

**CHAPTER 36 - BOARD OF NURSING**

**SECTION .0100 - GENERAL PROVISIONS**

**21 NCAC 36 .0101 LOCATION**

*History Note:* Authority G.S. 90-171.23(b)(3);  
Eff. February 1, 1976;  
Amended Eff. January 1, 1984;  
Repealed Eff. January 1, 1986.

**21 NCAC 36 .0102 FUNCTIONS**

*History Note:* Authority G.S. 90-171.23(b)  
Eff. February 1, 1976;  
Amended Eff. January 1, 1983;  
Repealed Eff. April 1, 1989.

**21 NCAC 36 .0103 ORGANIZATION**

*History Note:* Authority G.S. 90-159(2); 90-162;  
Eff. February 1, 1976;  
Repealed Eff. January 1, 1983.

- 21 NCAC 36 .0104 OFFICERS**
- 21 NCAC 36 .0105 COMMITTEES**
- 21 NCAC 36 .0106 EXECUTIVE DIRECTOR**
- 21 NCAC 36 .0107 SEAL**

*History Note:* Authority G.S. 90-171.22; 90-171.23(b)(3),(4),(14); 90-171.24;  
Eff. February 1, 1976;  
Amended Eff. November 1, 1984; January 1, 1984; January 1, 1983;  
Repealed Eff. January 1, 1986.

**21 NCAC 36 .0108 PROCEDURE FOR ADOPTION OF RULES**

*History Note:* Authority G.S. 90-162;  
Eff. February 1, 1976;  
Repealed Eff. January 1, 1983.

**21 NCAC 36 .0109 SELECTION AND QUALIFICATIONS OF NURSE MEMBERS**

- (a) Vacancies in nurse member positions on the Board that are scheduled to occur during the next year shall be announced in the last issue of the Board's "Bulletin" for the calendar year, which shall be posted on the Board's website at [www.ncbon.com](http://www.ncbon.com). The "Bulletin" and Board's website at [www.ncbon.com](http://www.ncbon.com) shall include a petition form for nominating a nurse to the Board and information on filing the petition with the Board.
- (b) Each petition shall be checked with the records of the Board to validate that the candidate and each petitioner holds an active unencumbered North Carolina license to practice nursing. If the candidate does not hold an active unencumbered license, the petition shall be declared invalid. If any petitioners do not hold an active unencumbered licenses, and this decreases the number of petitioners to fewer than 10, the petition shall be declared invalid.
- (c) In a format provided by the Board, each candidate shall submit a packet with the following information:
  - (1) indicate the category of Board member position for which the candidate is seeking election;
  - (2) attest to meeting the qualifications specified in G.S. 90-171.21(d);
  - (3) provide permission to be listed on the slate; and
  - (4) complete the Application for Boards and Commissions in accordance with Executive Order 55 Enhanced Disclosures from Applicants to Boards and Commissions.

The candidate packet shall be received by the Board on or before April 15 by electronic submission, mailed copy with postmarked envelope, or in-person received by Board staff during normal business hours.

(d) Minimum on-going employment requirements for the registered nurse or licensed practical nurse member shall include continuous employment equal to or greater than 50% of a full-time position that meets the criteria for the specified Board member position.

(e) This Paragraph shall apply in determining qualifications for registered nurse categories of membership:

- (1) Nurse Educator includes any nurse who teaches in or directs a Board-approved nursing program in the specific category as outlined in G.S. 90-171.21(d).
- (2) Hospital is defined as any facility that has an organized medical staff and that is designed, used, and primarily operated to provide health care, diagnostic and therapeutic services, and continuous nursing services to inpatients, but excludes nursing homes and adult care homes.
- (3) A hospital system is defined as a multihospital system or a single diversified hospital system that includes a hospital as defined in Subparagraph (e)(2) of this Rule plus non-hospital pre-acute and post-acute client services.
- (4) A nurse accountable for the administration of nursing services shall be the chief nurse executive of a hospital or hospital system or the director of nursing services for a service division that includes inpatient care within a hospital or hospital system.
- (5) A nurse practitioner, nurse anesthetist, nurse midwife, or clinical nurse specialist includes any advanced practice registered nurse who meets the criteria specified in G.S. 90-171.21(d)(4).

(f) The term "nursing practice," when used in determining qualifications for registered or licensed practical nurse categories of membership, means any position for which the holder of the position is required to hold an active license to practice nursing at the appropriate licensure level for each category.

(g) A candidate shall be listed in only one category on the slate.

(h) Separate slates shall be prepared for election of registered nurse candidates and for election of licensed practical nurse candidates. Candidates shall be listed in random order on the slate for licensed practical nurse candidates and within the categories for registered nurse candidates. Slates shall be published in the "Bulletin" and posted on the Board's website at [www.ncbon.com](http://www.ncbon.com) following the Spring Board meeting and shall be accompanied by biographical data on candidates and a photograph.

(i) The procedure for voting shall be identified in the "Bulletin" and posted on the Board's website at [www.ncbon.com](http://www.ncbon.com) following the Spring Board meeting.

(j) The tabulation of results of the votes shall be verified by matching the license number of each nurse who voted with the database of licensed nurses maintained by the Board.

(k) If more than one candidate is to be elected in a category, the plurality vote shall be in descending order until the required number has been elected. In any election, if there is a tie vote between candidates, the tie shall be resolved by a draw from the names of candidates who have tied.

(l) The results of an election shall be recorded in the minutes of the next regular meeting of the Board following the election and shall include at least the following:

- (1) the number of nurses eligible to vote;
- (2) the number of votes cast; and
- (3) the number of votes cast for each candidate on the slate.

(m) The results of the election shall be reported to the Governor and in the annual report as directed in G.S. 93B-2 and G.S. 138A.

(n) All petitions to nominate a nurse, signed consents to appear on the slate, verifications of qualifications, and copies of the computerized validation and tabulation shall be retained for a period of four years following the close of an election.

*History Note: Authority G.S. 90-171.21; 90-171.23(b);  
Eff. May 1, 1982;  
Amended Eff. August 1, 1998; January 1, 1996; June 1, 1992; March 1, 1990; April 1, 1989;  
Temporary Amendment Eff. July 2, 2001;  
Amended Eff. December 1, 2010; November 1, 2008; January 1, 2004; August 1, 2002;  
Readopted Eff. January 1, 2019.*

## **21 NCAC 36 .0110 OPEN MEETINGS**

*History Note: Authority G.S. 90-171.23(a); 143-318.10;*

*Eff. January 1, 1983;*  
*Amended Eff. May 1, 1988; July 1, 1984;*  
*Expired Eff. February 1, 2018 pursuant to G.S. 150B-21.3A.*

**21 NCAC 36 .0111            REMOVAL OF BOARD MEMBERS**

*History Note:    Authority G.S. 90-171.21(f);*  
*Eff. January 1, 1983;*  
*Repealed Eff. January 1, 1986.*

**21 NCAC 36 .0112            DETERMINATION OF VACANCY**

- (a) A Board member, with the exception of the At-Large Registered Nurse, shall notify the Executive Director immediately upon change of employment.
- (b) Licensed nurse members of the Board, with the exception of the At-Large Registered Nurse, who cease to meet the employment criteria as defined in G.S. 90-171.21(d) and Rule .0109 Paragraphs (d) and (e) of this Section shall have 60 days to resume employment that meets the the criteria. If employment criteria for the specified area are not met within 60 days, the seat shall be declared vacant; provided, however, that if such a change in employment for the specified category of Board member occurs within 18 months of the end of the member's term, such member may continue to serve until the end of the term.
- (c) If at any time a registered nurse member, with the exception of the At-Large Registered Nurse, no longer meets the eligibility requirements listed in G.S. 90-171.21(d)(1)(a) and (a1), such member shall no longer continue to serve and the position shall be declared vacant.
- (d) If at any time a licensed practical nurse member no longer meets the eligibility requirements listed in G.S. 90-171.21(d)(2)(a) and (a1), such member shall no longer continue to serve and the position shall be declared vacant.

*History Note:    Authority G.S. 90-171.21(c); 90-171.23(b);*  
*Eff. May 1, 1988;*  
*Amended Eff. November 1, 2008; January 1, 2004; August 1, 2002; March 1, 1990; May 1, 1989;*  
*Readopted Eff. January 1, 2019.*

**21 NCAC 36 .0113            DETERMINATION OF QUALIFICATIONS**

- (a) For purposes of G.S. 90-171.21 and Rule .0109(d) and (e) of this Section, the Board shall consider the following factors in determining whether a candidate is qualified to run for election:
  - (1) whether the licensee is presently employed equal to or greater than 50% of a full-time position in the applicable practice area;
  - (2) whether the licensee has been employed equal to or greater than 50% of a full-time position in the applicable practice area for the preceding three years;
  - (3) the duration of any periods of interruption of employment in the applicable practice area during the preceding three years and the reasons for such interruptions;
  - (4) job descriptions, contracts, and any other relevant evidence concerning the time, effort, and education devoted to the applicable practice area; and
  - (5) whether engagement in the applicable practice area is or has been for compensation, and whether income derived therefrom meets the eligibility requirements for the applicable practice area.
- (b) While serving on the Board, currently seated Board members, with the exception of the At-Large Registered Nurse, shall maintain employment equal to or greater than 50% of a full-time position in the applicable practice area.

*History Note    Authority G.S. 90-171.21(d); 90-171.23(b)(2);*  
*Eff. May 1, 1988;*  
*Amended Eff. January 1, 2004; August 1, 2002; May 1, 1989;*  
*Readopted Eff. January 1, 2019.*

- 21 NCAC 36 .0114            RESERVED FOR FUTURE CODIFICATION**
- 21 NCAC 36 .0115            RESERVED FOR FUTURE CODIFICATION**
- 21 NCAC 36 .0116            RESERVED FOR FUTURE CODIFICATION**
- 21 NCAC 36 .0117            RESERVED FOR FUTURE CODIFICATION**

**21 NCAC 36 .0118            RESERVED FOR FUTURE CODIFICATION**  
**21 NCAC 36 .0119            RESERVED FOR FUTURE CODIFICATION**

**21 NCAC 36 .0119            SUSPENSION OF AUTHORITY TO EXPEND FUNDS**

In the event the Board's authority to expend funds is suspended pursuant to G.S. 93B-2(d) the board shall continue to issue and renew licenses and all fees tendered shall be placed in an escrow account maintained by the Board for this purpose. Once the Board's authority is restored, the funds shall be moved from the escrow account into the general operating account.

*History Note:     Authority G.S. 93B-2;  
                         Eff. December 1, 2010;  
                         Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,  
                         2018.*

**21 NCAC 36 .0120            DEFINITIONS**

The following definitions apply throughout this chapter unless the context indicates otherwise:

- (1) "Administrative Law Counsel" means an attorney licensed to practice in this State whom the Board has retained to serve as procedural officer for contested cases.
- (2) "Academic term" means one semester of a school year.
- (3) "Accountability/Responsibility" means being answerable for action or inaction of self, and of others in the context of delegation or assignment.
- (4) "Accredited institution" means an institution accredited by a United States Department of Education-approved institutional accrediting body.
- (5) "Active Practice" means activities that are performed, either for compensation or without compensation, consistent with the scope of practice for each level of licensure as defined in G.S. 90-171.20(4), (7), and (8).
- (6) "Advanced Practice Registered Nurse (APRN)" means a nurse practitioner, nurse anesthetist, nurse-midwife, or clinical nurse specialist.
- (7) "Assigning" means designating responsibility for implementation of a specific activity or set of activities to an individual licensed and competent to perform such activities.
- (8) "Bulletin" means the official publication of the Board.
- (9) "Clinical experience" means application of nursing knowledge demonstrating clinical judgment in a current or evolving practice setting in which a student provides care to clients under the supervision of faculty or a preceptor.
- (10) "Clinical judgment" means the application of nursing knowledge, skills, abilities, and experience in making decisions about client care.
- (11) "Competent" means having the knowledge, skills, and ability to safely perform an activity or role.
- (12) "Continuing Competence" means on-going acquisition and application of knowledge and the decision-making, psychomotor, and interpersonal skills expected of the licensed nurse resulting in nursing care that contributes to the health and welfare of clients served.
- (13) "Contact Hour" means 60 minutes of an organized learning experience.
- (14) "Continuing Education Activity" means a planned, organized learning experience that is related to the practice of nursing or contributes to the competency of a nurse as outlined in 21 NCAC 36 .0223(a)(2).
- (15) "Controlling institution" means the degree-granting organization or hospital under which a nursing education program is operating.
- (16) "Curriculum" means an organized system of teaching and learning activities directed toward the achievement of specified learning objectives and outcomes.
- (17) "Delegation" means transferring to a competent individual the authority to perform a specific nursing activity in a selected situation. The nurse retains accountability/responsibility for the delegation.
- (18) "Debriefing" means an organized learning activity that follows a clinical or simulated experience and is led by a trained faculty facilitator. Students' reflective thinking is encouraged and feedback is provided regarding the students' performance during discussion of various aspects of the completed experiences.
- (19) "DHSR" means Division of Health Service Regulation.

- (20) "Dimensions of Practice" means aspects of nursing practice, including professional responsibility, knowledge-based practice, ethical and legal practice, and collaborating with others, consistent with G.S. 90-171.20(4), (7), and (8).
- (21) "Distance education" means teaching and learning strategies used to meet the learning needs of students when the students and faculty are not in the same location.
- (22) "External standardized examination" means a commercially available standardized predictive test that provides individual student scores that are linked to a probability of passing the NCLEX™ examination.
- (23) "Faculty directed clinical practice" means clinical experiences provided under the accountability/responsibility and direction of nursing program faculty.
- (24) "Focused client care experience" means a clinical experience that emulates an entry-level work experience in nursing, assisting the student in transitioning to an entry-level nursing practice. Supervision may be by faculty and preceptor dyad or direct faculty supervision.
- (25) "Initial Approval" means the status assigned to a newly-established nursing education program following submission of a complete application and documented evidence of compliance with Section .0300 of this Chapter.
- (26) "Interdisciplinary faculty" means faculty from professions other than nursing.
- (27) "Interdisciplinary team" means all individuals involved in providing a client's care who cooperate, collaborate, communicate, and integrate care to ensure that care is continuous and reliable.
- (28) "Learning resources" means materials that faculty use to assist students in meeting the expectations for learning defined by the curriculum.
- (29) "Level of Licensure" means practice of nursing by either a licensed practical nurse or a registered nurse, as defined in G.S. 90-171.20(7) and (8).
- (30) "Level of student" means the point in the program to which the student has progressed.
- (31) "Maximum enrollment" means the total number of pre-licensure students that can be enrolled in the nursing program at any one time. The number reflects the capacity of the nursing program based on demonstrated resources sufficient to implement the curriculum.
- (32) "Methods of Instruction" means the planned process through which teacher and student interact with selected environment and content so that the response of the student gives evidence that learning has taken place, based upon stated course objectives and outcomes for learning experiences in classroom, laboratory, simulation, and clinical settings.
- (33) "National Credentialing Body" means a credentialing body that offers certification or re-certification in the licensed nurse's or Advanced Practice Registered Nurse's specialty area of practice.
- (34) "NCLEX-PN™" means the National Council Licensure Examinations for Practical Nurses.
- (35) "NCLEX-RN™" means the National Council Licensure Examinations for Registered Nurses.
- (36) "Nursing Accreditation body" means a national nursing accrediting body that is recognized by the United States Department of Education.
- (37) "Nursing program faculty" means individuals employed full or part-time by an academic institution responsible for developing, implementing, evaluating, and updating nursing curricula.
- (38) "Nursing project" means a project or research study of a topic related to nursing practice that includes a problem statement, objectives, methodology, and summary of findings.
- (39) "Participating in" means to have a part in or contribute to the elements of the nursing process.
- (40) "Pattern of noncompliance" means episodes of recurring non-compliance with one or more Rules in Section .0300.
- (41) "Preceptor" means a registered nurse at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model, and supervisor for the student in a faculty-directed clinical experience.
- (42) "Prescribing Authority" means the legal permission granted by the Board of Nursing and Medical Board for the nurse practitioner and nurse midwife to procure and prescribe legend and controlled pharmacological agents and devices to a client in compliance with Board rules and other applicable federal and State law, regulations, and rules.
- (43) "Program Closure" means to cease operation of a nursing program.
- (44) "Program" means a course of study that prepares an individual to function as an entry-level practitioner of nursing. The three types of programs are:

- (a) Bachelor of Science Degree in Nursing (BSN) - Curriculum components for BSN provide for the attainment of knowledge and skill sets in the current practice in nursing, nursing theory, nursing research, community and public health, health care policy, health care delivery and finance, communications, therapeutic interventions, and current trends in health care. For this program type, the client is the individual, family, group, and community.
  - (b) Associate Degree in Nursing (ADN)/Diploma in Registered Nursing - Curriculum components for the ADN/Diploma in Registered Nursing provide for the attainment of knowledge and skill sets in the current practice in nursing, community concepts, health care delivery, communications, therapeutic interventions, and current trends in health care. For this program type, client is the individual, group of individuals, and family.
  - (c) Practical Nurse Diploma - Curriculum components for the practical nurse diploma prepare for providing direct nursing care under the supervision of a registered nurse or other health care provider as defined by the Nursing Practice Act. Curriculum components provide for the attainment of knowledge and skill sets in the current practice of practical nursing, communications, therapeutic interventions, including pharmacology, growth and development, and current trends in health care. For this program type client is the individual or group of individuals.
- (45) "Review" means collecting and analyzing information to assess compliance with Section .0300 of this Chapter. Information may be collected by multiple methods, including review of written reports and materials, on-site observations, review of documents, and in-person or telephone interviews and conferences.
  - (46) "Self-Assessment" means the process whereby an individual reviews their own nursing practice and identifies the knowledge and skills possessed as well as those skills to be strengthened or acquired.
  - (47) "Simulation" means a technique, not a technology, to replace or amplify clinical experiences with guided experiences that evoke or replicate substantial aspects of the real world of nursing practice in a fully interactive manner.
  - (48) "Specialty" means a broad, population-based focus of study encompassing the common health-related problems of a particular group of patients and the likely co-morbidities, interventions, and responses to those problems.
  - (49) "Supervision" means the provision of guidance or direction, evaluation, and follow-up by a licensed nurse to accomplish an assigned or delegated nursing activity or set of activities.
  - (50) "Survey" means an on-site visit for the purpose of gathering data in relation to reviewing a nursing program's compliance with Section .0300 of this Chapter.

*History Note: Authority G.S. 90-171.23; 90-171.38;  
 Eff. April 1, 2003;  
 Amended Eff. June 1, 2017; December 1, 2016; July 1, 2012; November 1, 2008; May 1, 2006;  
 December 1, 2005; August 1, 2005;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,  
 2018;  
 Amended Eff. January 1, 2019.*

## **21 NCAC 36 .0121 PETITIONING FOR RULEMAKING**

- (a) Any person wishing to submit a petition to the Board requesting the adoption, amendment, or repeal of a rule shall file the petition with the Board's chief executive officer. Petitions shall be mailed to the Board at Post Office Box 2129, Raleigh, NC 27602-2129.
- (b) The petition shall contain the following information:
  - (1) a proposed draft of the rule to be adopted, amended, or a citation to the rule to be repealed;
  - (2) a statement of the reason for the proposal including statutory authority;
  - (3) effect of the proposed rule change on the practice of nursing;
  - (4) any data supporting the proposal including cost factors; and
  - (5) name, address, and telephone number of each petitioner.
- (c) The Board shall determine whether the public interest would be served by the adoption, amendment, or repeal of the requested rule. Prior to making this determination, the Board may:

- (1) request additional information from the petitioner;
  - (2) contact interested persons or those likely to be affected by the proposed rule and request comments; and
  - (3) use any other method for obtaining information on which to base its determination. It shall consider all the contents of the petition submitted plus any other information obtained by the means described herein.
- (d) The Board shall act on a petition within the timeframe outlined in G.S. 150B-20.

*History Note:* Authority G.S. 150B-20; 90-171.23(b)(3);  
Eff. November 1, 2020.

## **21 NCAC 36 .0122 PETITIONS FOR DECLARATORY RULINGS**

- (a) All requests for declaratory rulings shall be written and mailed to the Board at Post Office Box 2129, Raleigh, NC 27602-2129. The envelope containing the request shall bear the notation: "REQUEST FOR DECLARATORY RULING."
- (b) Each Request for Declaratory Ruling shall include the following information:
- (1) the name and address of the person requesting the ruling;
  - (2) the statute or rule to which the request relates;
  - (3) a statement of the manner in which the requesting person is affected by the statute or rule or its potential application to that person; and
  - (4) a statement whether an oral hearing is desired and, if so, the reason.
- (c) Upon receipt of a Request for Declaratory Ruling, the Board shall determine whether a ruling is appropriate under the facts stated.
- (d) When the Board determines that the issuance of a declaratory ruling is inappropriate, the Board shall notify, in writing, the person requesting the ruling, stating the reasons for the denial of the request.
- (e) The Board shall decline to issue a declaratory ruling where:
- (1) there has been a similar controlling factual determination made by the Board in a contested case;
  - (2) the rulemaking record shows that the factual issues raised by the request were specifically considered prior to adoption of the rule;
  - (3) the subject-matter of the request is involved in pending litigation in any state or federal court in North Carolina; or
  - (4) the petitioner fails to show that the circumstances are so changed since the adoption of the statute or rule that a ruling is warranted.

*History Note:* Authority G.S. 150B-4; 90-171.23(b)(3);  
Eff. November 1, 2020.

## **SECTION .0200 – LICENSURE**

### **21 NCAC 36 .0201 BIENNIAL RENEWAL**

- (a) Each registered nurse or licensed practical nurse shall biennially renew their license with the Board no later than the last day of the applicant's birth month by:
- (1) submitting a completed application for renewal, stating that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application. Applications for renewal are posted on the Board's website at [www.ncbon.com](http://www.ncbon.com);
  - (2) attesting to completion of continuing competence requirements and submitting evidence of completion if requested by the Board, as specified in Rule .0232(b) of this Section; and
  - (3) submitting the fee for licensure renewal, as established in G.S. 90-171.27(b).
- (b) It shall be the duty of each applicant to keep the Board informed of a current mailing address, telephone number, and email address.
- (c) A member of the United States Armed Services shall be exempt from compliance if on active duty and to whom G.S. 105-249.2 grants an extension of time to file a tax return.

*History Note:* Authority G.S. 90-171.29; 90-171.23(b); 90-171.34; 90-171.37; 93B-15; 105-249.2;  
Eff. February 1, 1976;  
Amended Eff. January 1, 2011; December 1, 2008; April 1, 1989; May 1, 1982;

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;  
Amended Eff. January 1, 2019.*

**21 NCAC 36 .0202            INACTIVE AND RETIRED STATUS**

- (a) A licensee who submits a request for inactive status shall be granted such status by the Board if the licensee:
- (1) holds an active unencumbered license issued by the Board; and
  - (2) is not currently the subject of an investigation by the Board for possible violation of the Nursing Practice Act or rules promulgated thereunder.
- (b) An applicant whose licensure status is inactive or retired and who desires to resume the practice of nursing in North Carolina shall:
- (1) submit a completed application for reinstatement, stating that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application. Application is posted on the Board's website at [www.ncbon.com](http://www.ncbon.com);
  - (2) have no pending court conditions as a result of any misdemeanor or felony convictions. The applicant shall provide a written explanation and all investigative reports or court documents evidencing the circumstances of the crimes if requested by the Board. The Board shall use these documents when determining if a license should be denied pursuant to G.S. 90-171.48 and 90-171.37;
  - (3) self-certify that the applicant is of mental and physical health necessary to competently practice nursing;
  - (4) submit the licensure application fee, as established in G.S. 90-171.27(b);
  - (5) attest to having completed continuing competence requirements and submit evidence of completion if requested by the Board, as specified in Rule .0232(b) of this Section; and,
  - (6) complete a criminal background check in accordance with G.S. 90-171.48.
- In the event any of the above-required information indicates a concern about the applicant's qualifications, an applicant may be required to appear in-person for an interview with the Board if more information is needed to evaluate the application.
- (c) An applicant whose license has been inactive or retired for a period of five years or more shall also submit:
- (1) self-certification that the applicant is of mental and physical health necessary to competently practice nursing; and
  - (2) evidence of
    - (A) satisfactory completion of a Board-approved refresher course; or
    - (B) proof of an active license in another jurisdiction within the last five years or an active license in another country within the last five years if the individual was originally licensed by national licensure examination in the United States.
- (d) If a refresher course is required, an applicant shall apply for reinstatement of an active license within one year of completing the refresher course. The application for reinstatement shall include verification from the provider of the refresher course that the applicant has satisfactorily met both theory and clinical objectives.
- (e) An applicant who has retired from the practice of nursing may request and be granted by the Board retired nurse status if the applicant:
- (1) holds an active unencumbered license issued by the Board;
  - (2) is not currently the subject of an investigation by the Board for alleged violation of the Nursing Practice Act; and
  - (3) pays the application fee, pursuant to G.S. 90-171.27(b).
- (f) While remaining on retired status, an applicant shall not practice nursing in North Carolina and shall not be subject to payment of the license renewal fee.
- (g) An applicant may use the title "Retired Registered Nurse" or "Retired Licensed Practical Nurse" after issued retired status.
- (h) An applicant whose licensure status is retired shall not be eligible to vote in Board elections.
- (i) Any license issued shall be issued for the remainder of the biennial period.

*History Note: Authority G.S. 90-171.21; 90-171.23(b) 90-171.27(b);90-171.36; 90-171.36A; 90-171.37; 90-171.43;  
Eff. February 1, 1976;  
Legislative Objection [(g)] Lodged Eff. June 16, 1980;*



*Legislative Objection [(g)] Removed Eff. July 1, 1981;  
Amended Eff. November 1, 2008; January 1, 2004; January 1, 1996; January 1, 1990; May 1,  
1982; January 1, 1980;  
Readopted Eff. January 1, 2019.*

**21 NCAC 36 .0203 REINSTATEMENT OF EXPIRED LICENSE**

(a) An applicant whose license has expired and who desires reinstatement of that license shall:

- (1) submit a completed application for reinstatement, stating that the information on the application is true and complete and authorizing the release to the Board of all information pertaining to the application. The Application for Reinstatement is posted on the Board's website at [www.ncbon.com](http://www.ncbon.com);
- (2) have an unencumbered license in all jurisdictions in which a license is or has ever been held;
- (3) attest to having completed continuing competence requirements and submit evidence of completion if requested by the Board, as specified in Rule .0232(b) of this Section;
- (4) have no pending court conditions as a result of any misdemeanor or felony convictions. An Applicant shall provide a written explanation and all investigative reports or court documents evidencing the circumstances of the crime(s) if requested by the Board. The Board shall use these documents when determining if a license should be denied pursuant to G.S. 90-171.48 and G.S. 90-171.37;
- (5) submit such other evidence that the Board may require according to these rules to determine whether the license should be reinstated;
- (6) complete a criminal background check after license has been expired for 30 calendar days in accordance with G.S. 90-171.48;
- (7) self-certify that the applicant is of mental and physical health necessary to competently practice nursing; and
- (8) submit the reinstatement fee, as established in G.S. 90-171.27(b).

In the event any of the above-required information indicates a concern about the applicant's qualifications, an applicant may be required to appear in person for an interview with the Board if more information is needed to evaluate the application.

(b) A member of the United States Armed Services shall be exempt from payment of reinstatement fee if on active duty and to whom G.S. 105-249.2 grants an extension of time to file a tax return.

(c) An applicant whose license has lapsed for a period of five years or more shall also submit:

- (1) self-certification that the applicant is of mental and physical health necessary to competently practice nursing; and
- (2) evidence of satisfactory completion of a Board-approved refresher course or proof of active licensure within the past five years in another jurisdiction.

(d) If a refresher course is required, an applicant shall apply for reinstatement of an active license within one year of completing the refresher course. The application for reinstatement shall include verification from the provider of the refresher course that the applicant has satisfactorily met both theory and clinical objectives and is deemed competent to practice nursing at the appropriate level of licensure.

(e) Any license issued shall be issued for the remainder of the biennial period.

*History Note: Authority G.S. 90-171.23(b); 90-171.35; 90-171.37; 93B-15; 105-249.2;  
Eff. February 1, 1976;  
Amended Eff. December 1, 2010; December 1, 2008; January 1, 1996; February 1, 1994; August  
3, 1992; January 1, 1990;  
Readopted Eff. January 1, 2019.*

**21 NCAC 36 .0204 ENDORSEMENT INTO STATE: REGISTERED NURSE**  
**21 NCAC 36 .0205 ENDORSEMENT INTO STATE: LICENSED PRACTICAL NURSE**  
**21 NCAC 36 .0206 LICENSE BY ENDORSEMENT: APPLICATION**

*History Note: Authority G.S. 90-171;  
Eff. February 1, 1976;  
Repealed Eff. May 1, 1982.*

**21 NCAC 36 .0207 VERIFICATION TO ANOTHER STATE**

The Board shall verify the licensure of a licensee to another state or country upon receipt of a request from the licensee or another board of nursing that is accompanied by information properly identifying the licensee and by the appropriate fee.

*History Note: Authority G.S. 90-171.23(b)(3); 90-171.27(b);  
Eff. February 1, 1976;  
Amended Eff. April 1, 1989;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;  
Amended Eff. January 1, 2019.*

**21 NCAC 36 .0208 CHANGE OF NAME AND CONTACT**

(a) In the event of a name or address change, the licensee shall submit a request in their Gateway account through the Board's website at www.ncbon.com and provide evidence of name or address change. A licensee may provide evidence such as the following:

- (1) marriage certificate;
- (2) voter registration card;
- (3) Social Security card;
- (4) divorce document reflecting name change;
- (5) passport;
- (6) change of name certificate as issued by a court;
- (7) immigration document; and
- (8) driver's license.

(b) In the event of an address, email, or telephone change, the licensee shall submit the change online on the Board's website at www.ncbon.com within 30 calendar days of the change.

*History Note: Authority G.S. 90-171.23(b)(3); 90-171.27(b);  
Eff. February 1, 1976;  
Amended Eff. December 1, 2006;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;  
Amended Eff. January 1, 2019.*

**21 NCAC 36 .0209 DUPLICATE CERTIFICATE**

*History Note: Authority G.S. 90-171.23(b)(3); 90-171.27(b);  
Eff. February 1, 1976;  
Amended Eff. January 1, 1996; October 1, 1989; May 1, 1982;  
Expired Eff. February 1, 2018 pursuant to G.S. 150B-21.3A.*

**21 NCAC 36 .0210 RESUMPTION OF PREVIOUS NAME**

*History Note: Authority G.S. 90-162;  
Eff. February 1, 1976;  
Repealed Eff. May 1, 1982.*

**21 NCAC 36 .0211 LICENSURE BY EXAMINATION**

(a) To be eligible for licensure by examination, an applicant shall:

- (1) submit a completed application for licensure, attesting under oath or affirmation that the information on the application is true and complete and authorizing the release to the Board of all information pertaining to the application. Application for Examination is posted on the Board's website at www.ncbon.com;
- (2) submit the licensure application fee as established in G.S. 90-171.27(b);
- (3) have an unencumbered license in all jurisdictions in which a license is or has ever been held;

- (4) have no pending court conditions as a result of any misdemeanor or felony convictions. The applicant shall provide a written explanation and all investigative reports or court documents evidencing the circumstances of the crimes if requested by the Board. The Board shall use these documents when determining if a license should be denied pursuant to G.S. 90-171.48 and G.S. 90-171.37;
- (5) submit a written explanation and all related documents if the nurse has ever been listed as a nurse aide and if there have ever been any substantiated findings pursuant to G.S. 131E-255. The Board may take these findings into consideration when determining if a license should be denied pursuant to G.S. 90-171.37. In the event findings are pending, the Board may withhold taking any action until the investigation is completed; and
- (6) complete a criminal background check in accordance with G.S. 90-171.48;
- (7) apply to take and pass the National Council Licensure Examination (NCLEX™).

In the event any of the above required information indicates a concern about the applicant's qualifications, an applicant may be required to appear in person for an interview with the Board if the Board determines in its discretion that more information is needed to evaluate the application.

(b) An applicant shall meet the educational qualifications to take the examination for licensure to practice as a registered nurse or licensed practical nurse by:

- (1) graduating from a National Council State Board of Nursing (NCSBN) member Board-approved nursing program, in accordance with Section .0300 of these Rules, designed to prepare a person for registered nurse or licensed practical nurse licensure;
- (2) graduating from a nursing program outside the United States that is designed to provide graduates with comparable education as required in 21 NCAC 36 .0321(b) through (d) for licensure as a registered nurse or licensed practical nurse, and submitting evidence from an evaluation agency of the required educational qualifications and evidence of English proficiency. The evaluation agencies for educational qualifications shall be selected from a list of evaluation agencies published by NCSBN, incorporated by reference including subsequent amendments and editions and available at no cost at [www.ncsbn.org](http://www.ncsbn.org). The evidence of English proficiency shall be a test as listed by NCSBN, incorporated by reference including subsequent amendments and editions and available at no cost at [www.ncsbn.org](http://www.ncsbn.org); or
- (3) being eligible for licensure as a registered nurse or licensed practical nurse in the country of nursing education program completion.

(c) An application shall be submitted to the Board and a registration form to Pearson VUE. The applicant shall meet all requirements of NCSBN. Applicants for a North Carolina license may take the examination for licensure developed by NCSBN at any NCSBN-approved testing site.

(d) An application for licensure shall be valid for a period of one year from the date the application is filed with the Board or until the Board receives notice that the applicant has either passed or failed the examination.

(e) The examinations for licensure developed by NCSBN shall be the examinations for licensure as a registered nurse or as a licensed practical nurse in North Carolina and these examinations shall be administered in accordance with the contract between the Board and NCSBN.

(f) Any license issued shall be issued for the remainder of the biennial period.

*History Note:* Authority G.S. 90-171.23(15); 90-171.29; 90-171.30; 90-171.37(1); 90-171.48;  
 Eff. February 1, 1976;  
 Amended Eff. December 1, 2004; April 1, 2003; January 1, 1996; July 1, 1994; February 1, 1994;  
 August 3, 1992;  
 Readopted Eff. January 1, 2019.

## **21 NCAC 36 .0212            SPECIFIC REQUIREMENTS**

*History Note:* Authority G.S. 90-168 through 90-170;  
 Eff. February 1, 1976;  
 Repealed Eff. May 1, 1982.

## **21 NCAC 36 .0213            REEXAMINATION**

An applicant who fails an examination and is eligible to retake a subsequent examination shall submit a completed Board application, a completed testing service registration form, and related fees. The applicant shall be eligible to

retake the examination by NCSBN, pursuant to 21 NCAC 36 .0211. NCSBN list is incorporated by reference including subsequent amendments and editions and available at no cost at [www.ncsbn.org](http://www.ncsbn.org).

*History Note:* Authority G.S. 90-171.31; 90-171.33; 90-171.38;  
Eff. February 1, 1976;  
Temporary Amendment Eff. June 26, 1985, for a period of 120 days to expire on October 23, 1985;  
Amended Eff. August 1, 2000; July 1, 1994; February 1, 1994; October 1, 1989; May 1, 1989;  
Readopted Eff. January 1, 2019.

**21 NCAC 36 .0214      PROCTORING OF EXAMINATION**  
**21 NCAC 36 .0215      FOREIGN EDUCATED NURSES**

*History Note:* Authority G.S. 90-162; 90-170; 90-171;  
Eff. February 1, 1976;  
Repealed Eff. May 1, 1982.

**21 NCAC 36 .0216      CENSUS OF NURSING PERSONNEL**

*History Note:* Authority G.S. 90-171.23(b); 90-171.43; 90-171.44(3)(5);  
Eff. February 1, 1976;  
Amended Eff. January 1, 1996; April 1, 1989; January 1, 1984;  
Expired Eff. February 1, 2018 pursuant to G.S. 150B-21.3A.

**21 NCAC 36 .0217      INVESTIGATIONS; DISCIPLINARY HEARINGS**

- (a) Behaviors and activities that may result in disciplinary action by the Board shall include the following:
- (1) drug or alcohol abuse or use of any substance or other agents while on duty or on call to the extent that such use impairs the nurse's ability to practice nursing;
  - (2) testing positive on a drug screen for a non-prescribed drug or illicit substance;
  - (3) illegally obtaining, possessing, or distributing drugs or alcohol for personal or other use or other violations of the North Carolina Controlled Substances Act, G.S. 90-86 et seq.;
  - (4) conviction of any crime that bears on a licensee's fitness to practice nursing;
  - (5) failure to make client information available to another health care professional;
  - (6) practicing or offering to practice beyond the scope permitted by law;
  - (7) accepting and performing professional responsibilities that the licensee knows or has reason to know that he or she is not competent to perform;
  - (8) performing, without supervision, professional services that the licensee is authorized to perform only under the supervision of a licensed professional;
  - (9) abandoning an assigned client without making arrangements for the continuation of equivalent nursing care;
  - (10) neglecting a client in need of nursing care;
  - (11) threatening, harassing, abusing, or intimidating a client;
  - (12) failing to maintain an accurate record of all pertinent health care information as defined in Rule .0224(f)(2) or .0225(f)(2) for each client;
  - (13) failing to exercise supervision over individuals who are authorized to practice only under the supervision of the licensed professional;
  - (14) exercising influence on the client for the financial or personal gain of the licensee;
  - (15) directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive any fee or other consideration to or from a third party for the referral of a client, or other violations of G.S. 90-401;
  - (16) failing to file a report, or filing a false report, required by law or by the Board or impeding or obstructing such filing or inducing another person to do so;
  - (17) obtaining, accessing, or revealing healthcare information from a client record or other source, except as required by professional duties or authorized by law;
  - (18) presenting false or fraudulent licensure information for any purpose;

- (19) assigning or delegating professional responsibilities to a person if the licensee assigning or delegating these responsibilities knows or has reason to know that such individual is not qualified by training, experience, or licensure;
  - (20) assigning or delegating responsibilities to an individual if the licensee assigning or delegating knows or has reason to know that the competency of that individual is impaired by sleep deprivation, physical or psychological conditions, or alcohol or other agents, prescribed or not;
  - (21) accepting responsibility for client care while impaired by sleep deprivation, physical or psychological conditions, or by alcohol or other agents, prescribed or not;
  - (22) falsifying a client's record or the controlled substance records;
  - (23) violating boundaries of a professional relationship such as physical, sexual, emotional, or financial exploitation of a client or a client's family member or caregiver. Financial exploitation shall include accepting or soliciting money, gifts, or the equivalent during the professional relationship;
  - (24) misappropriating, in connection with the practice of nursing, anything of value or benefit, including any real or personal property of the client, employer, or any other individual or entity, or failing to take precautions to prevent such misappropriation. Failure to take precautions to prevent misappropriations shall include failing to secure anything of value or benefit, such as medication or property, of the client, employer, or any other individual or entity; or
  - (25) violating any term of probation, condition, or limitation imposed on the licensee by the Board.
- (b) If a summary suspension is issued pursuant to G.S. 150B-3(c), the order shall be effective on the date specified in the order or upon service of the certified copy of the order at the last known address of the licensee, whichever is later, and continues to be effective during the suspension proceedings. Failure to receive the order because of refusal of service or unknown address shall not invalidate the order.
- (c) All motions related to a contested case, except motions for continuance and those made during the hearing, shall be in writing and submitted to the Board at least 10 calendar days before the hearing. Pre-hearing motions shall be heard at a pre-hearing conference or at the contested case hearing prior to the commencement of testimony. The designated administrative law counsel shall hear the motions and the response from the non-moving party pursuant to Rule 6 of the General Rules of Practice for the Superior and District Courts and shall rule on the motions.
- (d) Motions for a continuance of a hearing may be granted upon a showing of good cause. Motions for a continuance shall be in writing and received in the office of the Board no less than seven calendar days before the hearing date. In determining whether good cause exists, consideration shall be given to the ability of the party requesting a continuance to proceed without a continuance. A motion for a continuance filed less than seven calendar days from the date of the hearing shall be denied unless the reason for the motion could not have been ascertained earlier. Motions for continuance filed prior to the date of the hearing shall be ruled on by the administrative law counsel of the Board. Motions for continuance filed on the date of hearing shall be ruled on by the Board.
- (e) The Board shall designate an administrative law counsel who shall advise the Board.
- (f) If a majority of the members of the Board is unable or elects not to hear a contested case, the Board shall request the designation of an administrative law judge from the Office of Administrative Hearings to preside at the hearing. The provisions of G.S. 150B, Article 3A and this Rule shall govern a contested case in which an administrative law judge is designated as the Hearing Officer.

*History Note:* Authority G.S. 90-171.23(b)(3); 90-171.23(b)(7); 90-171.37; 90-171.47; 90-401; 150B-3(c); 150B-38; 150B-39; 150B-40; 150B-41; 150B-42;  
 Eff. February 1, 1976;  
 Amended Eff. October 1, 1989; November 1, 1988; July 1, 1986; July 1, 1984;  
 Temporary Amendment Eff. December 7, 1990 for a period of 180 days to expire on June 5, 1991;  
 ARRC Objection Lodged December 20, 1990;  
 Amended Eff. January 1, 1991;  
 ARRC Objection Removed February 25, 1991;  
 Temporary Amendment Eff. February 26, 1991 for a period of 35 days to expire on April 1, 1991;  
 Amended Eff. January 1, 1996; February 1, 1995; April 1, 1991;  
 Temporary Amendment Eff. March 5, 2001;  
 Amended Eff. June 1, 2017; January 1, 2007; August 2, 2002;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;  
 Amended Eff. January 1, 2019.

## **21 NCAC 36 .0218 LICENSURE BY ENDORSEMENT**

(a) To be eligible for licensure by endorsement, an applicant shall:

- (1) submit a completed application for endorsement, stating that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application. The Application for Endorsement is posted on the Board's website at [www.ncbon.com](http://www.ncbon.com);
- (2) submit the licensure application fee as established in G.S. 90-171.27(b);
- (3) have an unencumbered license in all jurisdictions in which a license is or has ever been held;
- (4) have an active unencumbered license in a jurisdiction. If the license has been inactive or expired for five or more years, the applicant shall meet the requirements for a refresher course as indicated in G.S. 90-171.35 and G.S. 90-171.36;
- (5) have no pending court conditions as a result of any misdemeanor or felony convictions. The applicant shall provide a written explanation and all investigative reports or court documents evidencing the circumstances of the crime(s) if requested by the Board. The Board shall use these documents when determining if a license should be denied pursuant to G.S. 90-171.48 and G.S. 90-171.37;
- (6) submit a written explanation and all related documents if the nurse has ever been listed as a nurse aide and if there have ever been any substantiated findings pursuant to G.S. 131E-255. The Board may take these findings into consideration when determining if a license should be denied pursuant to G.S. 90-171.37. In the event findings are pending, the Board shall withhold taking any action until the investigation is completed;
- (7) submit a self-certification that the applicant is of mental and physical health necessary to competently practice nursing;
- (8) show completion of a nursing education program which was approved by the jurisdiction of original licensure. If applying for licensure by endorsement as a licensed practical nurse, applicant may also show evidence that:
  - (A) applicant has successfully completed a course of study for military corpsman that is comparable to that required of licensed practical nurse graduates in North Carolina; or
  - (B) applicant has been licensed in another NCSBN-member jurisdiction for five or more years immediately prior to application submission and has practiced in a nursing position at the same level of licensure for which application is being made for two calendar years of full-time employment immediately prior to application as verified by the employer; and
- (9) complete a criminal background check in accordance with G.S. 90-171.48.

In the event any of the above-required information indicates a concern about the applicant's qualifications, an applicant may be required to appear in person for an interview with the Board if more information is needed to evaluate the application.

(b) Applicants for licensure by endorsement educated in a foreign country, including Canada, shall complete all the requirements of 21 NCAC 36 (a)(1)-(7) and shall be eligible for North Carolina licensure by endorsement if the nurse has:

- (1) shown proof of education as required by the jurisdiction issuing the original certificate; and
- (2) shown evidence of passing the NCLEX-RN™ or NCLEX-PN™.

(c) An application for endorsement shall be valid for a period of one year from the date the application is filed with the Board or until a license is issued.

(d) Facts provided by the applicant and the board of original licensure shall be compared to confirm the identity and validity of the applicant's credentials.

(e) Any license issued shall be issued for the remainder of the biennial period.

*History Note:* Authority G.S. 90-171.23(b); 90-171.32; 90-171.33; 90-171.37; 90-171.48;  
Eff. May 1, 1982;  
Amended Eff. December 1, 2005; April 1, 2003; January 1, 1996; July 1, 1994;  
February 1, 1994; August 3, 1992;  
Readopted Eff. January 1, 2019.

## **21 NCAC 36 .0219 TEMPORARY LICENSE**

- (a) The Board shall issue a non-renewable temporary license to individuals who have filed a completed application for licensure by endorsement with correct fee and provided validation of an active unencumbered license in another jurisdiction. If an applicant indicates prior court convictions or disciplinary actions in another jurisdiction, eligibility for a temporary license shall be determined after review of relevant documents.
- (b) The temporary license shall be subject to the provisions of G.S. 90-171.37.
- (c) The following shall apply to non-renewable temporary licenses:
  - (1) A non-renewable temporary license shall expire on the lesser of six months or the date a full license is issued or if it is determined that the applicant is not qualified to practice nursing in North Carolina.
  - (2) Temporary license shall authorize a holder to practice nursing in the same manner as a fully licensed registered nurse or licensed practical nurse, as applicable.
  - (3) A holder of a valid temporary license shall identify himself or herself as a Registered Nurse Petitioner (R.N.P.) or a Licensed Practical Nurse Petitioner (L.P.N.P.), as applicable after signatures on records.
  - (4) Upon expiration or revocation of the temporary license, the individual shall be ineligible to practice nursing as described in Subparagraph (b)(2) of this Rule.

*History Note: Authority G.S. 90-171.33;  
Eff. May 1, 1982;  
Temporary Amendment Eff. June 29, 1988 for a period of 180 days to expire on December 25, 1988;  
Amended Eff. December 1, 2006; January 1, 1996; July 1, 1994; August 3, 1992; January 1, 1989;  
Readopted Eff. January 1, 2019.*

#### **21 NCAC 36 .0220 REFRESHER COURSE**

- (a) A refresher course shall be designed for those individuals, previously licensed, who are not eligible for re-entry into nursing practice because their license has expired for five or more years.
- (b) Satisfactory completion of a Board-approved refresher course shall be required of the individual who has not held an active license in any jurisdiction for five or more years and requests:
  - (1) reactivation of an inactive license;
  - (2) reinstatement of an expired license; or
  - (3) endorsement to North Carolina.
- (c) If satisfactory completion of a Board-approved refresher course is required by the Board based upon action as authorized in G.S. 90-171.37 or based upon a license being inactive due to disciplinary action, the individual may be subject to Board-stipulated restrictions in the clinical component of the refresher course, based upon the terms of the disciplinary actions and the contents of the clinical components. All eligibility requirements for reinstatement of the license shall have been met prior to refresher course enrollment.
- (d) Application for approval of a refresher course shall be completed and submitted by the provider at least 90 days prior to the expected date of enrollment and shall include evidence of complying with the rules as defined in this Chapter for refresher courses. No student shall be enrolled prior to Board approval. Board approval shall be granted to a provider for a period of time not to exceed five years. All changes in faculty, curriculum, or clinical facilities shall be approved by the Board prior to implementation, as set out in the Rules of this Chapter.
- (e) The application for approval of a refresher course shall include:
  - (1) course objectives, content outline, and time allocation;
  - (2) didactic and clinical learning experiences, including teaching methodologies for measuring the registrant's abilities to practice nursing;
  - (3) a plan for evaluation of student competencies and ability to competently practice nursing;
  - (4) a faculty list that includes the director and all instructors, and identifies their qualifications and their functions in teaching roles; and
  - (5) the projected clinical schedule.
- (f) The Board shall make site visits if it is unable to determine that all requirements have been met through application document review. A decision on an application to offer a refresher course shall be given within 30 days following receipt of a complete application.
- (g) A provider of a refresher course shall be approved by the Board as set out in these Rules. A provider may be a post-secondary educational institution, a health care institution, or other agency.

- (h) Administrative responsibility for developing and implementing a refresher course shall be vested in a registered nurse director.
- (i) Instructors in the course shall be directly accountable to the nurse director. The director shall have had at least one year prior teaching experience preparing individuals for registered nurse or licensed practical nurse licensure at the post-secondary level or in a nursing staff development position. The director and each instructor shall:
  - (1) hold an active unencumbered license to practice as a registered nurse in North Carolina;
  - (2) hold a baccalaureate or higher degree in nursing; and
  - (3) have had at least two years experience in direct patient nursing practice as a registered nurse.
- (j) Proximity of the instructor to students is the major factor in determining faculty-student ratio for clinical learning experiences. The ratio of instructors to students shall not exceed 1:10.
- (k) Clinical preceptors shall have competencies, assessed by the registered nurse director of the refresher course or a designated instructor, related to the area of assigned clinical precepting responsibilities. Clinical preceptors shall hold an active unencumbered license to practice as a registered nurse in North Carolina.
- (l) The refresher course shall include both theory and clinical instruction. Course objectives shall be stated that:
  - (1) show relationships between nursing theory and practice; and
  - (2) identify behaviors consistent with the ability to competently practice nursing.
- (m) The curriculum for a registered nurse refresher course shall include at least 240 hours of instruction, at least 120 of which shall consist of clinical learning experiences, and shall incorporate:
  - (1) the scope of practice for the registered nurse, as defined in G.S. 90-171.20 and 21 NCAC 36 .0221, .0224, .0225 and .0401; and
  - (2) instruction in and opportunities to demonstrate knowledge, skills, and abilities to competently practice nursing according to components of practice for the registered nurse as defined in 21 NCAC 36 .0224.
- (n) The curriculum for a licensed practical nurse refresher course shall include at least 180 hours of instruction, at least 90 of which shall consist of clinical learning experiences, and shall incorporate:
  - (1) the scope of practice for the licensed practical nurse, as defined in G.S. 90-171.20(8) and 21 NCAC 36 .0221, .0225 and .0401; and
  - (2) instruction in and opportunities to demonstrate knowledge, skills, and abilities to competently practice nursing according to components of nursing practice for the licensed practical nurse as defined in 21 NCAC 36 .0225.
- (o) The refresher course director or the designated refresher course instructor shall assess each refresher student and ensure the appropriateness of all clinical learning settings and assignments.
- (p) Registered nurse and licensed practical nurse refresher courses shall limit simulation experiences to no more than 50 percent of clinical learning experiences, pursuant to 21 NCAC 26 .0321(m).
- (q) Evaluation processes shall be implemented that effectively measure the refresher student's ability to competently practice nursing consistent with the level of licensure and scope as set forth in 21 NCAC 36 .0221, .0224, .0225, and .0401.
- (r) Clinical resources shall indicate, in written contract, support and availability to provide the necessary clinical experiences.
- (s) Individuals previously licensed in North Carolina and presently residing outside of North Carolina may meet the requirements of this Rule by successfully completing a refresher course approved by another state board of nursing.
- (t) Individuals enrolled in refresher courses shall identify themselves as RN Refresher Student (R.N.R.S.) or LPN Refresher Student (L.P.N.R.S.), consistent with the course level, after signatures on records or on name pins.
- (u) In a format specified by the Board, the course provider shall provide the Board with the names and license numbers of those individuals who have satisfactorily completed the refresher course at the appropriate level of licensure on the Board supplied form.
- (v) Upon request, the Board shall provide:
  - (1) a list of approved providers;
  - (2) the format for applications for program approval; and
  - (3) the format for verification of successful completion to all approved programs.

*History Note: Authority G.S. 90-171.23(b)(3); 90-171.35; 90-171.36; 90-171.37; 90-171.38; 90-171.83; Eff. May 1, 1982; Amended Eff. January 1, 2007; July 1, 2000; June 1, 1993; April 1, 1989; Readopted Eff. January 1, 2019.*



## **21 NCAC 36 .0221 LICENSE REQUIRED**

(a) No cap, pin, uniform, insignia, or title shall be used to represent to the public that an unlicensed person is a registered nurse or a licensed practical nurse as defined in G.S. 90-171.43.

(b) The repetitive performance of a common task or procedure that does not require the professional judgment of a registered nurse or licensed practical nurse shall not be considered the practice of nursing for which a license is required. Tasks that may be delegated to a Nurse Aide I and a Nurse Aide II shall be established by the Board pursuant to 21 NCAC 36 .0403. Tasks may be delegated to an unlicensed person that:

- (1) frequently recur in the daily care of a client or group of clients;
- (2) are performed according to an established sequence of steps;
- (3) involve little or no modification from one client-care situation to another;
- (4) may be performed with a predictable outcome; and
- (5) do not inherently involve ongoing assessment, interpretation, or decision-making that cannot be logically separated from the tasks themselves.

Client-care services that do not meet all of these criteria shall be performed by a licensed nurse.

(c) A registered nurse or licensed practical nurse shall not delegate the professional judgment required to implement a treatment or pharmaceutical regimen that is likely to produce side effects, toxic effects, allergic reactions, or other unusual effects or that may rapidly endanger a client's life or well-being and that is prescribed by an individual authorized by State law to prescribe such a regimen. A nurse who assumes responsibility directly or through delegation for implementing a treatment or pharmaceutical regimen shall be accountable for:

- (1) recognizing side effects;
- (2) recognizing toxic effects;
- (3) recognizing allergic reactions;
- (4) recognizing immediate desired effects;
- (5) recognizing unusual and unexpected effects;
- (6) recognizing changes in a client's condition that contraindicates continued administration of the pharmaceutical or treatment regimen;
- (7) anticipating those effects that may rapidly endanger a client's life or well-being; and
- (8) making judgments and decisions concerning actions to take in the event such effects occur.

(d) If health care needs of a client are incidental to the personal care needs of the client, a nurse shall not be accountable for care performed by clients themselves, their families or significant others, or by caretakers who provide personal care to the individual.

(e) Pharmacists may administer drugs in accordance with 21 NCAC 46 .2507.

*History Note: Authority G.S. 90-85.3; 90-171.23(b); 90-171.43; 90-171.83;  
Eff. May 1, 1982;  
Amended Eff. July 1, 2004; April 1, 2002; December 1, 2000; July 1, 2000; January 1, 1996;  
February 1, 1994; April 1, 1989; January 1, 1984;  
Emergency Amendment Eff. September 10, 2004;  
Amended Eff. April 1, 2008; December 1, 2004;  
Readopted Eff. January 1, 2019.*

## **21 NCAC 36 .0222 COMPONENTS OF NURSING PRACTICE**

*History Note: Authority G.S. 90-171.20(7),(8); 90-171.23(b);  
Eff. January 1, 1984;  
Amended Eff. June 1, 1989; July 1, 1984;  
Repealed Eff. January 1, 1991.*

## **21 NCAC 36 .0223 CONTINUING EDUCATION PROGRAMS**

(a) Definitions.

- (1) Continuing education in nursing means a planned, organized learning experience, taken after completion of a basic nursing program, that prepares a nurse to perform advanced skills. Types of learning experiences that may be considered continuing education as defined in Subparagraph (a)(3) of this Rule include:
  - (A) a non-degree oriented program;
  - (B) courses or components of courses in an academic degree-oriented program; or

- (C) an advanced academic degree-granting program that prepares a registered nurse for advanced practice as a clinical nurse specialist, nurse anesthetist, nurse midwife, or nurse practitioner.
  - (2) Programs offering an educational experience designed to enhance the practice of nursing mean those that include one or more of the following:
    - (A) enrichment of nursing knowledge;
    - (B) development or change of nursing practice attitudes; or
    - (C) acquisition or improvement of nursing skills.
  - (3) Programs that teach nurses advanced skills mean those that include:
    - (A) skills not generally included in the basic educational preparation of the nurse; and
    - (B) a period of instruction sufficient to assess or provide necessary knowledge from the physical, biological, or behavioral and social sciences and includes supervised clinical practice to ensure that the nurse is able to practice the skill safely and properly.
  - (4) Student status means the status granted to an individual who does not hold a North Carolina nursing license but who participates in a clinical component of a continuing education program in North Carolina if:
    - (A) the individual possesses an active unencumbered license to practice nursing in a jurisdiction other than North Carolina;
    - (B) the course offering meets one of the following criteria:
      - (i) is part of an academic degree-granting nursing program that has approval in a jurisdiction other than North Carolina or national accreditation; or
      - (ii) is offered through an in-state academic institution that has Board approval for basic nursing education programs or national accreditation for advanced nursing education programs; or
      - (iii) is approved by the Board as a continuing education offering, thereby meeting the criteria defined in Paragraph (b) of this Rule;
    - (C) the individual receives supervision by a qualified preceptor or member of the faculty who has a valid license to practice as a registered nurse in North Carolina;
    - (D) the course of instruction has a specified period of time not exceeding 12 months;
    - (E) the individual is not employed in nursing practice in North Carolina during participation in the program; and
    - (F) the Board has been given advance notice of the name of each student, the jurisdiction in which the student is licensed, the license number, and the license expiration date.
- (b) Criteria for voluntary approval of continuing education programs in nursing.
- (1) Planning an educational program shall include:
    - (A) definition of learner population, such as registered nurse, licensed practical nurse, or both;
    - (B) identification of characteristics of the learner, such as clinical area of practice, place of employment, and position; and
    - (C) assessment of needs of the learner, such as specific requests from individuals or employers, pre-tests, or audits of patient records.
  - (2) Objectives shall:
    - (A) be measurable and stated in behavioral terms;
    - (B) reflect the needs of the learners;
    - (C) state desired outcomes;
    - (D) serve as criteria for the selection of content, learning experiences, and evaluation of achievement;
    - (E) be achievable within the time allotted; and
    - (F) be applicable to nursing.
  - (3) Content shall:
    - (A) relate to required by Subparagraph (b)(2) of this Paragraph;
    - (B) reflect input by qualified faculty; and
    - (C) contain learning experiences appropriate to objectives.
  - (4) Teaching methodologies shall:
    - (A) use pertinent educational principles;
    - (B) provide adequate time for each learning activity; and

- (C) include informing participants of the course objectives required by Subparagraph (b)(2) of this Paragraph.
  - (5) Resources shall include:
    - (A) faculty who have knowledge and experience necessary to assist the participants in meeting the program objectives and are in sufficient number not to exceed a faculty-participant ratio in a clinical practicum of 1:10. If higher ratios are desired, sufficient justification shall be provided to the Board; and
    - (B) physical facilities that ensure that appropriate clinical resources and adequate and appropriate equipment and space are available.
  - (6) Evaluation shall be conducted:
    - (A) by the provider to assess the participant's achievement of program objectives and content. This evaluation shall be documented; and
    - (B) by the participant in order to assess the program and resources.
  - (7) Records shall be maintained by the provider for a period of three years and shall include a summary of program evaluations, a roster of participants, and the course outline. The provider shall award a certificate to each participant who successfully completes the program.
- (c) Approval process.
- (1) The provider shall:
    - (A) make application on forms provided by the Board no less than 60 days prior to the proposed enrollment date;
    - (B) present written documentation as specified in (b)(1) through (b)(7) of this Rule; and
    - (C) notify the Board of any significant changes relative to (b)(1) through (b)(7) of this Rule, such as changes in faculty or total program hours.
  - (2) Approval shall be granted for a two-year period. A request to offer an approved program by anyone other than the original provider shall be made to the Board.
  - (3) If a course is not approved, the provider may appeal in writing for reconsideration within 30 days after notification of the disapproval. If the course is not approved upon reconsideration, the provider may request, within 10 days, a hearing at the next regularly-scheduled meeting of the Board or no later than 90 days from the date of request, whichever shall come first.
  - (4) Site visits may be made by the Board as appropriate to determine compliance with the criteria as specified in Paragraph (b) of this Rule.
  - (5) The Board shall withdraw approval from a provider if the provider does not successfully achieve course outcomes or if there is misrepresentation of facts within the application for approval.
  - (6) Approval of continuing education programs shall be included in published reports of Board actions. A list of approved programs shall be posted on the Board's website at [www.ncbon.com](http://www.ncbon.com).

*History Note:* Authority *G.S. 90-171.23(b); 90-171.42;*  
*Eff. January 1, 1984;*  
*Amended Eff. October 1, 1992; October 1, 1991; October 1, 1989; January 1, 1989;*  
*Readopted Eff. January 1, 2019.*

**21 NCAC 36 .0224 COMPONENTS OF NURSING PRACTICE FOR THE REGISTERED NURSE**

- (a) The responsibilities that a registered nurse can safely accept shall be determined by such practice setting variables as:
- (1) the nurse's qualifications, including:
    - (A) basic educational preparation; and
    - (B) knowledge and skills subsequently acquired through continuing education and practice;
  - (2) the complexity and frequency of nursing care needed by the client population;
  - (3) the proximity of clients to personnel in the practice setting in which the nurse practices;
  - (4) the qualifications and number of personnel in the practice setting in which the nurse practices;
  - (5) the accessible resources in the practice setting in which the nurse practices; and
  - (6) established policies, procedures, practices, and channels of communication that lend support to the types of nursing services offered in the practice setting in which the nurse practices.
- (b) Assessment is an on-going process and shall consist of a determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client, group, or community.
- (1) Collection of data shall include:

- (A) obtaining data from relevant sources regarding the biophysical, psychological, social, and cultural factors of the client's life and the influence these factors have on health status, including:
    - (i) subjective reporting;
    - (ii) observations of appearance and behavior;
    - (iii) measurements of physical structure and physiological functions; and
    - (iv) information regarding resources available to the client; and
  - (B) verifying the data collected.
  - (2) Interpretation of data shall include:
    - (A) analyzing the nature and inter-relationships of collected data; and
    - (B) determining the significance of data to client's health status, ability to care for self, and treatment regimen.
  - (3) Formulation of a nursing diagnosis shall include:
    - (A) describing actual or potential responses to health conditions. Such responses are those for which nursing care is indicated or for which referral to medical or community resources is appropriate; and
    - (B) developing a statement of a client problem identified through interpretation of collected data.
- (c) Planning nursing care activities includes identifying the client's needs and selecting or modifying nursing interventions related to the findings of the nursing assessment. Components of planning shall include:
- (1) prioritizing nursing diagnoses and needs;
  - (2) setting realistic, measurable goals and outcome criteria;
  - (3) initiating or participating in multidisciplinary planning;
  - (4) developing a plan of care that includes determining and prioritizing nursing interventions; and
  - (5) identifying resources based on necessity and availability.
- (d) Implementation of nursing activities shall be the initiating and delivering of nursing care according to an established plan, which includes:
- (1) procuring resources;
  - (2) implementing nursing interventions and medical orders consistent with 21 NCAC 36 .0221(c) and within an environment conducive to client safety;
  - (3) prioritizing and performing nursing interventions;
  - (4) analyzing responses to nursing interventions;
  - (5) modifying nursing interventions; and
  - (6) assigning, delegating, and supervising the nursing activities of other licensed and unlicensed personnel consistent with Paragraphs (a) and (i) of this Rule, G.S. 90-171.20(7)(d) and (7)i, and 21 NCAC 36 .0401.
- (e) Evaluation shall consist of determining the extent to which desired outcomes of nursing care are met and planning for subsequent care, including:
- (1) collecting evaluative data from relevant sources;
  - (2) analyzing the effectiveness of nursing interventions; and
  - (3) modifying the plan of care based upon newly collected data, new problem identification, a change in the client's status, and expected outcomes.
- (f) Reporting and Recording by the registered nurse shall be those communications required in relation to all aspects of nursing care.
- (1) Reporting means the communication of information to other individuals responsible for, or involved in, the care of the client. The registered nurse shall:
    - (A) direct the communication to the appropriate individuals;
    - (B) assure that these communications are consistent with established policies, procedures, practices, and channels of communication which lend support to types of nursing services offered;
    - (C) communicate within a time period that is consistent with the client's need for care;
    - (D) evaluate the responses to information reported; and
    - (E) determine whether further communication is indicated.
  - (2) Recording means the documentation of information on the appropriate client record, nursing care plan or other documents. This documentation shall:
    - (A) be pertinent to the client's health care;

- (B) accurately describe all aspects of nursing care, including assessment, planning, implementation, and evaluation;
  - (C) be completed within a time period consistent with the client's need for care;
  - (D) reflect the communication of information to other individuals; and
  - (E) verify the proper administration and disposal of controlled substances.
- (g) Collaborating involves communicating and working cooperatively with individuals whose services may have a direct or indirect effect upon the client's health care and shall include:
- (1) initiating, coordinating, planning, and implementing nursing or multidisciplinary approaches for the client's care;
  - (2) participating in decision-making and in cooperative goal-directed efforts;
  - (3) seeking and utilizing appropriate resources in the referral process; and
  - (4) safeguarding confidentiality.
- (h) Teaching and counseling clients shall be the responsibility of the registered nurse, consistent with 90-171.20(7)g.
- (1) Teaching and counseling shall consist of providing accurate and consistent information, demonstrations, and guidance to clients, their families, or significant others for the purpose of:
    - (A) increasing knowledge regarding the client's health status and health care;
    - (B) assisting the client to reach an optimum level of health functioning and participation in self-care; and
    - (C) promoting the client's ability to make informed decisions.
  - (2) Teaching and counseling shall include:
    - (A) assessing the client's needs, abilities, and knowledge level;
    - (B) adapting teaching content and methods to the identified needs, abilities of the clients, and knowledge level;
    - (C) evaluating effectiveness of teaching and counseling; and
    - (D) making referrals to appropriate resources.
- (i) Managing the delivery of nursing care through the on-going supervision, teaching, and evaluation of nursing personnel shall be the responsibility of the registered nurse, as specified in the legal definition of the practice of nursing, and includes:
- (1) continuous availability for direct participation in nursing care, onsite when necessary, as indicated by client's status and by the variables cited in Paragraph (a) of this Rule;
  - (2) assessing capabilities of personnel in relation to client status and the plan of nursing care;
  - (3) delegating responsibility or assigning nursing care functions to personnel qualified to assume such responsibility and to perform such functions;
  - (4) accountability for nursing care given by all personnel to whom that care is assigned and delegated; and
  - (5) direct observation of clients and evaluation of nursing care given.
- (j) Administering nursing services is the responsibility of the registered nurse, as specified in the legal definition of the practice of nursing in G.S. 90-171.20(7)i, and includes:
- (1) identification, development, and updating of standards, policies, and procedures related to the delivery of nursing care;
  - (2) implementation of the identified standards, policies, and procedures to promote safe and effective nursing care for clients;
  - (3) planning for and evaluation of the nursing care delivery system; and
  - (4) management of licensed and unlicensed personnel who provide nursing care consistent with Paragraphs (a) and (i) of this Rule including:
    - (A) appropriate allocation of human resources to promote safe and effective nursing care;
    - (B) defined levels of accountability and responsibility within the nursing organization;
    - (C) a mechanism to validate qualifications, knowledge, and skills of nursing personnel;
    - (D) provision of educational opportunities related to expected nursing performance; and
    - (E) implementation of a system for periodic performance evaluation.
- (k) Accepting responsibility for self for individual nursing actions, competence, and behavior shall be the responsibility of the registered nurse, including:
- (1) having knowledge and understanding of the statutes and rules governing nursing;
  - (2) functioning within the legal boundaries of registered nurse practice; and
  - (3) respecting client rights and property and the rights and property of others.

*History Note: Authority G.S. 90-171.20(7); 90-171.23(b); 90-171.43(4);  
Eff. January 1, 1991;  
Temporary Amendment Eff. October 24, 2001;  
Amended Eff. August 1, 2002;  
Readopted Eff. January 1, 2019.*

**21 NCAC 36 .0225            COMPONENTS OF NURSING PRACTICE FOR THE LICENSED PRACTICAL NURSE**

(a) A licensed practical nurse shall accept only those assigned nursing activities and responsibilities, as defined in Paragraphs (b) through (i) of this Rule, that the licensee can safely perform, as determined by practice setting variables such as:

- (1) the nurse's qualifications in relation to client need and plan of nursing care, including:
  - (A) basic educational preparation; and
  - (B) knowledge and skills subsequently acquired through continuing education and practice;
- (2) the degree of supervision by the registered nurse consistent with Paragraph (d)(3) of this Rule;
- (3) the stability of each client's clinical condition;
- (4) the complexity and frequency of nursing care needed by each client or client group;
- (5) the accessible resources; and
- (6) established policies, procedures, practices, and channels of communication that lend support to the types of nursing services offered.

(b) Assessment is an on-going process and shall consist of participation in the determination of nursing care needs based upon collection and interpretation of data relevant to the health status of a client.

- (1) Collection of data shall consist of obtaining data from relevant sources regarding the biophysical, psychological, social, and cultural factors of the client's life and the influence these factors have on health status, according to structured written guidelines, policies, and forms, including:
  - (A) subjective reporting;
  - (B) observations of appearance and behavior;
  - (C) measurements of physical structure and physiologic function; and
  - (D) information regarding resources available to the client.
- (2) Interpretation of data shall be limited to:
  - (A) participation in the analysis of collected data by recognizing existing relationships between data gathered and a client's health status and treatment regimen; and
  - (B) determining a client's need for immediate nursing interventions based upon data gathered regarding the client's health status, ability to care for self, and treatment regimen, consistent with Paragraph (a)(6) of this Rule.

(c) Planning nursing care activities shall include participation in the identification of client's needs related to the findings of the nursing assessment. Components of planning include:

- (1) participation in making decisions regarding implementation of nursing intervention, medical orders, and plan of care through the utilization of assessment data;
- (2) participation in multidisciplinary planning by providing resource data; and
- (3) identification of nursing interventions and goals for review by the registered nurse.

(d) Implementation of nursing activities shall consist of delivering nursing care according to an established health care plan and as assigned by the registered nurse or other individuals authorized by law as specified in 90-171.20(8)c.

- (1) Nursing activities and responsibilities that may be assigned to the licensed practical nurse shall include:
  - (A) procuring resources;
  - (B) implementing nursing interventions and medical orders consistent with Paragraph (b) of this Rule and 21 NCAC 36 .0221(c) and within an environment conducive to client safety;
  - (C) prioritizing and performing nursing interventions;
  - (D) recognizing responses to nursing interventions;
  - (E) modifying immediate nursing interventions based on changes in a client's status; and
  - (F) delegating specific nursing tasks as outlined in the plan of care and consistent with Paragraph (d)(2) of this Rule and 21 NCAC 36 .0401.

- (2) The licensed practical nurse may participate, consistent with 21 NCAC 36 .0224(d)(6), in implementing the health care plan by assigning nursing care activities to other licensed practical nurses and delegating nursing care activities to unlicensed personnel qualified and competent to perform such activities, if all of the following criteria are met:
    - (A) validation of qualifications of personnel to whom nursing activities may be assigned or delegated;
    - (B) continuous availability of a registered nurse for supervision consistent with 21 NCAC 36 .0224(i) and Paragraph (d)(3) of this Rule;
    - (C) accountability maintained by the licensed practical nurse for responsibilities accepted, including nursing care given by self and by all other personnel to whom such care is assigned or delegated;
    - (D) participation by the licensed practical nurse in on-going observations of clients and evaluation of clients' responses to nursing actions; and
    - (E) provision of supervision limited to the validation that tasks have been performed as assigned or delegated and according to established standards of practice.
  - (3) The degree of supervision required for the performance of any assigned or delegated nursing activity by the licensed practical nurse when implementing nursing care shall be determined by variables that include:
    - (A) educational preparation of the licensed practical nurse, including both the basic educational program and the knowledge and skills subsequently acquired by the nurse through continuing education and practice;
    - (B) stability of the client's clinical condition, which involves both the predictability and rate of change. If a client's condition is one in which change is highly predictable and would be expected to occur over a period of days or weeks rather than minutes or hours, the licensed practical nurse may participate in care with minimal supervision. If the client's condition is unpredictable or unstable, the licensed practical nurse may participate in the performance of the task under close supervision of the registered nurse or other individuals authorized by law to provide such supervision;
    - (C) complexity of the nursing task, which is determined by depth of scientific body of knowledge upon which the action is based and by the task's potential threat to the client's well-being. If a task is complex, the licensed practical nurse shall participate in the performance of the task under close supervision of the registered nurse or other individuals authorized by law to provide such supervision;
    - (D) the complexity and frequency of nursing care needed by the client population;
    - (E) the proximity of clients to personnel in the facility in which the nurse practices;
    - (F) the qualifications and number of personnel in the facility in which the nurse practices;
    - (G) the accessible resources in the facility in which the nurse practices; and
    - (H) established policies, procedures, practices, and channels of communication that lend support to the types of nursing services offered.
- (e) Evaluation, a component of implementing the health care plan, shall consist of participation in determining the extent to which desired outcomes of nursing care are met and in planning for subsequent care, including:
- (1) collecting evaluative data from relevant sources according to written guidelines, policies, and forms;
  - (2) recognizing the effectiveness of nursing interventions; and
  - (3) proposing modifications to the plan of care for review by the registered nurse or other individuals authorized by law to prescribe such a plan.
- (f) Reporting and recording shall be those communications required in relation to the aspects of nursing care for which the licensed practical nurse has been assigned responsibility.
- (1) Reporting means the communication of information to other individuals responsible for or involved in the care of the client. The licensed practical nurse shall:
    - (A) direct the communication to the appropriate individuals;
    - (B) assure that these communications are consistent with established policies, procedures, practices, and channels of communication which lend support to types of nursing services offered;
    - (C) communicate within a time period that is consistent with the client's need for care;
    - (D) evaluate the nature of responses to information reported; and

- (E) determine whether further communication is indicated.
- (2) Recording means the documentation of information on the appropriate client record, nursing care plan, or other documents. This documentation shall:
  - (A) be pertinent to the client's health care, including client's response to care provided;
  - (B) accurately describe all aspects of nursing care provided by the licensed practical nurse;
  - (C) be completed within a time period consistent with the client's need for care;
  - (D) reflect the communication of information to other persons; and
  - (E) verify the proper administration and disposal of controlled substances.
- (g) Collaborating involves communicating and working cooperatively in implementing the health care plan with individuals whose services may have a direct or indirect effect upon the client's health care. As delegated by the registered nurse or other individuals authorized by law, the licensed practical nurse's role in collaborating in client care shall include:
  - (1) participating in planning and implementing nursing or multidisciplinary approaches for the client's care;
  - (2) seeking and utilizing appropriate resources in the referral process; and
  - (3) safeguarding confidentiality.
- (h) Participating in the teaching and counseling of clients as assigned by the registered nurse, physician or other qualified professional licensed to practice in North Carolina shall be the responsibility of the licensed practical nurse. Participation shall include:
  - (1) providing accurate and consistent information, demonstrations, and guidance to clients, their families, or significant others for the purpose of:
    - (A) increasing knowledge regarding the client's health status and health care;
    - (B) assisting the client to reach an optimum level of health functioning and participation in self-care; and
    - (C) promoting the client's ability to make informed decisions.
  - (2) collecting evaluative data consistent with Paragraph (e) of this Rule.
- (i) Accepting responsibility for self for individual nursing actions, competence, and behavior including:
  - (1) having knowledge and understanding of the statutes and rules governing nursing;
  - (2) functioning within the legal boundaries of licensed practical nurse practice; and
  - (3) respecting client rights and property and the rights and property of others.

*History Note: Authority G.S. 90-171.20(7),(8); 90-171.23(b); 90-171.43(4); Eff. January 1, 1991; Amended Eff. January 1, 1996; Temporary Amendment Eff. October 24, 2001; Amended Eff. August 1, 2002; Readopted Eff. January 1, 2019.*

**21 NCAC 36 .0226 NURSE ANESTHESIA PRACTICE**

- (a) Only a registered nurse who completes a program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, is credentialed as a certified registered nurse anesthetist by the Council on Certification of Nurse Anesthetists, and who maintains recertification through the Council on Recertification of Nurse Anesthetists, shall perform nurse anesthesia activities in collaboration with a physician, dentist, podiatrist, or other lawfully qualified health care provider. A nurse anesthetist shall not prescribe a medical treatment regimen or make a medical diagnosis except under the supervision of a licensed physician.
- (b) For the purpose of this Rule, collaboration means a process by which the certified registered nurse anesthetist works with one or more qualified health care providers, each contributing his or her respective area of expertise consistent with the appropriate occupational licensure laws of the State and according to the established policies, procedures, practices, and channels of communication that lend support to nurse anesthesia services and that define the roles and responsibilities of the qualified nurse anesthetist within the practice setting. The individual nurse anesthetist shall be accountable for the outcome of his or her actions.
- (c) Nurse Anesthesia activities and responsibilities that the appropriately qualified registered nurse anesthetist may safely accept shall depend upon the individual's knowledge, skills, and other variables in each practice setting as outlined in 21 NCAC 36 .0224(a), including:
  - (1) Preanesthesia preparation and evaluation of the client, including:
    - (A) performing a pre-operative health assessment;



- (B) recommending, requesting, and evaluating pertinent diagnostic studies; and
  - (C) selecting and administering preanesthetic medications.
- (2) Anesthesia induction, maintenance, and emergence of the client to include:
- (A) securing, preparing, and providing safety checks on all equipment, monitors, supplies, and pharmaceutical agents used for the administration of anesthesia;
  - (B) selecting, implementing, and managing general anesthesia; monitored anesthesia care; and regional anesthesia modalities, including administering anesthetic and related pharmaceutical agents, consistent with the client's needs and procedural requirements;
  - (C) performing tracheal intubation, extubation, and providing mechanical ventilation;
  - (D) providing perianesthetic invasive and non-invasive monitoring, recognizing abnormal findings, implementing corrective action, and requesting consultation with appropriately qualified health care providers as necessary;
  - (E) managing the client's fluid, blood, electrolyte, and acid-base balance; and
  - (F) evaluating the client's response during emergence from anesthesia and implementing pharmaceutical and supportive treatment to ensure the adequacy of client recovery from anesthesia.
- (3) Postanesthesia Care of the client, including:
- (A) providing postanesthesia follow-up care, including evaluating the client's response to anesthesia, recognizing potential anesthetic complications, implementing corrective actions, and requesting consultation with appropriately qualified health care professionals as necessary;
  - (B) initiating and administering respiratory support to ensure adequate ventilation and oxygenation in the immediate postanesthesia period;
  - (C) initiating and administering pharmacological or fluid support of the cardiovascular system during the immediate postanesthesia period;
  - (D) documenting all aspects of nurse anesthesia care and reporting the client's status, perianesthetic course, and anticipated problems to an appropriately qualified postanesthetic health care provider who assumes the client's care following anesthesia, consistent with 21 NCAC 36 .0224(f); and
  - (E) releasing clients from the postanesthesia care or surgical setting in compliance with established agency policy.
- (d) Other clinical activities for which the qualified registered nurse anesthetist may accept responsibility shall include:
- (1) inserting central vascular access catheters and epidural catheters;
  - (2) identifying, responding to, and managing emergency situations, including initiating and participating in cardiopulmonary resuscitation;
  - (3) providing consultation related to respiratory and ventilatory care and implementing such care according to established policies within the practice setting; and
  - (4) initiating and managing pain relief therapy using pharmaceutical agents, regional anesthetic techniques, and other accepted pain relief modalities according to established policies and protocols within the practice setting.

*History Note:* Authority G.S. 90-171.20(4); 90-171.20(7); 90-171.21; 90-171.23; 90-171.42(b); Eff. July 1, 1993;  
 Temporary Amendment Eff. July 25, 1994 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;  
 Amended Eff. December 1, 2010; December 1, 1994;  
 Readopted Eff. January 1, 2019.

**21 NCAC 36 .0227 APPROVAL AND PRACTICE PARAMETERS FOR NURSE PRACTITIONERS**

*History Note:* Authority G.S. 90-6; 90-18(c)(13), (14); 90-18.2; 90-171.20(4); 90-171.20(7); 90-171.23(b); 90-171.36; 90-171.37; 90-171.42; 90-171.83;  
 Eff. January 1, 1996;  
 Amended Eff. August 1, 2002; July 1, 2000; May 1, 1999;  
 Recodified to Rules .0801-.0814 Eff. August 1, 2004.

**21 NCAC 36 .0228 CLINICAL NURSE SPECIALIST PRACTICE**

(a) Only a registered nurse who meets the qualifications outlined in Paragraph (b) of this Rule shall be approved by the Board as a clinical nurse specialist to perform advanced practice registered nursing activities listed in Paragraph (f) of this Rule.

(b) The Board shall approve an applicant who:

- (1) has an active, unencumbered license to practice as a registered nurse in North Carolina or a state that has adopted the Nurse Licensure Compact;
- (2) has an unrestricted previous approval, registration, or license as a clinical nurse specialist if previously approved, registered, or licensed as a clinical nurse specialist in another state, territory, or possession of the United States;
- (3) has successfully completed a master's or higher level degree program that is accredited by a nursing accrediting body approved by the United States Secretary of Education or the Council for Higher Education Accreditation and meets the qualifications for clinical nurse specialist certification by an approved national credentialing body under Part (b)(4)(A) of this Rule; and
- (4) either:
  - (A) has current certification as a clinical nurse specialist from a national credentialing body approved by the Board, as defined in Paragraph (h) of this Rule and 21 NCAC 36 .0120(26); or
  - (B) meets requirements that are equivalent to national certification if no clinical nurse specialist certification is available in the specialty. The Board shall determine equivalence based on consideration of an official transcript and course descriptions validating Subparagraph (b)(3) of this Rule, a current curriculum vitae, work history, professional recommendations indicating evidence of at least 1,000 hours of clinical nurse specialist practice, and documentation of certificates indicating 75 contact hours of continuing education applicable to clinical nurse specialist practice during the previous five years.

(c) An applicant certified as a clinical nurse specialist by a national credentialing body prior to January 1, 2007, and who has maintained that certification and active clinical nurse specialist practice and holds a master's or higher degree in nursing or a related field shall be approved by the Board as a clinical nurse specialist.

(d) New graduates seeking first-time clinical nurse specialist approval in North Carolina shall hold a master's or doctoral degree or a post-master's certificate from a clinical nurse specialist program accredited by a nursing accrediting body approved by the U.S. Secretary of Education or the Council for Higher Education Accreditation and shall meet all requirements in Subparagraph (b)(1) and Part (g)(3)(A) of this Rule.

(e) A clinical nurse specialist seeking Board approval who has never practiced as a clinical nurse specialist or has not practiced in more than two years shall complete a clinical nurse specialist refresher course approved by the Board in accordance with 21 NCAC 36 .0220(o) and (p), consisting of common conditions and their management related to the clinical nurse specialist's area of education and certification. A clinical nurse specialist refresher course participant shall be granted limited clinical nurse specialist recognition that is specific to clinical activities taught in the refresher course.

(f) The scope of practice of a clinical nurse specialist shall incorporate the basic components of nursing practice as defined in Rule .0224 of this Section as well as the understanding and application of nursing principles at an advanced practice registered nurse level in the area of clinical nursing specialization in which the clinical nurse specialist is educationally prepared and for which competency is maintained, including:

- (1) assessing clients' health status, synthesizing and analyzing multiple sources of data, and identifying alternative possibilities as to the nature of a healthcare problem;
- (2) diagnosing and managing clients' acute and chronic health problems within an advanced practice nursing framework;
- (3) assessing for and monitoring the usage and effect of pharmacologic agents within an advanced practice nursing framework;
- (4) formulating strategies to promote wellness and prevent illness;
- (5) prescribing and implementing therapeutic and corrective non-pharmacologic nursing interventions;
- (6) planning for situations beyond the clinical nurse specialist's expertise and consulting with or referring clients to other health care providers as appropriate;

- (7) promoting and practicing in collegial and collaborative relationships with clients, families, other health care professionals, and individuals whose decisions influence the health of individual clients, families, and communities;
  - (8) initiating, establishing, and using measures to evaluate health care outcomes and modify nursing practice decisions;
  - (9) assuming leadership for the application of research findings for the improvement of health care outcomes; and
  - (10) integrating education, consultation, management, leadership, and research into the clinical nurse specialist role.
- (g) A registered nurse seeking approval by the Board as a clinical nurse specialist shall:
- (1) complete the appropriate application that includes the following:
    - (A) evidence of a master's or doctoral degree or a post-master's certificate, as set out in Subparagraph (b)(3) or Paragraph (d) of this Rule; and either
    - (B) evidence of current certification in a clinical nursing specialty from a national credentialing body, set out in Part (b)(4)(A) of this Rule; or
    - (C) meet requirements set out in Part (b)(4)(B) of this Rule;
  - (2) renew the approval every two years at the time of registered nurse renewal; and
  - (3) either:
    - (A) submit evidence of initial certification and re-certification by a national credentialing body at the time such occurs in order to maintain Board recognition, consistent with Paragraphs (b) and (h) of this Rule; or
    - (B) if subject to Part (b)(4)(B) of this Rule, submit evidence of at least 1,000 hours of practice and 75 contact hours of continuing education every five years.
- (h) The Board shall approve those national credentialing bodies offering certification and recertification in a clinical nursing specialty that have established the following minimum requirements:
- (1) active unencumbered licensure as a registered nurse; and
  - (2) certification as a clinical nurse specialist that is limited to applicant prepared with a master's or doctoral degree or a post-master's certificate.

*History Note: Authority G.S. 90-171.20(4); 90-171.20(7); 90-171.21(d)(4); 90-171.23(b); 90-171.27(b); 90-171.42(b); Eff. April 1, 1996; Amended Eff. January 1, 2015; April 1, 2008; January 1, 2007; November 1, 2005; August 1, 2005; April 1, 2003; Readopted Eff. January 1, 2019; Amended Eff. November 1, 2020.*

**21 NCAC 36 .0229        RESERVED FOR FUTURE CODIFICATION**

**21 NCAC 36 .0230        RESERVED FOR FUTURE CODIFICATION**

**21 NCAC 36 .0231        EXCEPTIONS TO HEALTH CARE PRACTITIONERS IDENTIFICATION REQUIREMENTS:**

- (a) The licensed nurse or nurse aide II is not required to wear a readily visible badge or other form of identification in the following direct patient care situations:
  - (1) procedures requiring full sterile dress; or
  - (2) procedures requiring other protective clothing or covering.
- (b) Identification of the licensed nurse or nurse aide may be limited to first name only and level of licensure or listing status when the full name identification may:
  - (1) place the personal safety of the nurse or nurse aide II in jeopardy; or
  - (2) interfere with the therapeutic relationship between the nurse or nurse aide and client(s).
- (c) In all other situations involving the direct provision of health care to clients, the licensed nurse or nurse aide II shall wear or display a readily visible form of identification to include:
  - (1) the individual's first and last name; and
  - (2) the license, approval to practice title or listing title as required by law, or standard abbreviations for such title.

(d) There shall be written agency policy outlining any exceptions to the requirements consistent with Paragraph (b) of this Rule.

*History Note: Authority G.S. 90-171.43; 90-171.83(a),(c); 90-178.3; 90-640(a)-(d);  
Temporary Adoption Eff. April 15, 2001;  
Eff. August 1, 2002;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.*

## **21 NCAC 36 .0232 CONTINUING COMPETENCE**

(a) Upon application for license renewal or reinstatement, each licensee shall:

- (1) complete a self-assessment of practice, including professional responsibility, knowledge based practice, legal and ethical practice, and collaborating with others;
- (2) develop a plan for continued learning; and
- (3) select and implement a learning activity option from those outlined in Paragraph (b) of this Rule.

(b) Upon application for license renewal or reinstatement, each licensee shall attest to having completed one of the following learning activity options during the preceding renewal cycle and submit evidence of completion if requested by the Board:

- (1) national certification or re-certification related to the nurse's practice role by a national credentialing body recognized by the Board, consistent with 21 NCAC 36 .0120 and 21 NCAC 36 .0801;
- (2) 30 contact hours of continuing education activities related to the nurse's practice;
- (3) completion of a Board-approved refresher course, consistent with 21 NCAC 36 .0220 and 21 NCAC 36 .0808(d);
- (4) completion of a minimum of two semester hours of post-licensure academic education related to nursing practice;
- (5) 15 contact hours of a continuing education activity related to the nurse's practice and completion of a nursing project as principal or co-principal investigator including a statement of the problem, project objectives, methods, and a summary of findings;
- (6) 15 contact hours of a continuing education activity related to the nurse's practice and authoring or co-authoring a published nursing-related article, paper, book, or book chapter;
- (7) 15 contact hours of a continuing education activity related to the nurse's practice and designing, developing, and conducting an educational presentation or presentations totaling a minimum of five contact hours for nurses or other health professionals; or
- (8) 15 contact hours of a continuing education activity related to the nurse's practice and 640 hours of active practice within the previous two years.

(c) The following documentation shall be accepted as evidence of completion of learning activity options described in Paragraph (b) of this Rule:

- (1) Evidence of national certification that includes a copy of a certificate that states name of licensee, name of certifying body, date of certification, date of certification expiration. Certification shall be initially attained during the licensure period, have been in effect during the entire licensure period, or have been re-certified during the licensure period.
- (2) Evidence of contact hours of continuing education that includes the name of the licensee, title of educational activity, name of the provider, number of contact hours, and date of activity.
- (3) Evidence of completion of a Board-approved refresher course that includes written correspondence from the provider stating the name of the licensee, name of the provider, and verification of successful completion of the course.
- (4) Evidence of post-licensure academic education that includes a copy of a transcript stating the name of the licensee, name of educational institution, date of attendance, name of course with grade, and number of credit hours received.
- (5) Evidence of completion of a nursing project shall include an abstract or summary of the project, the name of the licensee, role of the licensee as principal or co-principal investigator, date of project completion, statement of the problem, project objectives, methods used, and a summary of findings.

- (6) Evidence of authoring or co-authoring a published nursing-related article, paper, book, or book chapter that includes a copy of the publication stating the name of the licensee and publication date.
  - (7) Evidence of developing and conducting an educational presentation or presentations totaling at least five contact hours for nurses or other health professionals that includes a copy of the program brochure or course syllabi, objectives, content and teaching methods, and date and location of presentation.
  - (8) Evidence of 640 hours of active practice in nursing shall include documentation of the name of the licensee, number of hours worked in calendar or fiscal year, name and address of employer, and signature of supervisor. If self-employed, hours worked shall be validated through other methods such as tax records or other business records. If active practice is of a volunteer or gratuitous nature, hours worked shall be validated by the recipient agency.
- (d) A licensee shall retain supporting documentation to provide proof of completion of the option chosen in Paragraph (b) of this Rule for three years.
- (e) At the time of license renewal or reinstatement, licensees shall be subject to audit for proof of compliance with the Board's requirements for continuing competence.
- (f) The Board shall inform licensees of their selection for audit at the time of license renewal or request for reinstatement. Documentation of acceptable evidence shall be consistent with Paragraph (c) of this Rule and shall be submitted to the Board no later than the last day of the renewal month.
- (g) Failure of a licensee to meet the requirements of this Rule at the time of renewal shall result in the license not being renewed until evidence of compliance is submitted and approved by the Board.
- (h) Licensee shall not be reinstated until licensee has met all of the requirements of this Rule.

*History Note: Authority G.S. 90-171.23(b); 90-171.37(1) and (8);  
Eff. May 1, 2006;  
Amended Eff. November 1, 2008;  
Readopted Eff. January 1, 2019.*

## **21 NCAC 36 .0233 OUT OF STATE STUDENTS**

- (a) Unlicensed nursing students enrolled in out-of-State nursing education programs who request use of North Carolina clinical facilities shall be allowed such experiences following approval by the Board. Upon receiving such a request, the chief nursing administrator of a North Carolina clinical facility shall provide the Board with the following at least 30 days prior to the start of the requested experience:
- (1) a letter of request for approval to provide the clinical offering, including proposed starting and completion dates;
  - (2) documentation that the nursing program is currently approved by the Board of Nursing in the state in which the parent institution is located;
  - (3) the name, qualifications, and evidence of an active, unencumbered registered nurse licensure of the faculty responsible for coordinating the student's experience; and
  - (4) the name, qualifications, and evidence of active unencumbered license to practice as a registered nurse in North Carolina for the preceptor or on-site faculty.
- (b) Copies of the following shall be distributed by the chief nursing administrator of the clinical facility to all students and faculty involved in the clinical experiences:
- (1) North Carolina Nursing Practice Act;
  - (2) North Carolina administrative rules and related interpretations provided by the Board regarding the role of the registered nurse, licensed practical nurse, and unlicensed nursing personnel; and
  - (3) North Carolina Board of Nursing developed Suggestions for Utilization of Preceptors.
- (c) Failure to continue in compliance with the requirements of Paragraph (a) of this Rule shall result in the immediate withdrawal of the Board's approval of the clinical offering and student status, consistent with G.S. 90-171.43(2).

*History Note: Authority G.S. 90-85.3; 90-171.23(b) 90-171.43; 90-171.83;  
Eff. April 1, 2008;  
Readopted Eff. January 1, 2019.*

## **SECTION .0300 - APPROVAL OF NURSING PROGRAMS**

## **21 NCAC 36 .0301      APPROVAL BODY**

*History Note:*    Authority G.S. 90-171.23(b)(8); 90-171.23(b)(9); 90-171.23(b)(10); 90-171.38; 90-171.39; 90-171.40;  
Eff. February 1, 1976;  
Amended Eff. June 1, 1992; January 1, 1989; January 1, 1984;  
Temporary Amendment Eff. October 11, 2001;  
Repealed Eff. August 1, 2002.

## **21 NCAC 36 .0302      ESTABLISHMENT OF A NURSING PROGRAM - INITIAL APPROVAL**

- (a) An institution seeking initial approval to operate a nursing program shall employ a program director qualified pursuant to Rule .0317(c) of this Section.
- (b) The program director shall submit an application for initial approval at least six months prior to the proposed program start date that documents the following:
- (1) a narrative description of the organizational structure of the program and its relationship to the controlling institution, including accreditation status. The controlling institution shall be an accredited institution;
  - (2) a general overview of the entire proposed curriculum that includes:
    - (A) the program philosophy, purposes, and objectives;
    - (B) a master plan of the curriculum, indicating the sequence for both nursing and non-nursing courses, as well as prerequisites and corequisites;
    - (C) course descriptions and course objectives for all courses; and
    - (D) course syllabi pursuant to 21 NCAC 36. 0321(i) for all first-year nursing courses;
  - (3) the proposed student population;
  - (4) the projected student enrollment;
  - (5) evidence of learning resources and clinical experiences available to implement and maintain the program;
  - (6) financial resources adequate to begin and maintain the program;
  - (7) physical facilities adequate to house the program;
  - (8) support services available to the program from the controlling institution;
  - (9) approval of the program by the governing body of the controlling institution; and
  - (10) a plan with a specified time frame for:
    - (A) availability of qualified faculty as specified in 21 NCAC 36 .0318;
    - (B) course syllabi as specified in 21 NCAC 36. 0321(h) of this Section for all nursing courses;
    - (C) student policies for admission, progression, and graduation of students, pursuant to 21 NCAC 36 .0320; and
    - (D) comprehensive program evaluation, pursuant to 21 NCAC 36 .0317(d).
- (c) The application to establish a nursing program shall contain current and accurate information required in Paragraph (a) of this Rule, be complete, and be signed by the program director and the chief executive officer of the controlling institution.
- (d) The completed application shall be received by the Board not less than 120 days prior to a regular meeting of the Board to be considered for placement on the agenda of that meeting.
- (e) If another program exists in the institution, the application shall include:
- (1) the organizational relationship of the existing program and the proposed program in the institution;
  - (2) the NCLEX pass rate of the existing program for the past three years; and
  - (3) a description of the expected impact of the proposed program on the existing program, including:
    - (A) the availability of a program director for each program;
    - (B) the availability of qualified faculty;
    - (C) the physical facilities adequate to house both programs;
    - (D) the availability of learning resources;
    - (E) the availability of clinical experiences; and
    - (F) the adequacy of student services.
- (f) No new program application shall be considered if a nursing program currently exists in the institution if:

- (1) the NCLEX pass rate of the existing program has not met the standard for the past three years, pursuant to 21 NCAC 36 .0320(e); and
  - (2) resources are not demonstrated to be adequate to maintain both the existing and the proposed program in compliance with Rules .0300 to .0323 of this Section.
- (g) Programs on initial approval may admit students.
- (h) The Board shall conduct an on-site survey of the proposed program after the application meets all the requirements set forth in this Rule, shall prepare a survey report, and afford the petitioning institution an opportunity to respond to the survey report.
- (i) The Board shall consider all evidence, including the application, the survey report, comments from representatives of the petitioning institution, public comments, and the status of other nursing programs at the institution in determining whether to approve the application.
- (j) If the application is approved, the Board shall grant initial approval and shall establish a maximum enrollment and implementation date.
- (k) The Board shall rescind the initial approval of a program if the controlling institution fails to submit documentation as set forth in the plan required by Subparagraph (b)(10) of this Rule.
- (l) The Board shall rescind the initial approval of a program if the first class of students is not enrolled in the program within one year after issuing the initial approval.
- (m) For 12 months following rescission of approval, the controlling institution shall not submit an application for establishing a nursing program.
- (n) A program shall retain initial approval status for the time necessary for full implementation of the curriculum, provided that the program complies with Section .0300 of this Chapter.
- (o) Programs with initial approval shall be surveyed:
- (1) during the final term of curriculum implementation of the program; and
  - (2) upon receipt by the Board of information that the program may not be complying with Section .0300.
- (p) If at any time a program on initial approval is not complying with Section .0300 of this Chapter, the program, upon written notification, shall:
- (1) correct the area of noncompliance and submit written evidence of this correction to the Board; or
  - (2) submit and implement a plan for correction to the Board.
- (q) The Board shall rescind the initial approval of a program if the program does not comply with Paragraph (o) of this Rule.
- (r) If, following the survey and during final curriculum implementation, the Board finds that the program is complying with Section .0300 of this Chapter, the Board shall place the program on full approval status.
- (s) If, following the survey and during final curriculum implementation, the program does not comply with the Section .0300 of this Chapter, the Board shall rescind the program's initial approval and provide the program with written notice of the Board's decision.
- (t) Upon written request from the program submitted within 10 business days of the Board's written notice of rescinding the initial approval, the Board shall schedule a hearing at the next available meeting of the Board for which appropriate notice can be provided, or at a meeting of the Board that is scheduled by consent of the parties.
- (u) Following the hearing and consideration of all evidence provided, the Board shall assign the program full approval status or shall enter an Order rescinding the initial approval status, which shall constitute program closure pursuant to 21 NCAC 36 .0309.

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38;  
 Eff. February 1, 1976;  
 Amended Eff. June 1, 1992; January 1, 1989; November 1, 1984; May 1, 1982;  
 Temporary Amendment Eff. October 11, 2001;  
 Amended Eff. December 1, 2016; January 1, 2009; December 1, 2005; August 1, 2002;  
 Readopted Eff. January 1, 2019.

### **21 NCAC 36 .0303 EXISTING NURSING PROGRAM**

- (a) All nursing programs that are governed by the rules in this Chapter may obtain national program accreditation by a nursing accreditation body as defined in 21 NCAC 36 .0120(30).
- (b) Board action is based upon each program's performance and demonstrated compliance with the Board's requirements and responses to the Board's recommendations. The Board may, depending on the severity and pattern

of violations of this Chapter, require corrective action for identified deficiencies, impose a monitoring plan, conduct a program survey, change program approval status, issue discipline, or close a program.

(c) Full Approval

- (1) The Board shall review approved programs at least every eight years as specified in G.S. 90-171.40. Reviews of individual programs shall be conducted at shorter intervals upon request from the individual institution or as considered necessary by the Board. National accreditation self-study reports shall provide a basis for review of accredited programs.
- (2) The Board shall send a written report of the review no more than 20 business days following the completion of the review process. Responses from a nursing education program regarding a review report or warning status as referenced in Paragraph (d) of this Rule shall be received in the Board office by the deadline date specified in the letter accompanying the report or notification of warning status. If no materials or documents are received by the specified deadline date, the Board shall act upon the findings in the review report and the testimony of the Board staff.
- (3) If the Board finds a pattern of noncompliance with one or more rules in this Section, the Board may take action as outlined in Paragraph (b) of this Rule.

(d) Warning Status

- (1) If the Board finds that a program is not complying with the rules in this Section, the Board shall assign the program warning status and shall give written notice by certified mail to the program specifying:
  - (A) the areas in which there is noncompliance;
  - (B) the date by which the program must comply with the rules in this Section. The maximum time for compliance shall be two years after issuance of the written notice; and
  - (C) the opportunity to schedule a hearing. Any request for a hearing regarding the program warning status shall be submitted to the Board. A hearing shall be afforded pursuant to the provisions of G.S. 150B, Article 3A.
- (2) On or before the required date of compliance specified in Part (d)(1)(B) of this Rule if the Board determines that the program is complying with the rules in this Section, the Board shall assign the program full approval status.
- (3) If the Board finds the program is not in compliance with the rules in this Section by the date specified in Part (d)(1)(B) of this Rule, the program shall remain on warning status, a review by the Board shall be conducted during that time and the Board shall either:
  - (A) continue the program on warning status; or
  - (B) withdraw approval, constituting a program closure consistent with Subparagraph (c)(3) of this Rule.
- (4) Upon written request from the program submitted within 10 business days of the Board's written notice of warning status, the Board shall schedule a hearing at the next available meeting of the Board for which appropriate notice can be provided, or at a meeting of the Board that is scheduled by consent of the parties.
- (5) If a hearing is held at the request of the program and the Board determines that the program is not in compliance with the rules in this Section, the program shall remain on warning status, a review by the Board shall be conducted during that time and the Board shall either:
  - (A) continue the program on warning status; or
  - (B) withdraw approval, constituting program closure consistent with Subparagraph (c)(3) of this Rule.

*History Note:* Authority G.S. 90-171.23(b); 90-171.38; 90-171.39; 90-171.40;  
Eff. February 1, 1976;  
Amended Eff. December 1, 2016; August 1, 2011; July 3, 2008; March 1, 2006; January 1, 2004;  
June 1, 1992; January 1, 1989;  
Readopted Eff. January 1, 2019.

**21 NCAC 36 .0304 ADMINISTRATION**

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38;  
Eff. February 1, 1976;  
Amended Eff. January 1, 1989; January 1, 1984;





## **21 NCAC 36 .0317 ADMINISTRATION**

(a) The controlling institution of a nursing program shall provide human, physical, technical, and financial resources and services essential to support program processes and outcomes, including those listed in Paragraph (f) and (g) of this Rule, and maintain compliance with Section .0300 of this Chapter.

(b) The controlling institution shall ensure that a full-time registered nurse, qualified pursuant to Paragraph (e) of this Rule, has the authority to direct the nursing program. Full-time registered nurse is a registered nurse employed by the institution who is regularly assigned to work at least 40 hours each week in the position of program director.

(c) The controlling institution shall ensure that the program director has the authority and responsibility for maintaining compliance with the Rules in this Chapter and other legal requirements in all areas of the program.

(d) The controlling institution shall ensure that the program director has non-teaching time sufficient to allow for program organization, administration, continuous review, planning, and development.

(e) The program director in a program preparing students for initial nurse licensure shall satisfy the following requirements:

- (1) hold an active unencumbered license or multistate licensure privilege to practice as a registered nurse in North Carolina;
- (2) have two years of full-time experience as a faculty member in a Board-approved nursing program;
- (3) be experientially qualified, having clinical nursing experience, experience as a faculty member in a nursing program, and academic or nursing leadership experience to lead the program to accomplish the mission, goals, and expected program outcomes;
- (4) hold either a baccalaureate in nursing or a graduate degree in nursing from an accredited institution. If newly employed on or after January 1, 2016, hold a graduate degree from an accredited institution. If newly employed on or after January 1, 2021, hold a graduate degree in nursing from an accredited institution;
- (5) prior to or within the first three years of employment, have education in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to the program director role. Once completed, this education need not be repeated if employing organization is changed. This education may be demonstrated by one of the following:
  - (A) completion of 45 contact hours of Board-approved continuing education courses;
  - (B) completion of a certificate program in nursing education;
  - (C) nine semester hours of graduate course work in adult learning and learning principles;
  - (D) national certification in nursing education; or
  - (E) documentation of completion of structured, individualized development activities of at least 45 contact hours approved by the Board. Criteria for approval shall include content in the faculty role in curriculum implementation, curricular objectives to be met and evaluated, review of strategies for identified student population, and expectations of student and faculty performance.
- (6) maintain competence in the areas of assigned responsibility; and
- (7) have knowledge of current nursing practice for the registered nurse and the licensed practical nurse.

(f) A nursing education program shall implement, for quality improvement, a comprehensive program evaluation that shall include the following:

- (1) students' achievement of program outcomes;
- (2) evidence of program resources, including fiscal, physical, human, clinical, and technical learning resources; student support services; and the availability of clinical sites and the viability of those sites adequate to meet the objectives of the program;
- (3) measures of program outcomes for graduates;
- (4) evidence that accurate program information for the public is available;
- (5) evidence that the controlling institution and its administration support program outcomes;
- (6) evidence that program director and program faculty meet Board qualifications and are sufficient in number to achieve program outcomes;
- (7) evidence that collected evaluative data is used in implementing quality improvement activities; and
- (8) evidence of student participation in program planning, implementation, evaluation, and continuous improvement.

(g) The controlling institution and the nursing education program shall communicate information describing the nursing education program that is accurate, complete, consistent across mediums, and accessible by the public. The following shall be accessible to all applicants and students:

- (1) admission policies and practices;
- (2) policy on advanced placement and transfer of credits;
- (3) the number of credits required for completion of the program;
- (4) tuition, fees, and other program costs;
- (5) policies and procedures for withdrawal, including refund of tuition or fees;
- (6) the grievance procedure;
- (7) criteria for successful progression in the program, including graduation requirements; and
- (8) policies for clinical performance.

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38;  
Eff. June 1, 1992;  
Amended Eff. December 1, 2016; January 1, 2015; April 1, 2008; March 1, 2006;  
Readopted Eff. January 1, 2019;  
Amended Eff. September 1, 2021.

## **21 NCAC 36 .0318 FACULTY**

(a) Policies for nursing program faculty members shall be consistent with those for other faculty of the controlling institution, with variations as needed due to the nature of the nursing curriculum.

(b) Fifty percent or more of the nursing faculty shall hold a graduate degree.

(c) Nurses licensed pursuant to this Chapter who are full-time and part-time faculty and who teach in a program leading to initial licensure as a nurse shall:

- (1) hold an active unencumbered license or multistate licensure privilege to practice as a registered nurse in North Carolina;
- (2) hold either a baccalaureate in nursing or a graduate degree in nursing from an accredited institution;
- (3) have two calendar years or the equivalent of full-time clinical experience as a registered nurse. Full-time registered nurse is a registered nurse employed by the institution who is regularly assigned to work at least 40 hours each week in the position of faculty member;
- (4) if newly employed in a full-time faculty position on or after January 1, 2016, hold a graduate degree from an accredited institution or obtain a graduate degree in nursing from an accredited institution within five years of initial full-time employment;
- (5) prior to or within the first three years of employment, have education in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to faculty assignment. Once completed, this education need not be repeated if the employing organization is changed. This education may be demonstrated by one of the following:
  - (A) completion of 45 contact hours of Board-approved continuing education courses;
  - (B) completion of a certificate program in nursing education;
  - (C) nine semester hours of graduate course work in adult learning and learning principles;
  - (D) national certification in nursing education; or
  - (E) documentation of completion of structured, individualized development activities of at least 45 contact hours approved by the Board. Criteria for approval shall include content in the faculty role in the curriculum implementation, curricular objectives to be met and evaluated, review of strategies for identified student population, and expectations of student and faculty performance.
- (6) maintain competence in the areas of assigned responsibility; and
- (7) have knowledge of current nursing practice for the registered nurse and the licensed practical nurse.

(d) Interdisciplinary faculty who teach in nursing program courses shall have academic preparation, including a conferred degree, with applicable licensure or certification in the content area they are teaching.

(e) Clinical preceptors shall have competencies, assessed by the nursing program, related to the area of assigned clinical teaching responsibilities. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences after a student has received basic instruction for that specific learning experience. Clinical preceptors shall hold an active unencumbered license to practice as a registered nurse in North Carolina.

- (f) Nurse faculty members shall have the authority and responsibility for:
- (1) student admission, progression, and graduation requirements; and
  - (2) the development, implementation, and evaluation of the curriculum.
- (g) Nurse faculty members shall be academically qualified and sufficient in number to implement the curriculum as required by the course objectives, the levels of the students, the nature of the learning environment, and to provide for teaching, supervision, and evaluation.
- (h) The faculty-student ratio for faculty-directed preceptor clinical experiences shall be no greater than 1:15. The faculty-student ratio for all other clinical experiences shall be no greater than 1:10.

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38; 90-171.83;  
Eff. February 1, 1976;  
Amended Eff. December 1, 2016; January 1, 2015; August 1, 2011; November 1, 2008; July 1, 2006; July 1, 2000; January 1, 1996; June 1, 1992; January 1, 1989; January 1, 1984;  
Readopted Eff. January 1, 2019;  
Amended Eff. September 1, 2021.

## **21 NCAC 36 .0319 NURSING PROGRAMS IN NON-COMPLIANCE**

*History Note:* Authority G.S. 90-171.40;  
Eff. May 1, 1982;  
Amended Eff. November 1, 1984;  
Repealed Eff. November 1, 1989.

## **21 NCAC 36 .0320 STUDENTS**

- (a) Students in nursing programs shall meet requirements established by the controlling institution.
- (b) Admission requirements and practices shall be stated and published in the controlling institution's publications and shall include assessment of the student's:
- (1) record of high school graduation, high school equivalent, or earned credits from a post-secondary institution;
  - (2) achievement potential through the use of previous academic records and pre-entrance examination cut-off scores that are consistent with curriculum demands and scholastic expectations; and
  - (3) physical and emotional health that is indicative of the applicant's ability to provide competent nursing care to the public.
- (c) The number of students enrolled in nursing courses shall not exceed by more than 10 students the maximum number approved by the Board, as established pursuant to 21 NCAC 36 .0302(f) and 21 NCAC 36 .0321(k).
- (d) The nursing program shall publish policies in a nursing student handbook and college catalog that provide for identification and dismissal of students who:
- (1) present physical or emotional problems that conflict with the safety essential to nursing practice and do not respond to treatment or counseling within a timeframe that enables meeting program objectives;
  - (2) demonstrate behavior that conflicts with the safety essential to nursing practice; or
  - (3) fail to demonstrate professional behavior, including honesty, integrity, and appropriate use of social media, while in the nursing program of study.
- (e) The nursing program shall maintain a three-year average at or above 95 percent of the national pass rate for licensure level pass rate on first writing of the licensure examination for calendar years ending December 31.
- (f) The controlling institution shall publish policies in a nursing student handbook and college catalog for transfer of credits or for admission to advanced placement, and the nursing program shall determine the total number of nursing courses or credits awarded for advanced placement.

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38; 90-171.43;  
Eff. February 1, 1976;  
Amended Eff. December 1, 2016; January 1, 2006; August 1, 1998; January 1, 1996; June 1, 1992; January 1, 1989; January 1, 1984;  
Readopted Eff. January 1, 2019.

## **21 NCAC 36 .0321 CURRICULUM**

- (a) The nursing program curriculum shall:
- (1) be planned by nursing program faculty;
  - (2) reflect the stated program philosophy, purposes, and objectives, pursuant to 21 NCAC 36 .0302(a)(2);
  - (3) be consistent with Article 9A of G.S. 90 and the Rules in this Chapter governing the practice of nursing;
  - (4) define the level of performance required to pass each course in the curriculum;
  - (5) enable a student to develop the nursing knowledge, skills, and abilities necessary for competent practice consistent with the level of licensure and scope as set forth in 21 NCAC 36 .0221, .0224, .0225, and .0231;
  - (6) include content in the biological, physical, social, and behavioral sciences to provide a foundation for competent and effective nursing practice;
  - (7) provide students the opportunity to acquire and demonstrate, through didactic content and clinical experience under faculty supervision, the knowledge, skills, and abilities required for effective and competent nursing practice across the lifespan; and
  - (8) be revised as necessary to reflect changes and advances in health care and its delivery.
- (b) Didactic content and supervised clinical experience across the lifespan appropriate to program type shall include:
- (1) implementing safety principles and practices minimizing the risk of harm to clients and providers through both system effectiveness and individual performance;
  - (2) using informatics to communicate, manage knowledge, mitigate error, and support decision making;
  - (3) employing evidence-based practice to integrate the best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care;
  - (4) providing client-centered, culturally competent care by:
    - (A) respecting client differences, values, preferences, and expressed needs;
    - (B) involving clients in decision-making and care management;
    - (C) coordinating and managing continuous client care consistent with the level of licensure. This shall include a demonstrated ability to supervise others and provide leadership within the profession appropriate for program type; and
    - (D) promoting healthy lifestyles for clients and populations;
  - (5) working in interdisciplinary teams to cooperate, collaborate, communicate, and integrate client care and health promotion; and
  - (6) participating in quality improvement processes to measure client outcomes, identify hazards and errors, and develop changes in client care.
- (c) Clinical experience shall be comprised of sufficient hours to accomplish the curriculum, shall be supervised by qualified faculty pursuant to 21 NCAC 36 .0318, and shall ensure students' ability to practice at an entry level.
- (d) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.
- (e) A focused client care experience with a minimum of 120 hours shall be provided in the final year of curriculum implementation for programs preparing registered nurses.
- (f) A focused client care experience with a minimum of 90 hours shall be provided in the final semester of the curriculum for programs preparing practical nurses.
- (g) Learning experiences and methods of instruction, including distance education methods, shall be consistent with the written curriculum plan and shall demonstrate logical curricular progression.
- (h) Objectives for each course shall indicate the knowledge, skills, and abilities expected for competent student performance. These objectives shall:
- (1) indicate the relationship between the classroom learning and the application of this learning in the clinical experience;
  - (2) serve as criteria for the selection of the types of and settings for learning experiences; and
  - (3) serve as the basis for evaluating student performance.
- (i) Student course syllabi shall include a description and outline of:
- (1) the course content;
  - (2) the learning environments and activities;
  - (3) when the course is taken in the curriculum;
  - (4) allocation of time for didactic content, clinical experience, laboratory experience, and simulation; and

- (5) methods of evaluation of student performance, including all evaluation tools used in the course.
- (j) Each course shall be implemented in accordance with and evaluated by reference to the student course syllabus.
- (k) Requests for approval of changes in, or expansion of, the program, accompanied by all required documentation, shall be submitted in the format provided by the Board at least 30 days prior to implementation for approval by the Board. Criteria for approval shall include the availability of classrooms, laboratories, clinical placements, equipment, and supplies and faculty sufficient to implement the curriculum to an increased number of students. Approval shall be required for any increase in enrollment that exceeds, by more than 10 students, the maximum number approved by the Board. Requests for expansion shall be considered only for programs with full approval status that demonstrate at least a three-year average licensure examination pass rate equal to or greater than the North Carolina three-year average pass rate for program type.
- (l) The nursing education program shall notify the Board at least 30 days prior to implementation of:
  - (1) alternative or additional program schedules;
  - (2) planned decrease in the Board-approved student enrollment number to accurately reflect program capacity; and
  - (3) changes that alter the currently approved curriculum.
- (m) For all programs using simulation experiences substituted for clinical experience time, the nursing education program shall:
  - (1) demonstrate that simulation faculty have been formally educated and maintain the competencies in simulation and debriefing; and
  - (2) provide a simulation environment with adequate faculty, space, equipment, and supplies that simulate realistic clinical experiences to meet the curriculum and course objectives.
- (n) Programs not holding national nursing accreditation shall limit simulation experiences to no more than 25 percent in each course, including the focused client care experience.
- (o) Programs holding national nursing accreditation shall limit simulation experiences to:
  - (1) no more than 25 percent in the focused client care experience; and
  - (2) no more than 50 percent of clinical experience time in each course.
- (p) External standardized examinations shall not be used to determine a student's progression or graduation in a nursing education program preparing students for initial nurse licensure.

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38;  
 Eff. February 1, 1976;  
 Amended Eff. June 1, 1992; January 1, 1989; January 1, 1984;  
 Temporary Amendment Eff. October 11, 2001;  
 Amended Eff. December 1, 2016; December 1, 2005; August 1, 2002;  
 Readopted Eff. January 1, 2019.

## **21 NCAC 36 .0322 FACILITIES**

- (a) Campus facilities shall be appropriate in type, number, and accessibility for the total needs of the program.
- (b) Classrooms, laboratory and simulation space, and conference rooms shall be sufficient in size, number, and types for the number of students and purposes for which the rooms are to be used. Lighting, ventilation, location, and equipment shall be suitable for the number of students and purposes for which the rooms are to be used.
- (c) Office and conference space for nursing program faculty members shall be appropriate and available for uninterrupted work and privacy, including conferences with students.
- (d) Learning resources, including clinical experiences, shall be comprehensive, current, developed with nursing faculty input, accessible to students and faculty and shall support the implementation of the curriculum.

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38;  
 Eff. February 1, 1976;  
 Amended Eff. January 1, 1996; June 1, 1992; January 1, 1989; May 1, 1988;  
 Temporary Amendment Eff. October 11, 2001;  
 Amended Eff. December 1, 2016; April 1, 2006; August 1, 2002;  
 Readopted Eff. January 1, 2019.

## **21 NCAC 36 .0323 RECORDS AND REPORTS**

- (a) The controlling institution's publications describing the nursing program shall be current and accurate.

- (b) The controlling institution shall maintain a system for maintaining official records. Current and permanent student records shall be stored in a secure manner that prevents physical damage and unauthorized access.
- (c) Both permanent and current records shall be available for review by Board staff.
- (d) The official permanent record for each graduate shall include documentation of graduation from the program and a transcript of the individual's achievement in the program.
- (e) The record for each currently enrolled student shall contain up-to-date and complete information, including the following:
- (1) documentation of admission criteria met by the student;
  - (2) documentation of high school graduation, high school equivalent, or earned credits from post-secondary institution approved pursuant to G.S. 90-171.38(a); and
  - (3) a transcript of credit hours achieved in the classroom, laboratory, and clinical instruction for each course that reflects progression consistent with program policies.
- (f) The nursing program shall file with the Board records, data, and reports in order to furnish information concerning operation of the program as prescribed in the rules in this Section, including:
- (1) an annual report to be filed with the Board by November 1 of each year;
  - (2) a program description report for non-accredited programs filed with the Board at least 30 days prior to a scheduled review by the Board; and
  - (3) notification by institution administration of any change of the nursing program director. This notification shall include a curriculum vitae for the new director and shall be submitted no later than 10 business days before the effective date of the change.
- (g) All communications relevant to accreditation shall be submitted to the Board at the same time that the communications are submitted to the accrediting body.
- (h) The Board may require additional records and reports for review at any time to provide evidence and substantiate compliance with the rules in this Section by a program and its controlling institutions.
- (i) The part of the application for licensure by examination to be submitted to the Board by the nursing program shall include a statement verifying satisfactory completion of all requirements for program completion and the date of completion. The nursing program director shall verify completion of requirements to the Board no later than one month following completion of the Board-approved nursing program.

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38;  
 Eff. February 1, 1976;  
 Amended Eff. December 1, 2016; January 1, 2015; December 1, 2005; January 1, 2004; June 1, 1992; January 1, 1989; January 1, 1984;  
 Readopted Eff. January 1, 2019;  
 Amended Eff. November 1, 2020.

## **21 NCAC 36 .0324      EXPERIMENTAL APPROACHES**

*History Note:* Authority G.S. 90-171.23(b)(8); 90-171.38;  
 Eff. January 1, 1984;  
 Amended Eff. June 1, 1992; January 1, 1989;  
 Repealed Eff. December 1, 2005.

## **21 NCAC 36 .0325      REMOVAL OF APPROVAL**

*History Note:* Authority G.S. 90-171.23(b); 90-171.38; 90-171.39; 90-171.40; 90-171.42(b);  
 Eff. October 1, 1992;  
 Temporary Repeal Eff. October 11, 2001;  
 Repealed Eff. August 1, 2002.

### **SECTION .0400 - UNLICENSED PERSONNEL: NURSE AIDES**

#### **21 NCAC 36 .0401      ROLES OF UNLICENSED PERSONNEL**

(a) Definitions. As used in Section .0400:

- (1) "Nursing care activities" means activities performed by unlicensed personnel that are delegated by licensed nurses in accordance with paragraphs (b) and (c) of this Rule.

- (2) "Patient care activities" means activities performed by unlicensed personnel if health care needs are incidental to the personal care required.
- (b) The Board, as authorized by G.S. 90-171.23(b)(1)(2)(3), shall determine those nursing care activities that may be delegated to unlicensed personnel. The registered and licensed practical nurse, in accordance with 21 NCAC 36 .0224 and .0225 and G.S. 90-171.20(7)(8), may delegate nursing care activities to unlicensed personnel, regardless of title, that are appropriate to the level of knowledge, skill, and validated competence of the unlicensed personnel.
- (c) Those nursing care activities that may be delegated to unlicensed personnel shall be determined by the following variables:
- (1) knowledge and skills of the unlicensed personnel;
  - (2) verification of clinical competence of the unlicensed personnel by a registered nurse employed by the agency.
  - (3) stability of the client's condition, which involves predictability, absence of risk of complication, and rate of change, and which excludes delegation of nursing care activities that do not meet the requirements defined in 21 NCAC 36 .0221(b);
  - (4) the variables in each service setting, which include:
    - (A) the complexity and frequency of nursing care needed by a given client population in the practice setting in which the nurse practices;
    - (B) the proximity of clients to staff in the practice setting in which the nurse practices;
    - (C) the number and qualifications of staff in the practice setting in which the nurse practices;
    - (D) the accessible resources; and
    - (E) established policies, procedures, practices, and channels of communication that lend support to the types of nursing activities being delegated, or not delegated, to unlicensed personnel in the practice setting in which the nurse practices.

*History Note:* Authority G.S. 90-171.20(2)(4)(7)d.,e.,g.; 90-171.43(4); 90-171.55; 42 U.S.C.S. 1395i-3 (1987); Eff. March 1, 1989;  
Amended Eff. December 1, 1995; October 1, 1991;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;  
Amended Eff. January 1, 2019.

#### **21 NCAC 36 .0402 COORDINATION WITH DIVISION OF HEALTH SERVICE REGULATION**

- (a) The Board shall accept nurse aide Is listed on the Division of Health Service Regulation (DHSR) maintained Nurse Aide Registry as meeting the requirements of 21 NCAC 36 .0403(a).
- (b) The Board shall acquire information from DHSR regarding all qualified nurse aide Is.

*History Note:* Authority G.S. 90-171.20(2)(4)(7)d.,e.,g.; 90-171.43(4); 90-171.55;  
42 U.S.C.S. 1395i-3 (1987);  
Eff. March 1, 1989;  
Amended Eff. November 1, 2008; December 1, 1995;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;  
Amended Eff. January 1, 2019.

#### **21 NCAC 36 .0403 QUALIFICATIONS**

(a) A nurse aide I shall perform basic nursing skills and personal care activities after successfully completing an approved nurse aide I training and competency evaluation or equivalent as approved by the Division of Health Service Regulation (DHSR). A licensed nurse shall delegate these activities only after considering the variables defined in Rule .0401(b) and (c) of this Section. Pursuant to G.S. 90-171.55, no individual may function as a nurse aide I, regardless of title, providing nursing care activities, as identified in Rule .0401(a) of this Section, to clients or residents unless:

- (1) the individual has successfully completed, in addition to an orientation program specific to the employing facility, a State-approved nurse aide I training and competency evaluation program or its equivalent; or a State-approved competency evaluation program and the employing facility or agency has verified listing on the Division of Health Service Regulation Nurse Aide Registry (DHSR Nurse Aide Registry); or



- (2) the employing agency or facility has assured that the individual is enrolled in a State-approved nurse aide I training and competency evaluation program that the individual will successfully complete within four months of employment date. During the four month period, the individual shall be assigned only tasks for which they have demonstrated competence and that they perform under supervision.
- (b) A nurse aide II shall perform more complex nursing skills with emphasis on sterile technique in elimination, oxygenation, and nutrition after successful completion of a Board-approved nurse aide II training and competency evaluation program. A licensed nurse shall delegate these activities to the nurse aide II only after consideration of the variables described in Rule .0401(b) and (c) of this Section. Pursuant to G.S. 90-171.55, no individual may function as a nurse aide II unless:
- (1) the individual has successfully completed, in addition to an orientation program specific to the employing agency, a Board-approved nurse aide II course according to these Rules or its equivalent as identified by the Board;
  - (2) the individual is listed as a nurse aide I on the DHSR Nurse Aide Registry with no substantiated findings of abuse, neglect, exploitation, mistreatment, diversion of drugs, fraud, or misappropriation of client or employing facility property listed on the DHSR Nurse Aide Registry and/or on the NC Health Care Personnel Registry; and
  - (3) the employing facility or agency has inquired of the Board as to information in the Board of Nursing Nurse Aide II Registry concerning the individual and confirms with the Board that the individual is listed on the Board Nurse Aide II Registry as a nurse aide II.
- (c) Listing on a Nurse Aide Registry is not required if the care is performed by clients themselves, their families or significant others, or by caretakers who provide personal care to individuals whose health care needs are incidental to the personal care required.
- (d) Pursuant to G.S. 131E-114.2 and G.S. 131E-270, a medication aide shall be limited to performing technical aspects of medication administration, consistent with Rule .0401(b) and (c) of this Section, Rule .0221 of this Chapter, and only after:
- (1) successful completion of a Board-approved medication aide training program;
  - (2) successful completion of a State-approved competency evaluation program; and
  - (3) listing on the Medication Aide Registry.

*History Note: Authority G.S. 90-171.20(2)(4)(7)d., e., g.; 90-171.43(4); 90-171.55; 90-171.56; 131E-114.2; 131E-270; 42U.S.C.S. 1395i-3 (1987); Eff. March 1, 1989; Temporary Amendment Eff. October 11, 1989 For a Period of 180 Days to Expire on April 6, 1990; Amended Eff. September 1, 2006; December 1, 1995; March 1, 1990; Readopted Eff. January 1, 2019.*

## **21 NCAC 36 .0404 LISTING AND RENEWAL**

- (a) All nurse aide IIs, as defined in Rule .0403(b) of this Section regardless of working title, employed or assigned in a service agency or facility for the purpose of providing nursing care activities shall be listed on the Board of Nursing Nurse Aide II Registry and shall meet the following requirements:
- (1) successful completion of a Board-approved nurse aide II course or its Board-approved equivalent;
  - (2) High School or High School Equivalency Diploma;
  - (3) current listing as a nurse aide I on the DHSR Nurse Aide I Registry with no substantiated findings of abuse, neglect, exploitation, mistreatment, diversion of drugs, fraud, or misappropriation of client or employing facility property as recorded on the DHSR Nurse Aide I Registry or on the NC Health Care Personnel Registry; and
  - (4) submission and approval of an application to the Board for placement on the Board of Nursing Nurse Aide II Registry prior to working as a nurse aide II.

The application shall be submitted with the required fee within 30 business days of completion of the nurse aide II course. Initial listing by the Board shall expire on the last day of the applicant's birth month of the following year.

- (b) Nursing students currently enrolled in Board-approved nursing courses desiring listing as a nurse aide II shall submit:
- (1) an application and application fee;

- (2) current listing as a nurse aide I on the DHSR Nurse Aide I Registry with no substantiated findings of abuse, neglect, exploitation, mistreatment, diversion of drugs, fraud, or misappropriation of client or employing facility property as recorded on the DHSR Nurse Aide I Registry or on the NC Health Care Personnel Registry; and
  - (3) verification completed by the nursing program director indicating successful completion of course work equivalent in content, clinical hours, and skill competency validation for that required of a nurse aide II.
- (c) Registered nurses and licensed practical nurses who hold active, unencumbered licenses to practice in North Carolina may make application as a nurse aide II.
- (d) An individual previously enrolled in a Board-approved nursing program leading to licensure a registered nurse or licensed practical nurse may list as a nurse aide II with no additional testing provided the student withdrew from school in good standing within the last 24 months and completed the equivalent content, clinical hours, and skills competency validation. Such individual shall submit an application as described in Paragraph (b) of this Rule. If the student was in good standing upon withdrawal from the school and withdrew from the school in excess of 24 months, the student shall successfully complete an entire nurse aide II course prior to being listed as a nurse aide II.
- (e) Individuals who have completed a training course equivalent in content, clinical hours, and skills competency validation to the nurse aide II course may submit documentation of the same to the Board for review. If training is equivalent, the individual may submit the application with required fee and be listed on the Board of Nursing Nurse Aide Registry as a nurse aide II.
- (f) An employing agency or facility may choose up to four nurse aide II tasks to be performed by nurse aide I personnel without the nurse aide I completing the entire nurse aide II course. These tasks shall be individual activities that may be performed after the nurse aide I has received Board-approved training and competency evaluation using nurse aide II education modules as defined in Rule .0403(b) of this Section.
- (1) The agency or facility shall be limited to selecting and implementing a maximum of four nurse aide II tasks for use throughout each agency or facility.
  - (2) A nurse aide I who is trained and evaluated as competent to perform these limited nurse aide II tasks shall perform these tasks only in the specific agency or facility where the training and competency validation were completed; performance of these tasks by the nurse aide I shall not transfer to another healthcare setting.
  - (3) Documentation of the training and competency evaluation shall be maintained for each nurse aide I who is approved to perform these nurse aide II tasks within the agency or facility.
- (g) Each nurse aide II shall renew listing with the Board biennially on or before the listing period expiration date. The renewal application, posted on the Board's website at [www.ncbon.com](http://www.ncbon.com), shall be accompanied by the required fee.
- (1) After the nurse aide II listing expires, it will not be renewed unless the nurse aide II successfully passes a Board-approved competency evaluation or successfully completes an entire Board-approved nurse aide II course.
  - (2) To be eligible for renewal, the nurse aide II shall have worked at least eight hours for compensation during the past 24 months performing nursing care activities under the supervision of a registered nurse.
  - (3) Any nurse aide II who has had a continuous period of 24 months during which no nursing care activities were performed for monetary compensation but who has performed patient care activities for monetary compensation shall successfully complete the competency evaluation portion of the nurse aide II course and submit a renewal application and fee in order to be renewed on the Board of Nursing Nurse Aide II Registry.
  - (4) A nurse aide II who has performed no nursing care or patient care activities for monetary compensation within the past 24 months shall successfully complete a Board-approved nurse aide II course prior to submitting the application for renewal.
  - (5) A nurse aide II who has substantiated findings of abuse, neglect, exploitation, mistreatment, diversion of drugs, fraud, or misappropriation of client or employing facility property as recorded on the DHSR Nurse Aide I Registry or the NC Health Care Personnel Registry shall not be eligible for renewal as a nurse aide II.

*History Note:* Authority G.S. 90-171.19; 90-171.20(2)(4)(7)d,e,g; 90-171.37; 90-171.43(4); 90-171.55; 90-171.83; 42 U.S.C.S. 1395i-3 (1987); Eff. March 1, 1989;

*Amended Eff. July 1, 2010; November 1, 2008; August 1, 2005; August 1, 2002; July 1, 2000; December 1, 1995; April 1, 1990;*  
*Readopted Eff. January 1, 2019.*

**21 NCAC 36 .0405 APPROVAL OF NURSE AIDE EDUCATION COURSES**

- (a) The Board shall accept nurse aide I courses that are approved by DHSR.
- (b) The Board shall approve nurse aide II courses in accordance with this Rule. Nurse aide II courses shall be offered by a State-licensed individual, agency, or educational institution after the course is approved by the Board.
- (1) Each entity desiring to offer a nurse aide II course shall submit a course approval application 60 days prior to offering the course. It shall include documentation of the following standards:
- (A) the students shall be taught and supervised by qualified faculty as defined in Subparagraph (b)(3) of this Rule;
  - (B) the clinical-experience faculty to student ratio shall not exceed 1:10;
  - (C) the selection and utilization of clinical facilities shall support the course curriculum as outlined in Subparagraph (b)(2) of this Rule;
  - (D) a written contract shall exist between the course provider and clinical facility prior to student clinical experience in the facility;
  - (E) a procedure for processing and disposition of course and student complaints shall be established; and
  - (F) admission requirements shall be established in accordance with one of the following:
    - (i) for all programs except those offered as career and college promise tract programs admission requirements shall include:
      - (I) completion of nurse aide I DHSR course or DHSR-established equivalent and active nurse aide I listing on DHSR Registry;
      - (II) High School or High School Equivalency diploma; and
      - (III) other admission requirements as identified by the course provider; or
    - (ii) for all career and college promise tract programs admission requirements shall include:
      - (I) completion of a nurse aide I DHSR course or DHSR-established equivalent;
      - (II) active nurse aide I listing on DHSR Registry after the first attempt to pass nurse aide I test and within no more than five calendar days from enrollment in the nurse aide II course;
      - (III) expected High School diploma or High School Equivalency diploma not more than three months from completion of the nurse aide II course; and
      - (IV) other admission requirements as identified by the course provider.
- (2) Nurse aide II courses shall include a minimum of 80 hours of theory and 80 hours of clinical instruction, supervised by a nurse faculty meeting the requirements of Subparagraph (b)(3) of this Rule. A nurse aide II education course shall not use simulation for more than eight hours as a substitute for the required 80 hours of clinical experience.
- (3) Minimum competency and qualifications for faculty for the nurse aide II courses shall include:
- (A) an active unencumbered license to practice as a registered nurse in North Carolina;
  - (B) at least two years of direct patient care experiences as a registered nurse; and
  - (C) experience teaching adult learners.
- (4) Each nurse aide II course shall furnish the Board with records, data, and reports requested by the Board that provide information concerning the operation of the course and all individuals who attended the course within the past five years.
- (5) In accordance with Rule .0309 of this Chapter, when an approved nurse aide II course closes, it shall notify the Board of the closing and how student records will be stored.
- (6) A Board-approved nurse aide II course that will provide nurse aide II competency evaluation shall obtain Board approval prior to offering competency evaluation.
- (A) Board-approved nurse aide II course shall be in full approval status for at least one year prior to submitting an application to provide nurse aide II competency evaluation; and
  - (B) full approval course status shall be maintained to provide nurse aide II competency evaluation.

- (c) An annual nurse aide II course report shall be submitted by the course director to the Board on a form provided by the Board by March 31 of each year.
- (d) Complaints regarding nurse aide II courses shall result in an on-site survey by the Board if necessary to resolve the complaint.
- (e) Approval status shall be determined by the Board using the annual course report, survey report, and other data submitted by the program, agencies, or students. The determination shall result in full approval or approval with stipulations.
- (f) If the program fails to correct the deficiencies, a hearing shall be held by the Board regarding course approval status. A course may continue to operate while awaiting the hearing before the Board; however, in the case of summary suspension of approval as authorized by G.S. 150B-3(c), the course shall immediately cease operation.
  - (1) When a hearing is scheduled, the Board shall cause notice to be served on the course and shall specify a date for the hearing, to be held not less than 20 days from the date on which notice is given.
  - (2) If evidence presented at hearing shows that the course is complying with all federal and State law, including the rules in this Section, the Board shall assign the course full approval status.
  - (3) If evidence presented at hearing shows that the course is not complying with all federal and State law, including the rules in this Section, the parent institution shall:
    - (A) cease operation;
    - (B) present a plan to the Board for transfer of students to approved courses or shall fully refund tuition paid by the student. Closure shall take place after the transfer of students to approved courses within a time frame established by the Board; and
    - (C) notify the Board of the arrangements for storage of permanent records.

*History Note:* Authority G.S. 90-171.20(2)(4)(7)d.,e.,g.; 90-171.39; 90-171.40; 90-171.43(4); 90-171.55; 90-171.83; 42 U.S.C.S. 1395i-3 (1987);  
 Eff. March 1, 1989;  
 Amended Eff. November 1, 2008; April 1, 2003; August 1, 2002; July 1, 2000; December 1, 1995; March 1, 1990;  
 Readopted Eff. January 1, 2019;  
 Amended Eff. March 1, 2020.

**21 NCAC 36 .0406 MEDICATION AIDE TRAINING REQUIREMENTS**

- (a) Faculty for the medication aide training program shall:
  - (1) have an active, unencumbered license to practice as a registered nurse in North Carolina;
  - (2) have had at least two years of practice experience as a registered nurse that includes medication administration;
  - (3) have successfully completed an instructor training program approved by the Board according to these Rules; and
  - (4) maintain Board certification as a medication aide instructor.
- (b) A medication aide instructor certification shall be renewed every two years provided the following requirements are met:
  - (1) the individual has taught at least one medication aide training program within the preceding two years; and
  - (2) the individual has reviewed program changes approved by the Board and posted on the Board's website at [www.ncbon.com](http://www.ncbon.com).
- (c) An applicant for a medication aide training program approved by the Board shall have a high school diploma or High School Equivalency.

*History Note:* Authority G.S. 90-171.56; 131E-114.2; 131E-270;  
 Eff. September 1, 2006;  
 Amended Eff. April 1, 2008;  
 Readopted Eff. January 1, 2019.

**SECTION .0500 - PROFESSIONAL CORPORATIONS**

**21 NCAC 36 .0501 PURPOSE AND DEFINITIONS**

(a) The purpose of the rules in this Section is to adopt rules supplementing or clarifying Chapter 55B of the General Statutes for professional corporations whose purpose is the provision of nursing and related services.

(b) The following definitions shall apply throughout this Section:

- (1) "Board" means the North Carolina Board of Nursing.
- (2) "Nursing and Related Services" means those activities through which nursing, as defined in G.S. 90-171.20(4), is practiced.
- (3) "Licensee" means any individual who is duly licensed to practice nursing in North Carolina as a registered nurse.
- (4) "Professional Corporation" means professional corporations organized for the purpose of providing nursing related services in North Carolina.
- (5) "Director" means the Executive Director of the North Carolina Board of Nursing.

*History Note:* Authority G.S. 55B-2; 55B-12; 90-171.20(6); 90-171.23;  
Eff. March 1, 1991;  
Amended Eff. November 1, 2008;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

#### **21 NCAC 36 .0502 NAME OF PROFESSIONAL CORPORATION**

In addition to the provisions of G.S. 55B, the Professional Corporation Act, the name of a professional corporation that provides nursing care and related services shall not include any adjectives or words not in accordance with ethical customs of the nursing profession as defined by the American Nurses Association code of ethics and shall not be false or misleading.

*History Note:* Authority G.S. 55B-5; 55B-12; 90-171.43;  
Eff. March 1, 1991;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;  
Amended Eff. January 1, 2019.

#### **21 NCAC 36 .0503 PREREQUISITES FOR INCORPORATION**

The following requirements must be met in order to incorporate a professional corporation that will provide nursing and related services in this State:

- (1) The incorporator, whether one or more, of a professional corporation shall be licensed to practice nursing in North Carolina as a registered nurse.
- (2) Before the filing of the articles of incorporation with the Secretary of State, the incorporators shall file, with the Board, the original articles of incorporation, plus a copy, together with a registration fee in the maximum allowable amount set forth in G.S. 55B-10.
- (3) The original articles of incorporation and the copy shall be accompanied by an application to the Board, certified by all incorporators, setting forth the names, addresses, and certificate numbers of each shareholder of the corporation who will be practicing nursing for the corporation.
- (4) Included with the above shall be a statement that each shareholder of the corporation who will be practicing nursing for the corporation is licensed to practice nursing in North Carolina as registered nurses, and stating that the corporation will be conducted in compliance with the Professional Corporation Act and these Rules.
- (5) If the articles are changed in any manner before being filed with the Secretary of State, they shall be re-submitted to the Board and shall not be filed with the Secretary of State until approved by the Board.

*History Note:* Authority G.S. 55B-4; 55B-10; 55B-12; 90-171.20(6);  
Eff. March 1, 1991;  
Amended Eff. April 1, 2009;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;  
Amended Eff. January 1, 2019.

## **21 NCAC 36 .0504      CERTIFICATE OF REGISTRATION**

The Certificate of Registration shall be issued as follows:

- (1) The Board shall issue a certificate of registration for the professional corporation to become effective only after the professional corporation files the articles of incorporation with the Secretary of State and if:
  - (a) no disciplinary action is pending before the Board against any of the licensed incorporators or individuals who will be directors, officers, or shareholders of such corporation; and
  - (b) such corporation will be conducted in compliance with the Professional Corporations Act and the rules in this Subchapter.
- (2) The proposed original articles of incorporation and the certificate of registration, shall be returned to the incorporators for filing with the Secretary of State. A copy of the articles of incorporation and a copy of the certificate of registration shall be retained in the Board office. If the required findings are not made, the registration fee shall be refunded to the incorporators.
- (3) The initial certificate of registration shall remain in effect until December 31 of the year in which it was issued, unless suspended or terminated as provided by law. The certificate of registration shall be renewed annually thereafter.
- (4) At least 20 days prior to the date of expiration of the certificate of registration, the professional corporation shall submit its written application for renewal on a form provided by the Board, along with a renewal fee in the maximum allowable amount set forth in G.S. 55B-10.

*History Note:* Authority G.S. 55B-12; 90-171.20(6); 90-171.23;  
Eff. April 1, 1991;  
Amended Eff. November 1, 2008;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;  
Amended Eff. January 1, 2019.

## **21 NCAC 36 .0505      GENERAL AND ADMINISTRATIVE PROVISIONS**

The following general provisions shall apply to a professional corporation that will provide nursing and related services in this State:

- (1) If the Board declines to issue a Certificate of Registration required by 21 NCAC 36 .0504, declines to renew the same after properly requested, or refuses to take any other required action, the aggrieved party may request, in writing, a review of such action by the Board, and the Board shall provide a formal hearing for such aggrieved party before a majority of the Board.
- (2) All amendments to charters of professional corporations, all merger and consolidation agreements to which a professional corporation is a party, and all dissolution proceedings and similar changes in the corporate structure of a professional corporation shall be filed with the Board for approval before being filed with the Secretary of State. A true copy of the changes filed with the Secretary of State shall be filed with the Board within 10 days after filing with the Secretary of State.
- (3) The Board is authorized to issue the certificate required by G.S. 55B-6 if stock is transferred in a professional corporation, and such certificate shall be permanently attached to the stub of the transferee's certificate in the stock book of the professional corporation.

*History Note:* Authority G.S. 55B-6; 55B-12; 90-171.23;  
Eff. April 1, 1991;  
Amended Eff. November 1, 2008;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;  
Amended Eff. January 1, 2019.

## **21 NCAC 36 .0506      FORMS**

The following forms regarding professional corporations shall be posted on the Board's website at [www.ncbon.com](http://www.ncbon.com):

- (1) Certificate of Incorporator(s) and Application for a Certificate of Registration for a Professional Corporation;

- (2) Certificate of Registration of a Professional Corporation for the Purpose of Providing Nursing Related Services;
- (3) Application for Renewal of Certificate of Registration; and
- (4) Certificate Authorizing Transfer of Stock in Professional Corporation Organized to Provide Nursing Related Services.

*History Note:* Authority G.S. 55B-12; 90-171.23;  
 Eff. March 1, 1991;  
 Amended Eff. November 1, 2008;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;  
 Amended Eff. January 1, 2019.

**21 NCAC 36 .0507 FEES**

The registration and renewal fees for a professional corporation shall be the maximum allowable amount under G.S. 55B-10 and G.S. 55B-11.

*History Note:* Authority G.S. 55B-10; 55B-11; 55B-12;  
 Eff. April 1, 1991;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;  
 Amended Eff. January 1, 2019.

**SECTION .0600 - ARTICLES OF ORGANIZATION**

**21 NCAC 36 .0601 NAME OF PROFESSIONAL LIMITED LIABILITY COMPANY**

In addition to the provisions of G.S. 57D, the North Carolina Limited Liability Compact Act, the name of a limited liability company that provides nursing and related services shall not include any adjectives or other words not in accordance with ethical customs of the nursing profession as defined by the American Nurses Association code of ethics and shall not be false or misleading.

*History Note:* Authority G.S. 55B-10; 57D-2-02;  
 Eff. August 1, 1998;  
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;  
 Amended Eff. January 1, 2019.

**21 NCAC 36 .0602 PREREQUISITES FOR ORGANIZATION**

(a) The organizing members shall submit the following requirements to the Board prior to filing the articles of organization:

- (1) a certificate, certified by those registered nurses who are organizing members, setting forth the names, addresses, and license numbers of each individual who will be employed by the professional limited liability company to practice nursing and related services as specified in G.S. 55B-14(c)(2), (4)-(6), stating that all such individuals are duly licensed to practice nursing in North Carolina, and representing that the company will be conducted in compliance with North Carolina Limited Liability Company Act and the rules in this Subchapter; and
- (2) a registration fee in the maximum allowable amount set forth in G.S. 55D.

(b) A certification that each of those organizing members who may provide nursing and related services as specified in G.S. 55B-14(c)(2), (4)-(6) is licensed to practice nursing in North Carolina shall be returned to the professional limited liability company for filing with the Secretary of State.

(c) If the articles are changed in any manner before being filed with the Secretary of State, they shall be re-submitted to the Board and shall not be filed with the Secretary of State until approved by the Board.

*History Note:* Authority G.S. 55B-4; 55B-10; 55B-12; 55B-14; 57D-2-01; 57D-2-02; 90-171.23;  
 Eff. August 1, 1998;  
 Amended Eff. November 1, 2008;

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;*  
*Amended Eff. January 1, 2019.*

**21 NCAC 36 .0603 CERTIFICATE OF REGISTRATION**

(a) A certificate of registration for a Professional Limited Liability Company shall remain effective until December 31 of the year in which it was issued unless suspended or terminated as provided by law.

(b) A certificate of registration shall be renewed annually on application forms supplied by the Board. The application shall be accompanied by the maximum allowable renewal fee as set forth in G.S. 57D.

*History Note: Authority G.S. 55B-10; 55B-11; 57D-2-01; 57D-2-02; 90-171.23;*  
*Eff. August 1, 1998;*  
*Amended Eff. November 1, 2008;*  
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;*  
*Amended Eff. January 1, 2019.*

**21 NCAC 36 .0604 GENERAL AND ADMINISTRATIVE PROVISIONS**

The Board shall issue the certificate authorizing transfer of membership if membership is transferred in the company. This transfer form shall be permanently retained by the company. The membership books of the company shall be kept at the principal office of the company and shall be subject to inspection by authorized agents of the Board.

*History Note: Authority G.S. 55B-12; 57D;*  
*Eff. August 1, 1998;*  
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;*  
*Amended Eff. January 1, 2019.*

**21 NCAC 36 .0605 FEES**

The fee for both an initial Certificate of Registration and renewal is the maximum allowable fee as set forth in G.S. 57D.

*History Note: Authority G.S. 55B-10; 55B-11; 57D; 90-171.23;*  
*Eff. August 1, 1998;*  
*Amended Eff. November 1, 2008;*  
*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;*  
*Amended Eff. January 1, 2019.*

**SECTION .0700 – NURSE LICENSURE COMPACT**

- 21 NCAC 36 .0701 DEFINITIONS OF TERMS IN THE COMPACT**
- 21 NCAC 36 .0702 ISSUANCE OF A LICENSE BY A COMPACT PARTY STATE**
- 21 NCAC 36 .0703 LIMITATIONS ON MULTISTATE LICENSURE PRIVILEGE**
- 21 NCAC 36 .0704 INFORMATION SYSTEM**
- 21 NCAC 36 .0705 PARTY STATE LICENSURE REQUIREMENTS**

*History Note: Authority G.S. 90-171.32; 90-171.37; 90-171.82; 90-171.82(6); 90-171.83(a)(b); 90-171.85(b); 90-171.85(f); 90-171.87(4); 90-171.87(4); 90-171.88; 90-171.88(d)(e); 90-171.94;*  
*Eff. July 1, 2000;*  
*Amended Eff. November 1, 2013; July 1, 2012; July 1, 2005;*  
*Repealed Eff. January 19, 2018 pursuant to G.S. 150B-21.7.*

**SECTION .0800 - APPROVAL AND PRACTICE PARAMETERS FOR NURSE PRACTITIONERS**



## 21 NCAC 36 .0801 DEFINITIONS

The following definitions apply to this Section:

- (1) "Approval to Practice" means authorization by the Joint Subcommittee of the Medical Board and the Board of Nursing for a nurse practitioner to practice within her or his area of educational preparation and certification under a collaborative practice agreement with a physician licensed by the Medical Board in accordance with this Section.
- (2) "Back-up Supervising Physician" means a physician licensed by the Medical Board who, by signing an agreement with the nurse practitioner and the primary supervising physician(s) shall provide supervision, collaboration, consultation, and evaluation of medical acts by the nurse practitioner in accordance with the collaborative practice agreement when the primary supervising physician is not available. Back-up supervision shall be in compliance with the following:
  - (a) The signed and dated agreements for each back-up supervising physician(s) shall be maintained at each practice site.
  - (b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a back-up supervising physician.
  - (c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation and has a signed collaborative practice agreement with the nurse practitioner and the primary supervising physician may be a back-up supervising physician for a nurse practitioner in the non-training situation.
- (3) "Board" means the North Carolina Board of Nursing.
- (4) "Collaborative practice agreement" means the arrangement for nurse practitioner-physician that provides for the continuous availability to each other for ongoing supervision, consultation, collaboration, referral, and evaluation of care provided by the nurse practitioner.
- (5) "Emergency" means a state of emergency as defined in G.S. 166A-19.3 and proclaimed by the Governor or by the General Assembly.
- (6) "Joint Subcommittee" means the subcommittee composed of members of the Board and members of the Medical Board to whom responsibility is given by G.S. 90-8.2 and G.S. 90-171.23(b)(14) to develop rules to govern the performance of medical acts by nurse practitioners in North Carolina.
- (7) "Medical Board" means the North Carolina Medical Board.
- (8) "National Credentialing Body" means one of the following credentialing bodies that offers certification and re-certification in the nurse practitioner's specialty area of practice:
  - (a) American Nurses Credentialing Center (ANCC);
  - (b) American Academy of Nurse Practitioners National Certification Board (AANPCNB);
  - (c) American Association of Critical Care Nurses Certification Corporation (AACN);
  - (d) National Certification Corporation of the Obstetric Gynecologic and Neonatal Nursing Specialties (NCC); and
  - (e) the Pediatric Nursing Certification Board (PNCB).
- (9) "Nurse Practitioner" or "NP" means a registered nurse who holds an active unencumbered license approved to practice consistent with the nurse's area of nurse practitioner academic educational preparation and national certification under an agreement with a physician licensed by the Medical Board for ongoing supervision, consultation, collaboration, and evaluation of the medical acts performed. Such medical acts are in addition to those nursing acts performed by virtue of registered nurse (RN) licensure. The NP is held accountable under the RN license for those nursing acts that he or she may perform.
- (10) "Primary Supervising Physician" means a physician with an active unencumbered license with the Medical Board who shall provide ongoing supervision, collaboration, consultation, and evaluation of the medical acts performed by the nurse practitioner as defined in the collaborative practice agreement. Supervision shall be in compliance with the following:
  - (a) The primary supervising physician shall assure both Boards that the nurse practitioner is qualified to perform those medical acts described in the collaborative practice agreement.
  - (b) A physician in a graduate medical education program, whether fully licensed or holding only a resident's training license, shall not be named as a primary supervising physician.
  - (c) A fully licensed physician in a graduate medical education program who is also practicing in a non-training situation may supervise a nurse practitioner in the non-training situation.

- (11) "Registration" means authorization for a registered nurse to use the title nurse practitioner in accordance with this Section.
- (12) "Supervision" means the physician's function of overseeing medical acts performed by the nurse practitioner.
- (13) "Volunteer Approval" means approval to practice consistent with this Section except without expectation of direct or indirect compensation or payment (monetary, in kind, or otherwise) to the nurse practitioner.

*History Note:* Authority G.S. 90-8.1; 90-8.2; 90-18(14); 90-18.2; 90-171.20(4); 90-171.23(b); 90-171.95B; Recodified from 21 NCAC 36 .0227(a) Eff. August 1, 2004; Amended Eff. September 1, 2012; December 1, 2009; December 1, 2006; August 1, 2004; Readopted Eff. January 1, 2019; Amended Eff. June 1, 2021.

## **21 NCAC 36 .0802 SCOPE OF PRACTICE**

The nurse practitioner's scope of practice is defined by academic educational preparation and national certification and maintained competence. A nurse practitioner shall be held accountable by both Boards for a broad range of personal health services for which the nurse practitioner is educationally prepared and for which competency has been maintained, with physician supervision and collaboration as described in Rule .0810 of this Section. These services include:

- (1) promotion and maintenance of health;
- (2) prevention of illness and disability;
- (3) diagnosing, treating, and managing acute and chronic illnesses;
- (4) guidance and counseling for both individuals and families;
- (5) prescribing, administering, and dispensing therapeutic measures, tests, procedures, and drugs;
- (6) planning for situations beyond the nurse practitioner's scope of practice and expertise by consulting with and referring to other health care providers as appropriate; and
- (7) evaluating health outcomes.

*History Note:* Authority G.S. 90-18(c)(14); 90-18.2; 90-171.23(b)(14); Recodified from 21 NCAC 36 .0227(b) Eff. August 1, 2004; Amended Eff. August 1, 2004; Readopted Eff. January 1, 2019; Amended Eff. June 1, 2021.

## **21 NCAC 36 .0803 NURSE PRACTITIONER REGISTRATION**

(a) The Board shall register an applicant as a nurse practitioner who:

- (1) has an active unencumbered license or privilege to practice as a registered nurse in North Carolina or compact state and, when applicable, an active unencumbered approval, registration, or license as a nurse practitioner in another state, territory, or possession of the United States;
- (2) has completed a nurse practitioner education program as outlined in Rule .0805 of this Section;
- (3) is certified as a nurse practitioner by a national credentialing body consistent with Rule .0801(8) of this Section; and
- (4) has supplied additional information necessary to evaluate the application as requested by the Board on a case-by-case basis.

(b) Applicants who have graduated from a nurse practitioner program after January 1, 2005 who are seeking first-time nurse practitioner registration shall:

- (1) hold a Master's or higher degree in Nursing or related field with primary focus on Nursing;
- (2) have completed a graduate or post-graduate level nurse practitioner education program accredited by a national accrediting body; and
- (3) provide documentation of certification by a national credentialing body.

*History Note:* Authority G.S. 90-18(c)(14); 90-18.2; 90-171.23(b); 90-171.95B; Eff. August 1, 2004; Amended Eff. September 1, 2012; November 1, 2008; December 1, 2006; Readopted Eff. January 1, 2019;

*Amended Eff. June 1, 2021.*

**21 NCAC 36 .0804 PROCESS FOR APPROVAL TO PRACTICE**

- (a) Prior to the performance of any medical acts, a nurse practitioner shall:
- (1) meet registration requirements as specified in 21 NCAC 36 .0803;
  - (2) submit an application for approval to practice;
  - (3) submit any additional information necessary to evaluate the application as requested; and
  - (4) have a collaborative practice agreement with a primary supervising physician.
- (b) A nurse practitioner seeking approval to practice who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board of Nursing in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and their management directly related to the nurse practitioner's area of education and certification. A nurse practitioner refresher course participant shall be granted an approval to practice that is limited to clinical activities required by the refresher course.
- (c) The nurse practitioner shall not practice until notification of approval to practice is received from the Board of Nursing after both Boards have approved the application.
- (d) The nurse practitioner's approval to practice is terminated when the nurse practitioner discontinues working within the approved nurse practitioner collaborative practice agreement, or experiences an interruption in her or his registered nurse licensure status, and the nurse practitioner shall so notify the Board of Nursing in writing. The Boards shall extend the nurse practitioner's approval to practice in cases of emergency such as injury, sudden illness or death of the primary supervising physician.
- (e) Applications for approval to practice in North Carolina shall be submitted to the Board of Nursing and then approved by both Boards as follows:
- (1) the Board of Nursing shall verify compliance with Rule .0803 and Paragraph (a) of this Rule; and
  - (2) the Medical Board shall verify that the designated primary supervising physician holds a valid license to practice medicine in North Carolina and compliance with Paragraph (a) of this Rule.
- (f) Applications for approval of changes in practice arrangements for a nurse practitioner currently approved to practice in North Carolina shall be submitted by the applicant as follows:
- (1) addition or change of primary supervising physician shall be submitted to the Board of Nursing and processed pursuant to protocols developed by both Boards; and
  - (2) request for change(s) in the scope of practice shall be submitted to the Joint Subcommittee.
- (g) A registered nurse who was previously approved to practice as a nurse practitioner in this state who reapplies for approval to practice shall:
- (1) meet the nurse practitioner approval requirements as stipulated in Rule .0808(c) of this Section; and
  - (2) complete the appropriate application.
- (h) Volunteer Approval to Practice. The North Carolina Board of Nursing shall grant approval to practice in a volunteer capacity to a nurse practitioner who has met the qualifications to practice as a nurse practitioner in North Carolina.
- (i) The nurse practitioner shall pay the appropriate fee as outlined in Rule .0813 of this Section.
- (j) A Nurse Practitioner approved under this Section shall keep proof of current licensure, registration and approval available for inspection at each practice site upon request by agents of either Board.

*History Note: Authority G.S. 90-18(13), (14); 90-18.2; 90-171.20(7); 90-171.23(b);  
Recodified from 21 NCAC 36 .0227(c) Eff. August 1, 2004;  
Amended Eff. November 1, 2013; January 1, 2013; December 1, 2009; November 1, 2008;  
January 1, 2007; August 1, 2004;  
Readopted Eff. January 1, 2019.*

**21 NCAC 36 .0805 EDUCATION AND CERTIFICATION REQUIREMENTS FOR REGISTRATION AND APPROVAL AS A NURSE PRACTITIONER**

- (a) A nurse practitioner applicant seeking registration or first-time approval to practice after January 1, 2000, shall provide evidence of current certification as a nurse practitioner by a national credentialing body.
- (b) A nurse practitioner applicant seeking registration or first-time approval to practice who completed a nurse practitioner education program prior to December 31, 1999 shall provide evidence of completion of a course of education that contains a core curriculum including 400 contact hours of didactic education and 400 hours of preceptorship or supervised clinical experience. The core curriculum shall contain the following components:

- (1) health assessment and diagnostic reasoning including:
  - (A) historical data;
  - (B) physical examination data;
  - (C) organization of data base;
- (2) pharmacology;
- (3) pathophysiology;
- (4) clinical management of common health problems and diseases such as the following shall be included in the nurse practitioner's academic program:
  - (A) respiratory system;
  - (B) cardiovascular system;
  - (C) gastrointestinal system;
  - (D) genitourinary system;
  - (E) integumentary system;
  - (F) hematologic and immune systems;
  - (G) endocrine system;
  - (H) musculoskeletal system;
  - (I) infectious diseases;
  - (J) nervous system;
  - (K) behavioral, mental health, and substance abuse problems;
- (5) clinical preventative services, including health promotion and prevention of disease;
- (6) client education related to Subparagraph (b)(4) and (5) of this Rule; and
- (7) role development including legal, ethical, economical, health policy, and interdisciplinary collaboration issues.

(c) Nurse practitioner applicants exempt from components of the core curriculum requirements listed in Paragraph (b) of this Rule are:

- (1) Any nurse practitioner approved to practice in North Carolina prior to January 18, 1981, is permanently exempt from the core curriculum requirement.
- (2) A nurse practitioner certified by a national credentialing body prior to January 1, 1998, who also provides evidence of satisfying Subparagraph (b)(1)-(3) of this Rule shall be exempt from core curriculum requirements in Subparagraph (b)(4)-(7) of this Rule. Evidence of satisfying Subparagraph (b)(1)-(3) of this Rule shall include:
  - (A) a narrative of course content; and
  - (B) contact hours.

*History Note:* Authority G.S. 90-18(c)(4);  
 Recodified from 21 NCAC 36.0227(d) Eff. August 1, 2004;  
 Amended Eff. December 1, 2009; December 1, 2006; August 1, 2004;  
 Readopted Eff. January 1, 2019;  
 Amended Eff. June 1, 2021.

**21 NCAC 36 .0806 ANNUAL RENEWAL OF APPROVAL TO PRACTICE**

(a) Each registered nurse who is approved to practice as a nurse practitioner in this State shall annually renew each approval to practice with the Board no later than the last day of the nurse practitioner's birth month by:

- (1) Maintaining current North Carolina RN licensure or privilege to practice;
- (2) Maintaining certification as a nurse practitioner by a national credentialing body identified in Rule .0801(8) of this Section;
- (3) Attesting to completion of continuing competence requirements, and submitting evidence of completion if requested by the Board, as specified in Rule .0807 of this Section;
- (4) Submitting the fee required in Rule .0813 of this Section; and
- (5) Completing the renewal application.

(b) If the nurse practitioner has not renewed by the last day of her or his birth month, the approval to practice as a nurse practitioner shall expire.

*History Note:* Authority G.S. 90-8.1; 90-8.2; 90-18(c)(14); 90-171.23(b)(14); 90-171.95B;  
 Recodified from 21 NCAC 36.0227(e) Eff. August 1, 2004;  
 Amended Eff. March 1, 2017; December 1, 2009; November 1, 2008; August 1, 2004;

*Readopted Eff. January 1, 2019;*  
*Amended Eff. June 1, 2021.*

**21 NCAC 36 .0807 CONTINUING EDUCATION (CE)**

(a) In order to maintain nurse practitioner approval to practice, the nurse practitioner shall maintain certification as a nurse practitioner by a national credentialing body identified in Rule .0801(8) of this Section and earn 50 contact hours of continuing education each year, beginning with the first renewal after initial approval to practice has been granted. A minimum of 20 hours of the required 50 hours must be in the advanced practice nursing population focus of the NP role for which approval has been granted by the American Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical Education (ACCME), other national credentialing bodies, or practice-relevant courses in an institution of higher learning.

(b) Every nurse practitioner who prescribes controlled substances shall complete at least one hour of the total required continuing education (CE) hours annually consisting of CE designed specifically to address controlled substance prescribing practices and controlled substance prescribing for chronic pain management. CE that includes recognizing signs of the abuse or misuse of controlled substances, or non-opioid treatment options shall qualify for the purposes of this Rule.

(c) Documentation shall be maintained by the nurse practitioner for the previous five calendar years and made available upon request to either Board.

*History Note: Authority G.S. 90-8.2; 90-14(a)(15); 90-18(c)(14); 90-171.23(b)(14); 90-171.42; S.L. 2015-241, s 12F;*  
*Recodified from 21 NCAC 36 .0227(f) Eff. August 1, 2004;*  
*Amended Eff. March 1, 2017; December 1, 2009; April 1, 2008; August 1, 2004;*  
*Readopted Eff. January 1, 2019;*  
*Amended Eff. June 1, 2021.*

**21 NCAC 36 .0808 INACTIVE STATUS**

(a) Any nurse practitioner who wishes to place her or his approval to practice on an inactive status shall notify the Board in writing.

(b) A nurse practitioner with an inactive approval to practice status shall not practice as a nurse practitioner.

(c) A nurse practitioner with an inactive approval to practice status who reapplies for approval to practice shall meet the qualifications for approval to practice in Rules .0803(a)(1), .0804(a) and (b), .0807, and .0810 of this Section and receive notification from the Board of approval prior to beginning practice after the application is approved.

(d) A nurse practitioner who has not practiced as a nurse practitioner in more than two years shall complete a nurse practitioner refresher course approved by the Board in accordance with Paragraphs (o) and (p) of 21 NCAC 36 .0220 and consisting of common conditions and management of these conditions directly related to the nurse practitioner's area of academic education and national certification. A nurse practitioner refresher course participant shall be granted an approval to practice that is limited to clinical activities required by the refresher course.

*History Note: Authority G.S. 90-18(c)(4); 90-18.2; 90-171.36; 90-171.95B;*  
*Recodified from 21 NCAC 36 .0227(g) Eff. August 1, 2004;*  
*Amended Eff. November 1, 2013; January 1, 2013; December 1, 2009; December 1, 2006; August 1, 2004;*  
*Readopted Eff. January 1, 2019;*  
*Amended Eff. June 1, 2021.*

**21 NCAC 36 .0809 PRESCRIBING AUTHORITY**

(a) The prescribing stipulations contained in this Rule apply to writing prescriptions and ordering the administration of medications.

(b) Prescribing and dispensing stipulations are as follows:

- (1) Drugs and devices that may be prescribed by the nurse practitioner in each practice site shall be included in the collaborative practice agreement as outlined in Rule .0810(2) of this Section.
- (2) Controlled Substances (Schedules II, IIN, III, IIIN, IV, V) defined by the State and Federal Controlled Substances Acts may be procured, prescribed, or ordered as established in the collaborative practice agreement, providing all of the following requirements are met:
  - (A) the nurse practitioner has an assigned DEA number that is entered on each prescription for a controlled substance;

- (B) refills may be issued consistent with Controlled Substance laws and regulations; and
  - (C) the primary supervising physician(s) shall possess a schedule(s) of controlled substances equal to or greater than the nurse practitioner's DEA registration.
- (3) The nurse practitioner may prescribe a drug or device not included in the collaborative practice agreement only as follows:
- (A) upon a specific written or verbal order obtained from a primary or back-up supervising physician before the prescription or order is issued by the nurse practitioner; and
  - (B) the written or verbal order as described in Part (b)(3)(A) of this Rule shall be entered into the patient record with a notation that it is issued on the specific order of a primary or back-up supervising physician and signed by the nurse practitioner and the physician.
- (4) Each prescription shall be noted on the patient's chart and include the following information:
- (A) medication and dosage;
  - (B) amount prescribed;
  - (C) directions for use;
  - (D) number of refills; and
  - (E) signature of nurse practitioner.
- (5) Prescription Format:
- (A) all prescriptions issued by the nurse practitioner shall contain the name of the patient and the nurse practitioner's name and telephone number;
  - (B) the nurse practitioner's assigned DEA number shall be written on the prescription form when a controlled substance is prescribed as defined in Subparagraph (b)(2) of this Rule.
- (6) A nurse practitioner shall not prescribe controlled substances, as defined by the State and Federal Controlled Substances Acts, for the following:
- (A) nurse practitioner's own use;
  - (B) nurse practitioner's supervising physician;
  - (C) member of the nurse practitioner's immediate family, which shall mean a:
    - (i) spouse;
    - (ii) parent;
    - (iii) child;
    - (iv) sibling;
    - (v) parent-in-law;
    - (vi) son or daughter-in-law;
    - (vii) brother or sister-in-law;
    - (viii) step-parent;
    - (ix) step-child; or
    - (x) step-siblings;
  - (D) any other person living in the same residence as the licensee; or
  - (E) anyone with whom the nurse practitioner is having a physical, sexual, or emotionally intimate relationship.

(c) The nurse practitioner may obtain approval to dispense the drugs and devices other than samples included in the collaborative practice agreement for each practice site from the Board of Pharmacy, and dispense in accordance with 21 NCAC 46 .1703 that is hereby incorporated by reference including subsequent amendments.

*History Note:* Authority G.S. 90-8.1; 90-8.2; 90-18.2; 90-18(c)(14); 90-171.23(b)(14);  
 Recodified from 21 NCAC 36 .0227(h) Eff. August 1, 2004;  
 Amended Eff. March 1, 2017; December 1, 2012; April 1, 2011; November 1, 2008; August 1, 2004;  
 Readopted Eff. January 1, 2019;  
 Amended Eff. August 1, 2021.

**21 NCAC 36 .0810 QUALITY ASSURANCE STANDARDS FOR A COLLABORATIVE PRACTICE AGREEMENT**

The following are the quality assurance standards for a collaborative practice agreement:

- (1) Availability: The primary or back-up supervising physician(s) and the nurse practitioner shall be continuously available to each other for consultation by direct communication or telecommunication.

- (2) Collaborative Practice Agreement:
  - (a) shall be agreed upon, signed, and dated by both the primary supervising physician and the nurse practitioner, and maintained in each practice site;
  - (b) shall be reviewed at least yearly. This review shall be acknowledged by a dated signature sheet, signed by both the primary supervising physician and the nurse practitioner, appended to the collaborative practice agreement, and available for inspection by either Board;
  - (c) shall include the drugs, devices, medical treatments, tests, and procedures that may be prescribed, ordered, and performed by the nurse practitioner consistent with Rule .0809 of this Section; and
  - (d) shall include a pre-determined plan for emergency services.
- (3) The nurse practitioner shall demonstrate the ability to perform medical acts as outlined in the collaborative practice agreement upon request by members or agents of either Board.
- (4) Quality Improvement Process:
  - (a) The primary supervising physician and the nurse practitioner shall develop a process for the ongoing review of the care provided in each practice site, including a written plan for evaluating the quality of care provided for one or more frequently encountered clinical problems.
  - (b) This plan shall include a description of the clinical problem(s), an evaluation of the current treatment interventions, and if needed, a plan for improving outcomes within an identified time frame.
  - (c) The quality improvement process shall include scheduled meetings between the primary supervising physician and the nurse practitioner for a minimum of every six months. Documentation for each meeting shall:
    - (i) identify clinical problems discussed, including progress toward improving outcomes as stated in Sub-item (4)(b) of this Rule, and recommendations, if any, for changes in treatment plan(s);
    - (ii) be signed and dated by those who attended; and
    - (iii) be available for review by either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.
- (5) Nurse Practitioner-Physician Consultation. The following requirements establish the minimum standards for consultation between the nurse practitioner and primary supervising physician(s):
  - (a) During the first six months of a collaborative practice agreement between a nurse practitioner and the primary supervising physician, there shall be monthly meetings to discuss practice-relevant clinical issues and quality improvement measures.
  - (b) Documentation of the meetings shall:
    - (i) identify clinical issues discussed and actions taken;
    - (ii) be signed and dated by those who attended; and
    - (iii) be available for review by either Board for the previous five calendar years and be retained by both the nurse practitioner and primary supervising physician.

*History Note:* Authority G.S. 90-8.2; 90-18(c)(14); 90-18.2; 90-171.23(b)(14);  
 Recodified from 21 NCAC 36 .0227(i) Eff. August 1, 2004;  
 Amended Eff. December 1, 2009; August 1, 2004;  
 Readopted Eff. January 1, 2019;  
 Amended Eff. June 1, 2021.

## **21 NCAC 36 .0811 METHOD OF IDENTIFICATION**

When providing care to the public, the nurse practitioner shall identify herself/himself as specified in G.S. 90-640 and 21 NCAC 36 .0231.

*History Note:* Authority G.S. 90-18(14); 90-640;  
 Recodified from 21 NCAC 36 .0227(j) Eff. August 1, 2004;  
 Amended Eff. August 1, 2004;  
 Readopted Eff. January 1, 2019.

## **21 NCAC 36 .0812            DISCIPLINARY ACTION**

(a) After notice and hearing in accordance with provisions of G. S. 150B, Article 3A, disciplinary action may be taken by the appropriate Board if one or more of the following is found:

- (1) violation of G.S. 90-18 and G.S. 90-18.2 or the joint rules adopted by each Board;
- (2) immoral or dishonorable conduct pursuant to and consistent with G.S. 90-14(a)(1);
- (3) any submissions to either Board pursuant to and consistent with G.S. 90-14(a)(3);
- (4) the nurse practitioner is adjudicated mentally incompetent or the nurse practitioner's mental or physical condition renders the nurse practitioner unable to safely function as a nurse practitioner pursuant to and consistent with G.S. 90-14(a)(5) and G.S. 90-171.37(3);
- (5) unprofessional conduct by reason of deliberate or negligent acts or omissions and contrary to the prevailing standards for nurse practitioners in accordance and consistent with G.S. 90-14(a)(6) and G.S. 90-171.35(5);
- (6) conviction in any court of a criminal offense in accordance and consistent with G.S. 90-14(a)(7) and G.S. 90-171.37 (2) and G.S. 90-171.48;
- (7) payments for the nurse practitioner practice pursuant to and consistent with G.S. 90-14(a)(8);
- (8) lack of professional competence as a nurse practitioner pursuant to and consistent with G.S. 90-14(a)(11);
- (9) exploiting the client pursuant to and consistent with G.S. 90-14(a)(12) including the promotion of the sale of services, appliances, or drugs for the financial gain of the practitioner or of a third party;
- (10) failure to respond to inquiries which may be part of a joint protocol between the Board of Nursing and Medical Board for investigation and discipline pursuant to and consistent with G.S. 90-14(a)(14);
- (11) the nurse practitioner has held himself or herself out or permitted another to represent the nurse practitioner as a licensed physician; or
- (12) the nurse practitioner has engaged or attempted to engage in the performance of medical acts other than according to the collaborative practice agreement.

(b) The nurse practitioner is subject to G.S. 90-171.37; 90-171.48 and 21 NCAC 36 .0217 by virtue of the license to practice as a registered nurse.

(c) After an investigation is completed, the joint subcommittee of both boards may recommend one of the following:

- (1) dismiss the case;
- (2) issue a private letter of concern;
- (3) enter into negotiation for a Consent Order; or
- (4) a disciplinary hearing in accordance with G.S. 150B, Article 3A. If a hearing is recommended, the joint subcommittee shall also recommend whether the matter should be heard by the Board of Nursing or the Medical Board.

(d) Upon a finding of violation, each Board may utilize the range of disciplinary options as enumerated in G.S. 90-14(a) or G.S. 90-171.37.

*History Note: Authority G.S. 90-18(c)(14); 90-171.37; 90-171.44; 90-171.47; 90-171.48;  
Recodified from 21 NCAC 36 .0227(k) Eff. August 1, 2004;  
Amended Eff. April 1, 2007; August 1, 2004;  
Readopted Eff. January 1, 2019.*

## **21 NCAC 36 .0813            FEES**

(a) An application fee of one hundred dollars (\$100.00) shall be paid at the time of initial application for approval to practice and each subsequent application for approval to practice. The application fee shall be twenty dollars (\$20.00) for volunteer approval.

(b) The fee for annual renewal of approval shall be fifty dollars (\$50.00).

(c) The fee for annual renewal of volunteer approval shall be ten dollars (\$10.00).

(d) No portion of any fee in this Rule is refundable.

*History Note: Authority G.S. 90-8.1; 90-8.2; 90-171.23(b)(14);  
Recodified from 21 NCAC 36 .0227(l) Eff. August 1, 2004;  
Amended Eff. November 1, 2008; August 1, 2004;*



*Readopted Eff. January 1, 2019.*

**21 NCAC 36 .0814 PRACTICING DURING A DISASTER**

(a) A nurse practitioner approved to practice in this State or another state may perform medical acts, as a nurse practitioner under the supervision of a physician licensed to practice medicine in North Carolina during a disaster in a county in which a state of disaster has been declared or counties contiguous to a county in which a state of disaster has been declared.

(b) The nurse practitioner shall notify the Board of Nursing in writing of the names, practice locations and telephone numbers for the nurse practitioner and each primary supervising physician within 15 days of the first performance of medical acts, as a nurse practitioner during the disaster, and the Board of Nursing shall notify the Medical Board.

(c) Teams of physician(s) and nurse practitioner(s) practicing pursuant to this Rule shall not be required to maintain on-site documentation describing supervisory arrangements and plans for prescriptive authority as otherwise required pursuant to Rules .0809 and .0810 of this Section.

*History Note: Authority G.S. 90-18(c)(13), (14); 90-18.2; 90-171.23(b);  
Recodified from 21 NCAC 36 .0227(m) Eff. August 1, 2004;  
Amended Eff. December 1, 2009; August 1, 2004;  
Readopted Eff. January 1, 2019.*

**21 NCAC 36 .0815 REPORTING CRITERIA**

(a) The Department of Health and Human Services ("Department") may report to the North Carolina Board of Nursing ("Board") information regarding the prescribing practices of those nurse practitioners ("prescribers") whose prescribing:

- (1) falls within the top two percent of those prescribing 100 morphine milligram equivalents ("MME") per patient per day; or
- (2) falls within the top two percent of those prescribing 100 MMEs per patient per day in combination with any benzodiazepine and who are within the top one percent of all controlled substance prescribers by volume.

(b) In addition, the Department may report to the Board information regarding prescribers who have had two or more patient deaths in the preceding 12 months due to opioid poisoning where the prescribers authorized more than 30 tablets of an opioid to the decedent and the prescriptions were written within 60 days of the patient deaths.

(c) In addition, the Department may report to the Board information regarding prescribers who meet three or more of the following criteria, if there are a minimum of five patients for each criterion:

- (1) at least 25 percent of the prescriber's patients receiving opioids reside 100 miles or greater from the prescriber's practice location;
- (2) the prescriber had more than 25 percent of patients receiving the same opioids and benzodiazepine combination;
- (3) the prescriber had 75 percent of patients receiving opioids self-pay for the prescriptions;
- (4) the prescriber had 90 percent or more of patients in a three-month period that received an opioid prescription that overlapped with another opioid prescription for at least one week;
- (5) more than 50 percent of the prescriber's patients received opioid doses of 100 MME or greater per day excluding office-based treatment medications; and
- (6) the prescriber had at least 25 percent of patients who used three or more pharmacies within a three-month period to obtain opioids regardless of the prescriber.

(d) The Department may submit these reports to the Board upon request and may include the information described in G.S. 90-113.73(b).

(e) The reports and communications between the Department and the Board shall remain confidential pursuant to G.S. 90-113.74.

*History Note: Authority G.S. 90-113.74;  
Eff. April 1, 2016;  
Amended Eff. May 1, 2018;  
Readopted Eff. January 1, 2019;  
Amended Eff. June 1, 2021.*

**21 NCAC 36 .0816            DEFINITION OF CONSULTATION FOR PRESCRIBING TARGETED CONTROLLED SUBSTANCES**

For purposes of G.S. 90-18.2(b), the term "consult" shall mean a meaningful communication, occurring either in person or electronically, between the nurse practitioner and a supervising physician that is documented in the patient medical record. For purposes of this Rule, "meaningful communication" shall mean an exchange of information sufficient for the supervising physician to make a determination that the prescription for a targeted controlled substance is medically indicated.

*History Note:     Authority G.S. 90-18.2; 90-171.23(b)(3);  
                         Eff. May 1, 2018.*

**21 NCAC 36 .0817            COVID-19 DRUG PRESERVATION RULE**

(a) The following drugs are "Restricted Drugs" as that term is used in this Rule:

- (1) Hydroxychloroquine;
- (2) Chloroquine;
- (3) Lopinavir-ritonavir;
- (4) Ribavirin; and
- (5) Darunavir.

(b) A nurse practitioner shall prescribe a Restricted Drug only if that prescription bears a written diagnosis from the prescriber consistent with the evidence of its use.

(c) When a patient has been diagnosed with COVID-19, any prescription of a Restricted Drug for the treatment of COVID-19 shall:

- (1) Indicate on the prescription that the patient has been diagnosed with COVID-19;
- (2) Be limited to no more than a 14-day supply; and
- (3) Not be refilled, unless a new prescription is issued in conformance with this Rule, including not being refilled through an emergency prescription refill.

(d) A nurse practitioner shall not prescribe a Restricted Drug for the prevention of, or in anticipation of, the contraction of COVID-19 by someone who has not yet been diagnosed.

(e) A prescription for a Restricted Drug may be transmitted orally only if all information required by this Rule is provided to the pharmacy by the nurse practitioner, or the nurse practitioner's agent, and that information is recorded in writing in accordance with 21 NCAC 46 .1819(e).

(f) This Rule does not affect orders for administration to inpatients of health care facilities.

(g) This Rule does not apply to prescriptions for a Restricted Drug for a patient previously established on that particular Restricted Drug on or before March 10, 2020.

*History Note:     Authority G.S. 90-8.2; 90-171.23(b)(14);  
                         Emergency Adoption Eff. April 21, 2020;  
                         Temporary Adoption Eff. June 26, 2020;  
                         Temporary Adoption Expired Eff. April 11, 2021;  
                         Eff. June 1, 2021.*