabama Medical Center, Mobile.

Subp. 2. **California.** California:

A. Loma Linda University-School of Allied Health Professions, Department of Anesthesia, Loma Linda;

B. Kaiser-Permanente School of Anesthesia for Nurses/CSULB, Los Angeles;

C. Los Angeles County, Martin Luther King, Jr./Drew Medical Center, Los Angeles;

D. UCLA Program of Nurse Anesthesia, Los Angeles; and

E. ~~United States~~ Navy ~~School of~~ Nurse Corps Anesthesia Program (George Washington University), San Diego.

Subp. 3. **Colorado.** Colorado: ~~United States Army~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~ Sciences, United States Army/Texas Wesleyan College, Aurora.

Subp. 4. **Connecticut.** Connecticut:

A. Bridgeport Hospital School of Nurse Anesthesia (Southern Connecticut State University), Bridgeport;

B. New Britain School of Nurse Anesthesia (Central Connecticut State University), New Britain; and

C. Hospital of Saint Raphael, School of Anesthesia, New Haven.

Subp. 5. **Delaware.** Delaware:

A. Wesley College-Kent General Hospital School of Anesthesia, Dover; and

B. Wilmington Medical Center School of Anesthesia, Wilmington.

Subp. 6. **District of Columbia.** District of Columbia:

A. Greater Southeast Community Hospital/George Washington University, School of Nurse Anesthesia, Washington; and

B. United States ~~Army~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~ Sciences/Texas Wesleyan College, Washington.

Subp. 7. **Florida.** Florida:

A. Nurse Anesthesia Training Program, University of Florida/College of Medicine, Gainsville; and

B. Bay Memorial Medical Center, School of Anesthesia, Panama City.

Subp. 8. **Georgia.** Georgia:

A. Georgia Baptist Hospital School of Anesthesia for Nurses, Atlanta; and

B. ~~United States Army~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~ Sciences, United States Army/Texas Wesleyan College, Fort Gordon.

Subp. 9. **Hawaii.** Hawaii: ~~United States Army~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~ Sciences, United States Army/Texas Wesleyan College, Tripler.

Subp. 10. **Illinois.** Illinois:

A. Ravenswood Hospital Medical Center School of Nurse Anesthesia, Chicago;

B. Rush University Anesthesia Nurse Practitioner Program, Chicago; and

C. Decatur Memorial Hospital Nurse Anesthesia Program, Decatur.

Subp. 11. **Kansas.** Kansas:

A. ~~University of~~ Kansas~~,~~ University Medical Center Nurse Anesthesia Education Program, Kansas City;

B. Saint Francis Regional Medical Center School of Anesthesia for Nurses/Kansas Newman College, Wichita;

C. Wesley Medical Center School of Anesthesia for Nurses, Friends University, Wichita; and

D. ~~The~~ Wichita Clinic (Kansas Newman College) School of Nurse Anesthesia, Wichita.

Subp. 12. **Kentucky.** Kentucky: Appalachian Regional Hospitals, Inc., Program of Nurse Anesthesia, Harlan.

Subp. 13. **Louisiana.** Louisiana: Charity Hospital School ~~for~~ of Nurse Anesthesia, New Orleans.

Subp. 14. **Maine.** Maine:

A. Eastern Maine Medical Center School of Nurse Anesthesia, Bangor;

B. Saint Mary's General Hospital School of Anesthesia for Nurses, Lewiston; and

C. Mercy Hospital (University of New England) School of ~~Anesthesiology~~ Anesthesia for Nurses, Portland.

Subp. 15. **Maryland.** Maryland:

A. The Johns Hopkins Hospital School of Anesthesia for Nurses, Baltimore;

B. ~~United States~~ Navy Nurse Corps Anesthesia Program (George Washington University), Naval School of Health Sciences, ~~National Naval Medical Center,~~ Bethesda; and

C. Prince George's General Hospital and Medical Center (George Washington University), School of Anesthesia ~~(George Washington University)~~, Cheverly.

Subp. 16. **Massachusetts.** Massachusetts:

A. Carney Hospital School of Anesthesia, Boston;

B. ~~Tuft's~~ New England Medical Center ~~Hospital~~ School of Nurse Anesthesia, Boston;

C. Berkshire Medical Center School of ~~Nurse~~ Anesthesia, Pittsfield; and

D. Saint Vincent Hospital School of Nurse Anesthesia, Worcester.

Subp. 17. **Michigan.** Michigan:

A. Program of Nurse Anesthesia, the University of Michigan ~~Hospitals Program of Nurse Anesthesia~~, Ann Arbor;

B. Henry Ford ~~Hospital School of Anesthesia/University~~ Hospital/University of Detroit Graduate Program of Nurse Anesthesia, Detroit;

C. Mount Carmel Mercy Hospital/Mercy College, Detroit;

D. Wayne State University College of Pharmacy and Allied Health Professions ~~Nurse~~, Department of Anesthesia ~~Educational Program~~, Detroit; and

E. Hurley Medical Center (University of Michigan, Flint) School of Anesthesia, Flint.

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Subp. 18. **Minnesota.** Minnesota:

A. Austin School of Anesthesia, Austin;

B. Saint Mary's Hospital, Duluth;

C. Central Mesabi Medical Center School of Anesthesia, Hibbing;

D. Hibbing General Hospital School of Anesthesia, Hibbing;

E. Abbott Northwestern Hospital (Saint Mary's College) School of Anesthesia, Minneapolis;

F. Northwestern Hospital, Minneapolis;

G. Minneapolis Veterans Administration Medical Center (College of Saint Thomas and University of Minnesota) School of Anesthesia, Minneapolis;

H. Saint Mary's Hospital School of Anesthesia, Minneapolis;

I. Minneapolis Training Program, c/o Asbury Hospital, Minneapolis;

J. Mayo School of Health-Related Sciences Nurse Anesthesia Program, Rochester;

K. School of Anesthesia, Division of Education, Mayo Foundation, Rochester;

L. Mayo Clinic, Rochester;

M. Rochester State Hospital School of Anesthesia for Nurses, Rochester;

N. Saint Cloud Hospital, Saint Cloud;

O. Minneapolis School of Anesthesia (Saint Mary's College), Saint Louis Park;

P. Bethesda Lutheran Hospital, Saint Paul; and

Q. Saint Paul-Ramsey Medical Center (University of Minnesota and College of Saint Thomas) School of Nurse ~~Anesthesia~~ Anesthesiology, Saint Paul.

Subp. 19. **Mississippi.** Mississippi: School of Health Related Professions, Department of Nurse Anesthesiology, University of Mississippi Medical Center, Jackson.

Subp. 20. **Missouri.** Missouri:

A. Truman Medical Center~~,~~ (University of Missouri/Kansas City) School ~~for~~ of Nurse ~~Anesthetists~~ Anesthesia, Kansas City;

B. Barnes Hospital School of Nurse Anesthesia, Saint Louis; and

C. Washington University Nurse Anesthesia Program, School of Medicine, Saint Louis;

D. Southwest Missouri School of Anesthesia (Southwest Missouri State University), Springfield.

Subp. 21. **Nebraska.** Nebraska:

A. Bryan Memorial ~~Hospital/Nebraska~~ ~~Wesleyan~~ Hospital/Drake University~~,~~ School of ~~Nurse~~ Anesthesia, Lincoln; and

B. Creighton University Nurse Anesthesia Program, Omaha.

Subp. 22. **New Hampshire.** New Hampshire: Mary Hitchcock Memorial Hospital, School of Nurse Anesthesia, Hanover.

Subp. 23. **New Jersey.** New Jersey:

A. Our Lady of Lourdes ~~Hospital~~ Medical Center School of Anesthesia for Nurses, Camden; and

B. Jersey Shore Medical Center, School of Anesthesia, Neptune.

Subp. 24. **New York.** New York:

A. Albany Medical Center Hospital, School for Nurse Anesthetists, Albany;

B. Albany Veterans Administration Medical Center School of Anesthesia for Nurses, Albany;

C. Kings County ~~School of Anesthesia~~ Hospital Center (Brooklyn ~~College/SUNY~~ College), Brooklyn;

D. Roswell Park Memorial Institute, School of Anesthesia for Nurses, Buffalo;

E. Nurse Anesthetist Program, Department of Graduate Education, School of Nursing, State University of New York at Buffalo, Buffalo;

F. Harlem School Center/School of Anesthesia for Nurses, New York;

G. Columbia University/Roosevelt Hospital, School of Anesthesia, New York; and

H. New York Medical College-Metropolitan Hospital Center School of Anesthesia for Nurses, New York.

Subp. 25. **North Carolina.** North Carolina:

A. Charlotte Memorial Hospital and Medical Center, School of Nurse Anesthesia, Charlotte;

B. Durham County General Hospital School of Anesthesia for Nurses, Durham;

C. Warren Wilson College/Asheville Anesthesia Associates, School of Anesthesia, Swannanoa; and

D. North Carolina Baptist Hospital and Bowman Gray School of Medicine~~,~~ (Wake Forest University) Nurse Anesthesia Program, Winston-Salem.

Subp. 26. **North Dakota.** North Dakota:

A. Central North Dakota School of Anesthesia; Saint Alexius Hospital, Bismarck;

B. Saint Luke's ~~Hospital~~ Hospitals (University of North Dakota and Concordia College) School of Anesthesia, Fargo; and

C. The Grand Forks School of Anesthesia, The United Hospital, Grand Forks.

Subp. 27. **Ohio.** Ohio:

A. Aultman Hospital School of Nurse Anesthesia, Canton;

B. University Hospital School of Nurse Anesthesia, Cincinnati;

C. Cleveland Clinic School of Nurse Anesthesia, Cleveland;

D. Mount Sinai Medical Center (Ursuline College) School of Nurse Anesthesia, Cleveland;

E. The Ohio State University Nurse Anesthesia Division, Columbus;

F. Ohio Valley Hospital School of Anesthesia, Steubenville;

G. Saint Vincent Hospital and Medical Center, School of Anesthesia for Nurses, Toledo; and

H. Saint Elizabeth Hospital Medical Center School of Nurse Anesthetists, Youngstown.

Subp. 28. **Pennsylvania.** Pennsylvania:

A. Mercy Hospital, School of Anesthesia, Altoona;

B. Geisinger Medical Center/Susquehanna University, Danville;

C. Hamot Medical Center (Edinboro University of Pennsylvania) School of Anesthesia ~~(Edinboro State College)~~, Erie;

D. Westmoreland-Latrobe Hospitals School of Anesthesia for Nurses, Greensburg;

E. Harrisburg Area School of Anesthesia, Harrisburg Hospital, Harrisburg;

F. Lee Hospital/University of Pittsburgh at Johnstown, School of Anesthesia for Nurses, Johnstown;

G. Saint Joseph Hospital and Health Care Center, School of Anesthesia, Lancaster;

H. McKeesport Hospital School of Nurse Anesthesia/California ~~State College~~ University of Pennsylvania, McKeesport;

I. Allegheny Valley Hospital School of Anesthesia (LaRoche College), Natrona Heights;

J. Montgomery Hospital School of Anesthesia, Norristown;

K. Medical College of Pennsylvania ~~and Hospital~~, Graduate Program of Nurse Anesthesia, Philadelphia;

L. Lankenau Hospital School of Anesthesia for Nurses, Philadelphia;

M. The Nazareth Hospital School of Anesthesia for Nurses, Philadelphia;

N. La Roche College Nurse Anesthesia Program, Pittsburgh;

O. Mercy Hospital School of Anesthesia for Nurses, Pittsburgh;

P. Saint Francis ~~General Hospital,~~ Medical Center (La Roche College) School of Anesthesia, Pittsburgh;

Q. Shadyside Hospital School of Nurse Anesthesia/California ~~State College~~ University of Pennsylvania, Pittsburgh;

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R. Western Pennsylvania Hospital (Community College of Allegheny County) School of Nurse Anesthesia, Pittsburgh;

S. University Health Center of Pittsburgh, School of Anesthesia for Nurses, Pittsburgh;

T. Mercy Hospital School for Nurse Anesthetists, Scranton;

U. The Washington Hospital (California University of Pennsylvania) School of Anesthesia for Nurses ~~(California State College)~~, Washington;

V. The Reading Hospital and Medical Center School of Nurse Anesthesia, West Reading; and

W. Wilkes-Barre General Hospital School of Anesthesia, Wilkes-Barre.

Subp. 29. **Rhode Island.** Rhode Island:

A. Saint Joseph Hospital School of Anesthesia for Nurses, North Providence; and

B. The Memorial Hospital School of Nurse Anesthesia, Pawtucket.

Subp. 30. **South Carolina.** South Carolina:

A. Anesthesia for Nurses Program, College of Allied Health Sciences, Medical University of South Carolina, Charleston; and

B. Richland Memorial Hospital School of Anesthesia, Columbia.

Subp. 31. **South Dakota.** South Dakota:

A. McKennan Hospital School of Anesthesiology for Registered Nurses (University of South Dakota), Sioux Falls; and

B. Mount Marty School of Anesthesia, Mount Marty College, Yankton.

Subp. 32. **Tennessee.** Tennessee:

A. Erlanger Medical Center, School of Nurse Anesthesia, Chattanooga;

B. Nurse Anesthesia Program, Holston Valley Hospital and Medical Center, Kingsport;

C. University of Tennessee Memorial Research Center and Hospital, School of Nurse Anesthesia, Knoxville; and

D. Middle Tennessee School of Anesthesia, Madison.

Subp. 33. **Texas.** Texas:

A. ~~United States Army~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~ Sciences, United States Army/Texas Wesleyan College, El Paso;

B. ~~United States~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~ Sciences, United States Army/Texas Wesleyan College, Fort Hood;

C. Harris ~~Hospital-Methodist~~ Hospital-Methodist/Texas Wesleyan College, Graduate School of Nurse Anesthesia ~~in Association with Texas Wesleyan College~~, Fort Worth;

D. Baylor College of Medicine Nurse Anesthesia Program, Houston;

E. University of Texas Program in Nurse Anesthesia Education, School of Allied Health ~~Science Center~~ Sciences, Houston;

F. ~~United States~~ Academy of Health ~~Sciences/State University of New York at Buffalo, San Antonio~~ Sciences, United States Army/Texas Wesleyan College, Fort Sam Houston;

G. Nurse Anesthetist Course, Department of Anesthesiology/SGHSAA, Wilford Hall USAF Medical ~~Center/SGHSAA, San Antonio~~ Center, Lackland; and

H. Wichita General Hospital School of Anesthesia for Nurses, Wichita Falls.

Subp. 34. **Virginia.** Virginia:

A. Allegheny Regional Hospital, School of Anesthesia, Clifton Forge;

B. The Fairfax Hospital (George Washington University) School of Anesthesia for Nurses ~~(Affiliated with George Washington University)~~, Falls Church;

C. DePaul Hospital (Old Dominion University) School of Anesthesia, Norfolk;

D. Medical Center Hospital-Norfolk General Division, Old Dominion University, Norfolk;

E. ~~United States~~ Navy Nurse Corps Anesthesia ~~School, Phase II,~~ Program (George Washington University), Portsmouth;

F. Medical College of Virginia, Virginia Commonwealth University, Richmond; and

G. Potomac Hospital~~,~~ (George Washington University) School of Nurse Anesthesia, Woodbridge.

Subp. 35. **Washington.** Washington:

A. Sacred Heart Medical Center/Gonzaga University, Spokane; and

B. ~~United States Army~~ Academy of Health ~~Sciences/State University of New York at Buffalo~~ Sciences, United States Army/ Texas Wesleyan College, Tacoma.

Subp. 36. **West Virginia.** West Virginia:

A. Charleston Area Medical Center School of Nurse Anesthesia, Charleston; and

B. Saint Joseph's Hospital School of Anesthesia for Nurses, Parkersburg.

Subp. 37. **Wisconsin.** Wisconsin:

A. Saint Francis Medical Center (University of Wisconsin-LaCrosse) School of Anesthesia, LaCrosse;

B. Milwaukee County Medical Complex-School of Nurse Anesthesia, Milwaukee;

C. Mercy Medical Center School of Nurse Anesthesia ~~for Graduate Nurses~~, Oshkosh; and

D. Wausau Hospital Center, School of Anesthesia; Wausau.

6330.0700 LIST OF NURSE MIDWIFERY PROGRAMS OF STUDY.

Subpart 1. **Arizona.** Arizona: University of Arizona College of Nursing, Tuscon.

Subp. 2. **California.** California:

A. University of California at San Diego, Nurse-Midwifery, La Jolla;

B. University of Southern California, Nurse-Midwifery Program, Women's Hospital, Los Angeles;

C. Stanford University, Women's Health Care Training Project, Primary Care Program, Palo Alto; and

D. University of California at San Francisco, San Francisco General Hospital, San Francisco.

Subp. 3. **Colorado.** Colorado: University of Colorado Health Sciences Center School of Nursing, Denver.

Subp. 4. **Connecticut.** Connecticut: Yale University ~~Maternal Newborn (Nurse-Midwifery) Program~~ School of Nursing, New Haven.

Subp. 5. **District of Colombia.** District of Columbia: Georgetown University School of Nursing, Washington.

Subp. 6. **Florida.** Florida:

A. University of Miami School of Nursing, Coral Gables; and

B. University of Florida ~~at Gainesville, T. Hillis Miller Health Center~~ College of Nursing, Gainesville.

Subp. 7. **Georgia.** Georgia: Emory University, Nell Hodgson Woodruff School of Nursing, Atlanta.

Subp. 8. **Illinois.** Illinois:

A. ~~Rush-Presbyterian-Saint Luke's Medical Center~~ Rush University College of Nursing, Chicago; and

B. University of Illinois at ~~the Medical Center,~~ Chicago College of Nursing, Chicago.

Subp. 9. **Kentucky.** Kentucky:

A. Frontier School of Midwifery and Family Nursing, Frontier Nursing Service, Hyden; and

B. University of Kentucky College of Nursing, Lexington.

Subp. 10. **Maryland.** Maryland: United States Air Force ~~(USAF)~~, ~~Nurses Only,~~ Nurse-Midwifery Program, Malcom Grow USAF Medical Center, Andrews Air Force Base.

Subp. 11. **Minnesota.** Minnesota: University of Minnesota School of Nursing, Minneapolis.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

Subp. 12. **Mississippi.** Mississippi: University of Mississippi Nurse-Midwifery Education Program, Jackson.

Subp. 13. **Missouri.** Missouri: Saint Louis University Department of Nursing, Saint Louis.

Subp. 14. **New Jersey.** New Jersey: University of Medicine and Dentistry of New Jersey, School of Allied ~~Health~~ Health-Related Professions, ~~Nurse-Midwifery Program,~~ Newark.

Subp. 15. **New York.** New York:

A. State University of New York, Downstate Medical Center, College of Health Related Professions, Nurse-Midwifery Program, Brooklyn; and

B. Columbia University Graduate Program in Maternity Nursing and Nurse Midwifery, ~~Columbia Presbyterian Medical Center,~~ New York.

Subp. 16. **Ohio.** Ohio: Case Western Reserve University, Frances Payne Bolton School of Nursing, Cleveland.

Subp. 17. **Oregon.** Oregon: Oregon Health Sciences University School of Nursing, Portland.

Subp. 18. **Pennsylvania.** Pennsylvania:

A. Booth Maternity Center, Philadelphia; and

B. University of Pennsylvania School of Nursing, Philadelphia.

Subp. 19. **South Carolina.** South Carolina: Medical University of South Carolina ~~Nurse-Midwifery Program~~ College of Nursing, Charleston.

Subp. 20. **Tennessee.** Tennessee: Meharry Medical College ~~Nurse-Midwifery Program~~ Department of Nursing Education, Nashville.

Subp. 20a. **Texas.** Texas: Baylor College of Medicine Nurse-Midwifery Program, Houston.

Subp. 21. **Utah.** Utah: University of Utah College of Nursing, Salt Lake City.

REPEALER. Minnesota Rules, parts 6310.2800, subpart 3, 6310.7600, 6310.7700, 6310.7800, 6310.7900, 6310.8000, and 6310.8100 are repealed as of July 31, 1987.

Minnesota Rules, part 6310.3100, subparts 3 and 4 are repealed as of March 31, 1988.

Minnesota Rules, part 6310.2900, subpart 6a, is repealed as of December 31, 1993.

ADOPTED RULES

The adoption of a rule becomes effective after the requirements of Minn. Stat. § 14.14-14.28 have been met and five working days after the rule is published in *State Register*, unless a later date is required by statutes or specified in the rule.

If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous *State Register* publication will be printed.

If an adopted rule differs from its proposed form, language which has been deleted will be printed with strikeouts and new language will be underlined. The rule's previous *State Register* publication will be cited.

An emergency rule becomes effective five working days after the approval of the Attorney General as specified in Minn. Stat. § 14.33 and upon the approval of the Revisor of Statutes as specified in § 14.36. Notice of approval by the Attorney General will be published as soon as practicable, and the adopted emergency rule will be published in the manner provided for adopted rules under § 14.18.

Pollution Control Agency

Adopted Permanent Rules Relating to Hazardous Waste Codification

The rules proposed and published at *State Register*, Volume 11, Number 21, pages 916-956, November 24, 1986 (11 S.R. 916) and Volume 11, Number 24, page 1087, December 15, 1986 (11 S.R. 1087) are adopted with the following modifications:

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of the Proposed Adoption of Amendments to Rules of the State Board of Nursing Governing the Definition of Nursing Personnel in the Program Approval Rules, Part 6301.0100, Subpart 15, Registration and Related Topics, Parts 6310.2600-6310.3700 and 6310.7600-6310.8100, and the Advanced Nursing Practice List of Programs, Parts 6330.0600 and 6330.0700.

CERTIFICATE OF THE MINNESOTA BOARD OF NURSING RESOLUTION ADOPTING THE RULES RELATING TO PROGRAM APPROVAL, REGISTRATION AND ADVANCED NURSING EDUCATION

I, Mary Bray, do hereby certify that I am a member and the President of the Minnesota Board of Nursing, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete and correct copy of a resolution adopted at a meeting of the Board, duly and properly called and held on the 8th day of May, 1987, that a quorum was present, and that a majority of those present voted for the resolution which has not been rescinded or modified.

> RESOLVED, that the rules relating to the definition of nursing personnel in the program approval rules, part 6301.0100, subpart 15, registration and related topics, parts 6310.2600-6310.3700 and 6310.7600-6310.8100, and the advanced nursing practice list of programs, parts 6330.0600 and 6330.0700 are approved and adopted, pursuant to authority vested in the Board by Minnesota Statutes § 148.191 subd. 2 (1986).
>
> Joyce M. Schowalter, the Executive Director of the Board, is authorized to sign the findings of fact, conclusions, and order adopting the rules and to perform the necessary acts to provide that the rules shall have the force and effect of law. She is further authorized to modify the rules so as to address concerns raised by public comment and as approved by the Board as reflected in the minutes or as necessary to obtain approval of the rules by the Attorney General.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 25th day of May, 1987.

Mary Bray

MARY BRAY
President
Minnesota Board of Nursing

Attest:

Nancy Malmon

Board member

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of the Proposed Adoption of Amendments to Rules of the State Board of Nursing Governing the Definition of Nursing Personnel in the Program Approval Rules, Part 6301.0100, Subpart 15, Registration and Related Topics, Parts 6310.2600-6310.3700 and 6310.7600-6310.8100, and the Advanced Nursing Practice List of Programs, Parts 6330.0600 and 6330.0700.

FINDINGS OF FACT, CONCLUSIONS, AND ORDER ADOPTING RULES WITHOUT PUBLIC HEARING

Notice of the Board's intent to adopt the above-entitled rule amendments was published in the State Register on April 7, 1987, and sent by United States mail to all persons on the list maintained by the Board on April 3, 1987, pursuant to Minnesota Statutes sections 14.14, subd. 1.1, and 14.22. Before the notice of intent to adopt a rule without a public hearing was mailed to all persons on the rulemaking mailing list and published in the State Register and was available to the public, the statement of need and reasonableness was prepared.

All persons were given the opportunity to submit comments on the rule amendments for 30 days after the notice of proposed rulemaking. The Board did not receive a request for a public hearing from 25 or more persons.

Based on the comments received and evidence before the Board concerning the amendments to the rules as proposed, the Board makes the following:

FINDINGS OF FACT

1. The Board determined that the definition of "nursing personnel" should be amended to provide notice of exceptions to the rule, and to be consistent with those provisions of the rule pertaining to the training of nursing students. The Board finds that the amendment proposed to Minn. Rules pt. 6310.0100, subp. 15

defining the term "nursing personnel" and the exceptions to that definition is needed and reasonable.

2. The Board determined that the terms professional nurse and practical nurse should be inserted into the existing rules to reflect statutory terms and to provide easy reference to the registered nurses and licensed practical nurses who will be affected by the rules. The merger of the rules requires that the terms used throughout the rules maintain consistency and clarity. The proposed amendments to Minn. Rules pt. 6310.2600 set forth the applicable definitions for terms created or otherwise affected by the revision of the rules. These definitions are based on ordinary usage and construction, thus providing easy reference for the nurses affected. The Board finds that the amendments proposed to Minn. Rules pt. 6310.2600, subps. 1 through 16, governing the definitions pertaining to the registration and renewal registration of professional and practical nurses provide adequate notice to the licensees affected and are needed and reasonable to further the reorganization and revision of the rules.

3. The Board's proposed amendment to the statement of purpose in Minn. Rules pt. 6310.2700, reflects the amendments of other rules and subparts. The Board finds that this amendment is needed and reasonable to maintain internal consistency and to reflect accurately the purpose of the rules.

4. The registration renewal requirements for professional and practical nurses contained in Minn. Rule pt. 6310.2800, subp. 1 requires the proposed amendment to eliminate irrelevant and outdated provisions. Furthermore, the amendment alters the expiration date of each license to correlate with the nurse's birthdate. The Board finds that the amendment to Minn. Rule pt. 6310.2800, subp. 1 is needed and reasonable to reflect the appropriate renewal period of each license, and to further facilitate and implement the renewal system based on licensee's birthdate.

5. The merger of the rules applicable to professional and practical nurses requires the Board to clarify what provisions apply solely to professional nurses. The Board finds that the amendment to Minn. Rules pt. 6310.2800, subd. 2 is needed and reasonable to provide with clarity that the requirement of demonstration of professional nursing skill continues to apply only to professional nurses.

6. The Board in proposing amendments to the rules sought to clarify and eliminate unnecessary and repetitious provisions. The Board finds that the amendment proposed to Minn. Rules pt. 6310.2800, subp. 3 is reasonable and necessary as the renewal fee is stated elsewhere in the rules.

7. The Board in administering the applications received for registration must specify a deadline for receipt by the Board if it is to process those applications in an orderly fashion. The amendment to Minn. Rules pt. 6310.2800, subp. 4 changes the deadline for submission of applications so that it precedes the expiration date of the license and encourages compliance with the application procedures by a date certain. The period of resubmission of an application must also conform with the provisions relating to registration. The amendment of the rules in the middle of the current registration cycle requires that the previously established deadline date of July 31, 1987, remain intact for those professional nurses whose registration in the Statewide Licensing System would have occurred on that date. This date coincides with the end of their 24-month continuing education participation period. The Board finds that the amendment proposed to Minn. Rules pt. 6310.2800, subp. 4 is needed and reasonable to facilitate the transition to the new birthdate based registration system. The Board further finds that the proposed amendment is necessary to conform with other amendments made herein.

8. The requirements established for the submission of applications for licenses requires that the Board amend the provisions relating to the late application

fee in Minn. Rules pt. 6310.2800, subp. 5. The Board finds the amendment to Minn. Rules pt. 6310.2800, subp. 5 is reasonable and necessary to clarify the purpose for which the fee is collected and furthermore to be consistent with the preset period for continuing education participation and to establish the deadline for submission.

9. The merger of the rules applicable to professional and practical nurses requires that the licensees affected be afforded notice of the acceptable continuing education activity requirement. Insertion of the term "professional nurse" in Minn. Rules pt. 6310.2800, subp. 6, accomplishes this purpose.

The Board finds that this amendment is necessary and reasonable. The Board reviewed the comments received regarding Minn. Rules pt. 6310.2800, subp. 6 and determined that those changes set forth in the public comments are not needed and reasonable. Inasmuch as the comments submitted by the Minnesota Nurses Association, set forth in Exhibit 6, would increase the criteria which a provider of continuing education activity must meet for acceptance by the Board, the comments, if adopted, would constitute a substantial change from the rules as proposed. The Board further considered the comment set forth in Exhibit 4, submitted by the 3rd District Minnesota Nurses Association regarding subpart 6.k, and finds that the rule as proposed provides sufficient clarity to reflect the intent of the rule concerning program approval.

10. The revision of the rules requires that the terms used herein maintain internal consistency. The proposed amendment to Minn. Rules pt. 6310.2800, subp. 7 reflects the amendments made throughout the rules regarding license registration. The proposed amendment further specifically adds references to Minn. Rules pts. 6310.2800 and 6310.2900, thus providing notice to licensees of the applicable provisions concerning registration and reregistration, and the consequences for the submission of false information. The Board finds that the proposed amendment to

Minn. Rules pt. 6310.2800, subp. 7 is reasonable and necessary for consistency in the revision of the rules.

11. Compliance with continuing education requirements is possible within two years. The Board finds that the amendment to Minn. Rules pt. 6310.2800, subp. 8 relating to records retention by licensees is needed and reasonable to reduce the record-keeping burden on licensees.

12. The proposed amendment to Minn. Rules pt. 6310.2900, subp. 1 clarifies the Board procedure for mailing registration renewal applications and neutralizes gender references. The Board finds the amendment to be needed and reasonable for clarity.

13. The merger of the rules applicable to professional and practical nurses necessitates the amendment in Minn. Rules pt. 6310.2900, subp. 2. The licensees affected must be afforded notice that they have a three-month period, prior to the expiration of their certificate, in which to submit their registration renewal application. The Board finds that the amendment to Minn. Rules pt. 6310.2900, subp. 2 is needed and reasonable to provide adequate notice.

14. The proposed amendment to Minn. Rules pt. 6310.2900, subp. 3 must be modified to be consistent with the requirements contained in Minn. Rules pt. 6310.2800. The Board also modified the proposed rule to provide a one-time continuance of the present application deadline for professional nurses currently in the Statewide Licensing System so that a conversion to an expiration date based on month and year of birth may be enacted. This modification to the rule as originally proposed is necessary for consistency and does not amount to a substantial change. The proposed amendment to Minn. Rules pt. 6310.2900, subp. 3 provides clarification to the notice afforded nurses of their reregistration responsibilities. The amendment makes clear that no grace period exists beyond the deadline for reregistration and

therefore it invites compliance. The Board finds this amendment to be needed and reasonable.

15. The amendments to Minn. Rules pt. 6310.2900, subp. 4 are necessary to clarify that the submission of the evidence form relates to the proof of compliance with the continuing education requirements that are required for professional nurses. The Board finds that the amendments to Minn. Rules pt. 6310.2900, subp. 4 are reasonable and necessary to provide notice to the nurses affected.

16. The proposed amendment to Minn. Rules pt. 6310.2900, subp. 5 will enable the Board to process applications with the efficient use of the Board's computer system. The Board will no longer have to return all incomplete registration forms and will be able to expedite registration renewal. The Board finds that this amendment will benefit nurse registration by providing notice of any deficiency within 30 days of receipt of the application to permit applicants to rectify any problems without loss of the privilege to practice in the interim. The Board further finds that this amendment sufficiently addresses the comment raised in Exhibit 5 submitted by the Minnesota Nurses Association, and therefore the amendment is needed and reasonable.

17. The proposed amendment to Minn. Rules pt. 6310.2900, subp. 6 preserves language contained in other parts of the Rule which must be repealed because of the alterations in registration expiration dates. The proposed amendments also clarifies the establishment of the registration expiration date on the basis of the individuals birthdate. The Board finds that this system will result in efficient management of the registration process, to the benefit of the licensees and is therefore needed and reasonable.

18. The transition to the registration system based on birthdate necessitates a clarification for those licensees whose registration has been in the Statewide Licensing System and whose expiration date is not based on their date of

birth. The efficient transition to the birthdate based registration system requires a conversion registration period until the new registration system is uniformly enacted. The Board finds that the amendment proposed to Minn. Rules pt. 6310.2900, subp. 6a, is therefore needed and reasonable so as to give licensees a timely opportunity to comply with the new system.

19. The proposed amendment to Minn. Rules pt. 6310.2900, subp. 7 provides notice to licensees that they must obtain substantiation of their continuing education activities from the provider of the course. The substantiation of continuing education activities by professional nurses must be balanced with those provisions of the rules which provide for alternative compliance. Without the proposed amendment, professional nurses will be subjected to additional burdensome procedures. For example, a licensee not credited for alternative compliance would nonetheless be required to submit additional information and evidence to substantiate compliance. Such a result would be confusing and might hinder compliance. In order to clarify the rule, the Board finds that the proposed rule amendment should be modified so that the requirements which the Board has removed from one section of the rules is not reestablished in another. The Board finds therefore that the amendment proposed to Minn. Rules pt. 6310.2900, subp. 7 should be modified to contain the words "if required." The Board finds that this modification comports with the other provisions of the rules and does not constitute a substantial change. The Board further finds that subpart 7 as modified is needed and reasonable. The amendment also inserts the term "professional nurse" because of the merger of the rules. The Board also finds that this amendment to Minn. Rules pt. 6310.2900, subp. 7 is needed and reasonable.

20. The proposed amendment to Minn. Rules pt. 6310.2900, subp. 8 is necessary to clarify that the provision relating to insufficient hours in a reporting period applies only to professional nurses. Because of the merger of the rules, the

amendment is necessary. The Board finds that the proposed amendment to Minn. Rules pt. 6310.2900, subp. 8 is needed and reasonable.

21. The proposed amendment to Minn. Rules pt. 6310.2900, subp. 9 is necessary to clarify that the provision relating to substantiation of contact hours after a deferment of a required report applies only to professional nurses. The merger of the rules requires this amendment. The Board finds that the proposed amendment to Minn. Rules pt. 6310.2900, subp. 9 is needed and reasonable.

22. The proposed amendment to Minn. Rules pt. 6310.2900, subp. 10 is necessary to clarify that the provisions relating to an audit for noncompliance with the reporting requirements of Minn. Rules pt. 6310.2800, subp. 1, 2, and 6 will be automatic for a professional nurse found to be in noncompliance by an audit in the preceding continuing education participation period. The Board finds the proposed amendment to Minn. Rules pt. 6310.2900, subp. 10 to be needed and reasonable.

23. The proposed amendment to Minn. Rules pt. 6310.3100, subp. 1 is necessary to clarify for licensees that if a registration certificate has not been renewed, the nurse is not authorized to practice. The Board finds the proposed amendment to Minn. Rules pt. 6310.3100, subp. 1 is needed and reasonable.

24. The proposed amendment to Minn. Rules pt. 6310.3100, subp. 2 clarifies the reregistration requirements for both types of licensees. The merger of the rules requires that notice be given which requirements apply to professional nurses and which to practical nurses. The proposed amendment to Minn. Rules pt. 6310.3100, subp. 2 provides this notice. The Board finds the proposed amendment to Minn. Rules pt. 6310.3100, subp. 2 to be needed and reasonable.

25. The proposed amendment to Minn. Rules pt. 6310.3100, subp. 2a, extends the requirement for submission of evidence of continuing education for professional nurses whose registration expired within the two years immediately

preceding their application for reregistration. It is necessary to extend this registration requirement commencing April 1, 1988, to the nurses who were eligible to renew during the preceding two years in order to encompass that group within the compliance requirement. The proposed amendment will further eliminate duplicative provisions in the rules. The Board finds that the proposed amendment to Minn. Rules pt. 6310.3100, subp. 2a, is needed and reasonable to accomplish this purpose.

26. The Board determined that the merger of the rules requires that a clarification be made to rules regarding the substantiation for continuing education required for professional nursing. The Board considered the comment in Exhibit 5, but determined that a change in the effective date for repeal of this subdivision would constitute a substantive change. The Board finds that the amendment to Minn. Rules pt. 6310.3100, subp. 3 as proposed is needed and reasonable.

27. The Board's reorganization and merger of the rules requires that the rule pertaining to proof of competency for licensees who have not registered for five years or more, be amended. The proposed amendment to Minn. Rules pt. 6310.3100, subp. 4 clarifies the language to permit practical nurses submitting incomplete applications to meet the requirements for reregistration. The amendment further delineates the information required for registration and eliminates confusion regarding optional requirements. The Board finds that the amendment to Minn. Rules pt. 6310.3100, subp. 4 is needed and reasonable.

28. Licensees who do not have current registration must attest to their good moral character and good mental health as a condition of obtaining current registration status. The Board's responsibility for protecting the public's safety, necessitates compliance with the provision. The merger of the rules makes it reasonable to require those reregistering to meet requirements similar to those required of applicants for licensure. The comments in Exhibit 5 proposed that the

Board modify subpart 5 to include a reference to the disciplinary process as a mechanism for denial of licensure or reregistration. The Board, for clarity, therefore adds the following language to the proposed amendment:

> When denying an application for reregistration on the grounds of evidence obtained for purposes of this subpart, the Board shall follow procedures established by Minnesota Statutes, section 214.10 and applicable rules.

The Board finds that this language merely recites the Board's preexisting statutory duty for the benefit of the public and does not constitute a substantial change. The Board further finds that the amendments to Minn. Rules pt. 6310.3100, subp. 5 as modified herein are reasonable and necessary to carry out the Board's responsibility pursuant to Minn. Stat. §§ 148.211, subd. 1 (1986) and 148.291, subd. 1 (1986).

29. Licensees who have been out of nursing practice must demonstrate that they are competent to resume the practice of nursing before they are reregistered pursuant to Minn. Stat. §§ 148.231, subd. 5 (1986) and 148.294, subd. 3 (1986). Submission of proof of acceptable nursing practice will provide a rational basis for determining whether a nurse resuming practice possesses the requisite competence. The Board considered the proposed modifications to the language of Minn. Rule pt. 6310.3100, subp. 6 as set forth in Exhibit 5. The Board has modified the language of the proposed amendment to Minn. Rule pt. 6310.3100, subp. 6 specifically changing the word "identified" in subparagraph c to "determined." In addition the Board modifies subparagraph c to include a nurse's "patient" or "peer" among those individuals who may make the requisite determination about whether a license is required to perform a certain function. Many patients are adequately situated to observe a nurse's performance to make this determination. Certainly those colleagues who have worked with a nurse and have had an opportunity to observe daily practice are in an appropriate position to assess a nurse's competency. The Board finds that these modifications merely clarify the intent and purpose of the rule, and do not

amount to a substantive change. The Board further finds that the proposed amendment to Minn. Rules pt. 6310.3100, subp. 6 as modified herein, is needed and reasonable.

30. The procedure for obtaining current registration by licensees who have been out of nursing practice is delineated in Minn. Rules pt. 6310.3100, subp. 6. For consistency the rules must provide for a requirement for licensees who do not satisfy those procedures for acceptable nursing practice to obtain reregistration. The proposed amendment to Minn. Rules pt. 6310.3100, subp. 7 implements a refresher course requirement to assure competent nursing practice. With the vast changes in knowledge, technique, and equipment, nurses must be kept apprised of current state of the art skills to practice competently. The Board considered the comments contained in Exhibit 1 but determined that the requirements are necessary for the public interest. The Board finds that the refresher course requirement in the proposed amendment to Minn. Rules pt. 6310.3100, subp. 7 is needed and reasonable to assure competent practice.

31. The Board recognizes that participation in certain clinical experience refresher courses may require as a precondition some form of legal authorization. The proposed amendment to Minn. Rules pt. 6310.3100, subp. 8 provides for a limited registration certificate to enable the individual to participate in the clinical experience component of any refresher course. Without this amendment, the opportunities for nurses to meet the refresher course requirement would be limited. It is in the interest of the public and the nurses that they be allowed to participate fully in such exercises. The Board finds that the proposed amendment to Minn. Rules pt. 6310.3100, subp. 8 is needed and reasonable.

32. The Board recognizes that nurses may seek licensure in other states which require proof of registration in Minnesota. Requiring those licensees to obtain

refresher course clinical experience in Minnesota when they no longer reside or practice in Minnesota would be an unreasonable burden. The Board finds that the waiver provisions in the proposed amendment to Minn. Rules pt. 6310.3100, subp. 9 are needed and reasonable.

33. The Board must have some mechanism to ensure that the materials comprising the refresher course satisfy the criteria set by the Board. An audit of the materials will provide this assurance. The Board finds that the proposed amendment to Minn. Rules pt. 6310.3100, subp. 10 is needed and reasonable.

34. The Board recognizes that licensees must have notice of the time required to complete a reregistration application. The administrative burden in processing outdated applications necessitates nullification of those applications that are not completed within six months of the receipt of the application fee. The Board finds that the proposed amendment to Minn. Rules pt. 6310.3100, subp. 11 is needed and reasonable.

35. Licensees who reregister must meet the specific renewal requirements of the Board. The proposed amendment to Minn. Rules pt. 6310.3100, subp. 12 clarifies the renewal requirements each licensee who is reregistering must meet. The Board finds that the proposed amendment to Minn. Rules pt. 6310.3100, subp. 12 is needed and reasonable.

36. The Board must have current and accurate names and addresses of licensees. The changes in the definitions pertaining to licensee registration requires consistency throughout the framework of the rules. The Board finds that the proposed amendments to Minn. Rules pt. 6310.3300, subps. 1 and 2 are reasonable and necessary to facilitate accurate and complete records.

37. The reorganization of the rules pertaining to fees charged by the Board necessitates an amendment to Minn. Rules pt. 6310.3400, subp. 1. The Board

finds that the amendment to Minn. Rules pt. 6310.3400, subp. 1 is necessary and reasonable to accomplish the reorganization of the rules and the placement of all rules regarding fees in part 6310.3600.

38. The Board must have notice that a registration certificate has not been received before it can issue a duplicate certificate. The proposed amendment to Minn. Rules pt. 6310.3400, subp. 2 would require nurses to submit a written notice to the Board requesting a replacement certificate. The Board finds that the proposed amendment to Minn. Rules pt. 6310.3400, subp. 2 is necessary and reasonable as it reduces the time period for requesting a replacement certificate and minimizes the possibility that an imposter could obtain the certificate.

39. The Board is authorized to verify Minnesota licensure status to other licensing jurisdictions, agencies, facilities, or schools, and to assess a fee for this verification. The proposed amendment to Minn. Rules pt. 6310.3500, subp. 1 expands the parameters of license verification which is more consistent with Minn. Stat. §§ 148.231, subd. 6 (1986) and 148.294, subd. 4 (1986). The reorganization of rules pertaining to fees further necessitates an amendment to Minn. Rules pt. 6310.3500, subp. 1, deleting that portion which states the fee for verification as it is duplicative of the consolidated schedule of fees. The Board finds that the proposed amendment to Minn. Rules pt. 6310.3500, subp. 1 is necessary and reasonable to implement the Board's statutory authority regarding license verification and to further reorganize the rules.

40. The reorganization of the Board's rules relating to license verification requires that the Board clarify that the Board will furnish examination scores upon request and payment of a fee. The Board finds the proposed amendment to Minn. Rules pt. 6310.3500, subp. 1a, is reasonable and necessary to inform licensees of this service.

41. The reorganization of the Board's rules relating to license verification requires that the Board clarify what application materials are available from the Board and which materials must be obtained from other sources. The Board finds the proposed amendment to Minn. Rules pt. 6310.3500, subp. 2 is necessary and reasonable to clarify for licensees what materials are available from the Board.

42. The reorganization of the Board's rules consolidates the fees charged by the Board into a single rule. The proposed amendment to Minn. Rules pt. 6310.3600, subp. 1 lists the fees charged by the Board, thus providing easy reference for licensees and applicants. Minn. Rules pt. 6310.3600, subp. 2 provides the effective date for the fees referenced in subp. 1 of the rule. The Board finds that the proposed amendments to Minn. Rules pt. 6310.3600, subps. 1 and 2 are needed and reasonable to provide notice of the Board's fee schedule and that fees are nonrefundable.

43. The Board is authorized to assess a service charge for dishonored checks pursuant to Minn. Stat. § 332.50, subd. 2. The proposed amendment to Minn. Rules pt. 6310.3700, subp. 1 will offset the Board's costs in collecting the service charges for dishonored checks. The Board finds that the proposed amendment to Minn. Rules pt. 6310.3700, subp. 1 is necessary and reasonable to facilitate the registration process.

44. The Board has the statutory authority to issue registration certificates to licensees who have submitted the renewal fee. The proposed amendment to Minn. Rules pt. 6310.3700, subp. 2 nullifies the registraton of any nurse who has submitted a dishonored check which has not been replaced nor the service charge paid. The Board finds the proposed amendment to Minn. Rules pt. 6310.3700, subp. 2 is necessary and reasonable to prevent nurses who have not paid the registration fee from enjoying the benefits of licensure.

45. The Board is authorized to collect the fees and service charges assessed when a licensee has submitted a check which is later dishonored. The proposed amendment to Minn. Rules pt. 6310.3700, subp. 3 would permit the Board to continue collection efforts for fees that have not been replaced and to offset the expenses of services provided prior to the check's dishonor. The Board finds that the proposed amendment to Minn. Rules pt. 6310.3700, subp. 3 is needed and reasonable to reduce the Board's expenses in processing a registration submitted with a dishonored check.

46. The list of nurse anesthesia programs of study in the United States must be amended to reflect accurately the current names of the programs in the various states. The proposed amendments to Minn. Rules pt. 6330.0600, subps. 1 through 37 are needed and reasonable to reflect the proper names of those programs recognized by the Board as accredited nurse anesthesia programs.

47. The list of nurse midwifery programs of study must be amended to reflect accurately the names of the approved programs in the various states. The proposed amendment to Minn. Rules pt. 6330.0700 provides an accurate and current listing of accredited nurse midwifery programs and is needed and reasonable.

48. The proposed rule amendments establish a new scheme relating to registration and nursing practice. The Board finds that it is necessary to repeal certain parts of the rules to avoid ambiguity and potential conflict. Those parts identified as Minn. Rules pts. 6310.2800, subp. 3, 6310.2900, subp. 6a, 6310.3100, subps. 3 and 4 and 6310.7600 through 6310.8100 should be repealed to be consistent wiht the other amendments herein.

49. The Board received five letters of public comment, attached hereto as Exhibit 1 through 5. One letter requested a public hearing on specifically cited rules. Two letters requested a hearing without designating specific rules or subparts.

Two letters commented on the content of several specific amendments. The Board finds that a public hearing was not necessary as fewer than 25 persons requested a hearing during the 30-day comment period.

CONCLUSIONS

1. The Board has authority to amend its rules pursuant to Minn. Stat. § 148.191, subd. 2 (1986).

2. The Board gave proper notice of the proposed amendments to the rules pursuant to Minn. Stat. § 14.22 (1984).

3. The Board considered all the comments received and has incorporated suggested changes into the rules as proposed which the Board concludes are not substantial.

4. The Board did not receive requests for a public hearing from 25 or more persons, during the 30-day comment period, and therefore a public hearing was not required, pursuant to Minn. Stat. § 14.25 (1984).

5. The Board concludes that the proposed amendments to Minn. Rules pts. 6301.0100, subp. 15, 6310.2600, 6310.2700, 6310.2800, 6310.2900, 6310.3100, 6310.3300, 6310.3400, 6310.3500, 6310.3600, 6310.3700, 6330.0600, and 6330.0700 are needed and reasonable and should be adopted.

6. The Board further concludes that in view of finding of fact #48 it is reasonable and necessary to repeal Minn. Rules pts. 6310.2800, subp. 3, 6310.7600, 6310.7700, 6310.7800, 6310.7900, 6310.8000, and 6310.8100 effective July 31, 1987.

7. The Board further concludes that in view of findings of fact #48, it is reasonable and necessary to repeal Minn. Rules pt. 6310.3100, subps. 3 and 4 effective March 31, 1988.

8. The Board further concludes that in view of finding of fact #48, it is reasonable and necessary to repeal Minn. Rules pt. 6310.2900, subp. 6a effective December 31, 1993.

NOW, THEREFORE, IT IS ORDERED that the amendments to rules identified as Minn. Rules pts. 6301.0100, subp. 15, 6310.2600, 6310.2700, 6310.2800, 6310.2900, 6310.3100, 6310.3300, 6310.3400, 6310.3500, 6310.3600, 6310.3700, 6330.0600 and 6330.0700, and as published in the State Register and as addressed or modified herein are adopted this 8th day of May, 1987, pursuant to the authority vested in the Board pursuant to Minn. Stat. § 148.191, subd. 2 (1986).

IT IS FURTHER ORDERED that Minn. Rules pts. 6310.2800, subp. 3, 6310.7600, 6310.7700, 6310.7800, 6310.7900, 6310.8000 and 6310.8100 are repealed effective July 31, 1987.

IT IS FURTHER ORDERED that Minn. Rules pts. 6310.3100, subps. 3 and 4 are repealed effective March 31, 1988.

IT IS FURTHER ORDERED that Minn. Rules pt. 6310.2900, subp. 6.a as amended herein is repealed effective December 31, 1993.

Joyce M. Schowalter 6/9/87

JOYCE M. SCHOWALTER
Executive Director
Minnesota Board of Nursing

STATE OF MINNESOTA

COUNTY OF RAMSEY

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of the Proposed
Adoption of Amendments to Rules
of the State Board of Nursing
Governing the Definition of Nursing
Personnel in the Program Approval Rules,
Part 6301.0100, Subpart 15, Registration
and Related Topics, Parts 6310.2600-
6310.3700 and 6310.7600-6310.8100,
and the Advanced Nursing Practice List
of Programs, Parts 6330.0600 and 6330.0700.

DECLARATION OF COUNSEL

I, Terry P. O'Brien, Special Assistant Attorney General, do hereby declare that I have examined the above-captioned rules and the supporting rulemaking record, and that, based on my examination, the Administrative Procedure Act and Minnesota Rules, chapter 2010 have been followed. Any exceptions are listed below. For Attorney General billing purposes, the four-digit docket client code is 0481.

TERRY P. O'BRIEN
Special Assistant Attorney General

Dated: 19 June, 1987

SF-00006-05 (4/86)

STATE OF MINNESOTA

Office Memorandum

DEPARTMENT : ATTORNEY GENERAL - Health

DATE : June 17, 1987

TO : J. Michael Miles
Assistant Attorney General

RECEIVED
ATTORNEY GENERAL'S OFFICE

JUN 22 1987

204 ADMINISTRATION BLDG.
50 SHERBURNE AVENUE
ST. PAUL, MN 55155

FROM : Terry P. O'Brien
Special Assistant
Attorney General

PHONE : 341-7272

SUBJECT : In the Matter of Proposed Amendments to the Board of Nursing Rules Governing the Definition of Nursing Personnel in the Program Approval Rules, Part 6301.0600, Subp. 15, Registration and Related Topics, Parts 6310.2600-6310.3700 and 6310.7600-6310.8100, and the Advance Nursing Practice List of Programs, Parts 6330.0600 and 6330.0700

Pursuant to Minn. Stat. § 14.26 and Minn. Rules pt. 2000.0400, the attached documents are submitted to your office for approval as to the legality of the adopted amendments:

1. Rule as adopted (original and three copies);

2. Rule as proposed;

3. Certificate of Board's Authorizing Resolution executed May 25, 1987;

4. Notice of Intent to Adopt Rule Without a Public Hearing executed March 23, 1987;

5. Notice of Intent to Adopt a Rule Without a Public Hearing as Published in the State Register;

6. Certificate of Board's Mailing List executed April 7, 1987;

7. Affidavit of Mailing executed April 7, 1987;

8. Statement of Need and Reasonableness dated April 3, 1987;

9. Supplemental Statement of Need and Reasonableness dated June 1, 1987;

10. Comments received and Board response;

11. Findings of Fact, Conclusions and Order Adopting Rules executed June 9, 1987;

12. Certificate of Board's Resolution Adopting Rules executed May 25, 1987;

13. Declaration of Counsel.

As indicated in the Findings of Fact and Conclusions any changes made in the rules as adopted from the rules as proposed were stylistic and for clarity and did not constitute substantive changes.

TPO:sv

Rule - OK

see proposed. Not all new material

Proposed: pg 6 Line ~~12~~ -
How much is their late application fee.
-on pg 20 Line 21 -

Adopted: changes from proposed.

Notice of Intent OK

Authority - 148.191 subd 2 ok