



**Rules of
Department of Insurance,
Financial Institutions and
Professional Registration
Division 2200—State Board of Nursing
Chapter 4—General Rules**

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**Title 20—DEPARTMENT OF
INSURANCE, FINANCIAL
INSTITUTIONS AND
PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 4—General Rules**

20 CSR 2200-4.010 Fees

PURPOSE: This rule establishes and fixes the various fees and charges authorized by Chapter 335, RSMo.

(1) The following fees are established by the State Board of Nursing:

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| (A) Examination Fee—Registered Professional Nurse (RN) | \$ 45 |
| 1. Reexamination Fee—RN | \$ 40 |
| (B) Examination Fee—Licensed Practical Nurse (LPN) | \$ 41 |
| 1. Reexamination Fee—LPN | \$ 40 |
| (C) Endorsement Fee—RN | \$ 55 |
| (D) Endorsement Fee—LPN | \$ 51 |
| (E) Lapsed License Fee
(in addition to renewal fee for each year of lapse) | \$ 50 |
| (F) School Annual Registration Fee | \$100 |
| (G) Verification Fee | \$ 30 |
| (H) License Renewal Duplicate Fee | \$ 15 |
| (I) Computer Print-Out of Licensees—not more than | \$ 25 |
| (J) Biennial Renewal Fee— | |
| 1. RN— | |
| A. Effective January 1, 2009 | \$ 60 |
| B. Effective January 1, 2011, to December 31, 2012 | \$ 40 |
| C. Effective January 1, 2013 | \$ 60 |
| 2. LPN— | |
| A. Effective January 1, 2009 | \$ 52 |
| B. Effective January 1, 2011, to December 31, 2012 | \$ 32 |
| C. Effective January 1, 2013 | \$ 52 |
| 3. License renewal for a professional nurse shall be biennial; occurring on odd-numbered years and the license shall expire on April 30 of each odd-numbered year. License renewal for a practical nurse shall be biennial; occurring on even-numbered years and the license shall expire on May 31 of each even-numbered year. Renewal shall be for a twenty-four (24)-month period except in instances when renewal for a greater or lesser number of months is caused by acts or policies of the Missouri State Board of Nursing. Renewal applications (see 20 CSR 2200-4.020) shall be mailed every even-numbered year by the Missouri State Board of Nursing to all LPNs currently licensed and every odd-numbered year to all RNs currently licensed; | |
| 4. Renewal fees for each biennial renew- | |

al period shall be accepted by the Missouri State Board of Nursing only if accompanied by an appropriately completed renewal application; and

5. All fees established for licensure or licensure renewal of nurses incorporate an educational surcharge in the amount of one dollar (\$1) per year for practical nurses and five dollars (\$5) per year for professional nurses. These funds are deposited in the professional and practical nursing student loan and nurse repayment fund;

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|---|---------|
| (K) Review and Challenge Fees— | |
| 1. LPN | \$100 |
| 2. RN | \$100 |
| (L) Uncollectible Fee (Charged for any uncollectible check or other uncollectible financial instrument submitted to the Missouri State Board of Nursing.) | \$ 25 |
| (M) Fee for Late Education Agenda Items | \$ 30 |
| (N) Application Fee for Proposals to Establish New Programs of Nursing | \$3,000 |
| (O) Application Fee for Advanced Practice Nurse Eligibility | \$150 |
| (P) Bound Copy of the Nursing Practice Act (statutes and rules) | \$ 5 |
| (Q) Biennial Retired Nurse Renewal Fee (This fee shall not be subject to the education surcharge) | \$ 15 |

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

AUTHORITY: sections 324.001.10 and 335.036, RSMo Supp. 2010 and section 335.046, RSMo 2000. This rule originally filed as 4 CSR 200-4.010. Emergency rule filed Aug. 13, 1981, effective Aug. 23, 1981, expired Dec. 11, 1981. Original rule filed Aug. 13, 1981, effective Nov. 12, 1981. Emergency amendment filed Feb. 10, 1982, effective Feb. 20, 1982, expired June 20, 1982. Amended: Filed Feb. 10, 1982, effective May 13, 1982. Amended: Filed May 13, 1982, effective Aug. 12, 1982. Amended: Filed Oct. 13, 1982, effective Jan. 13, 1983. Amended: Filed Dec. 13, 1983, effective March 11, 1984. Amended: Filed June 29, 1984, effective Nov. 11, 1984. Amended: Filed Nov. 14,*

1986, effective Feb. 12, 1987. Amended: Filed Oct. 28, 1988, effective March 11, 1989. Amended: Filed Aug. 11, 1989, effective Dec. 11, 1989. Amended: Filed Nov. 2, 1990, effective March 14, 1991. Amended: Filed Feb. 4, 1991, effective Aug. 30, 1991. Amended: Filed Aug. 7, 1992, effective April 8, 1993. Amended: Filed May 21, 1993, effective Nov. 8, 1993. Amended: Filed Sept. 7, 1993, effective May 9, 1994. Amended: Filed May 5, 1994, effective Oct. 30, 1994. Amended: Filed Oct. 25, 1995, effective June 30, 1996. Amended: Filed Feb. 15, 1996, effective Aug. 30, 1996. Amended: Filed June 1, 2000, effective Nov. 30, 2000. Emergency amendment filed Dec. 15, 2000, effective Jan. 1, 2001, expired June 29, 2001. Amended: Filed Dec. 12, 2000, effective June 30, 2001. Amended: Filed Feb. 18, 2003, effective Aug. 30, 2003. Moved to 20 CSR 2200-4.010, effective Aug. 28, 2006. Amended: Filed Aug. 21, 2007, effective Feb. 29, 2008. Amended: Filed Feb. 29, 2008, effective Aug. 30, 2008. Amended: Filed June 2, 2008, effective Dec. 30, 2008. Amended: Filed March 30, 2009, effective Sept. 30, 2009. Emergency amendment filed Jan. 4, 2011, effective Jan. 14, 2011, expired July 12, 2011. Amended: Filed Jan. 4, 2011, effective June 30, 2011.

**Original authority: 334.001, RSMo 2008, amended 2009; 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008; and 335.046, RSMo 1975, amended 1981, 1995, 1999.*

20 CSR 2200-4.020 Requirements for Licensure

PURPOSE: This rule sets out requirements for licensure in Missouri of registered professional nurses and licensed practical nurses by examination, endorsement, and renewal.

(1) Examination.

(A) Written examination as used in Chapter 335, RSMo shall mean either a paper and pencil examination or a computerized adaptive examination.

(B) The registered professional nurse (RN) candidate shall have successfully completed the basic prescribed curriculum and received a degree or diploma from a school with an approved professional nursing program. The practical nurse candidate shall have successfully completed a basic prescribed curriculum in an approved school of practical nursing and have earned a practical nursing degree, diploma, or certificate or completed a comparable period of training as determined by the board. A comparable period of training as determined by the board shall mean graduation from an approved professional nursing program with



validation by examination of a personal and vocational concepts course by an approved practical nursing program or graduation from the Army Practical Nurse Program.

(C) Pursuant to section 324.007, RSMo, the education, training, and/or service received and completed through the Air Force Basic Medical Technician Corpsman Program (BMTCP) - 4N051-5 Skill Level is an approved program for practical nursing. Any applicant for licensure for practical nursing who has successfully completed the BMTCP - 4N051-5 Skill Level, or above, has met the educational qualifications for licensure by examination.

(D) The candidate shall make written application to the Missouri State Board of Nursing for permission to take the licensing examination for professional/practical nurses. Application forms for the licensing examination shall be obtained from the Missouri State Board of Nursing.

1. Any applicant applying for the practical nurse licensing examination who is deficient in theory, clinical experience, or both, as stated in 20 CSR 2200, Chapter 3—Practical Nursing, and has not earned a practical nursing degree or met the requirements for a comparable period of training as determined by the board pursuant to 20 CSR 2200-4.020(1)(B) or (C), will not be approved.

(E) A completed application for the licensing examination signed and accompanied by one (1) two-inch by two-inch (2" × 2") portrait/photograph of the applicant shall be submitted to the Missouri State Board of Nursing for evaluation along with the required examination fee, and proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check prior to the established deadline date set by the Missouri State Board of Nursing. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor. All fees are non-refundable. Note: The name appearing on the application will be the only legal name of the individual recognized by the Missouri State Board of Nursing unless evidence of the change in name has been submitted.

(F) An application for a candidate's first licensing examination in Missouri shall bear the school seal and the signature of the director of the program of professional/practical nursing. This shall indicate the endorsement of the candidate to take the licensing examination. The affidavit portion of the application shall be properly executed before a notary

public.

(G) The term first licensing examination scheduled by the board, as used in section 335.081, RSMo, shall mean the first licensure examination taken by the student which must be taken within ninety (90) days of graduation.

(H) An applicant for licensure by endorsement or licensure by examination who answers yes to one (1) or more of the questions on the application or the fingerprint checks reveal charges and/or convictions which relate to possible grounds for denial of licensure under section 335.066, RSMo shall submit copies of appropriate documents, as requested by the board, related to that answer or the fingerprint check before his/her application will be considered complete. The copies shall be certified if they are records of a court or administrative government agency. An applicant for licensure by endorsement or licensure by examination who the executive director or designee determines may not meet the requirements for licensure or examination shall be notified that the application will be reviewed by the members of the board at the board's next regular scheduled meeting following receipt of all requested documents. The Missouri State Board of Nursing shall notify, by certified mail or delivery, any individual who is refused permission to take an examination for licensure or an individual licensed in another state, territory, or foreign country that is denied a license by endorsement without examination. At the time of notification, this individual is to be made aware of his/her avenue of appeal through the Missouri Administrative Hearing Commission.

(I) A passing designation as determined by the Missouri State Board of Nursing shall be attained by candidates to qualify for licensure to practice professional/practical nursing in Missouri. Results of the licensing examination shall be reported only by pass/fail designation to candidates and to directors of programs of professional/practical nursing.

(J) An original examination report shall be forwarded to the examinee. A copy shall be retained in the permanent application on file in the Missouri State Board of Nursing office. A composite report shall be forwarded to the director of each program of professional/practical nursing listing the names of the candidates and the pass/fail designation for each candidate.

(K) A transcript of the final record shall be submitted to the Missouri State Board of Nursing for each applicant upon completion of the program of professional/practical nursing. The seal, if available, of the school and signature of the director of the program of

professional/practical nursing, registrar shall be affixed to the transcript. The transcript must include the degree/designation awarded and date of graduation or completion. A candidate cannot take the licensure examination until all licensure requirements are met, including providing a transcript.

(L) There shall be a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results.

(M) Requests for Examination Modification.

1. The Missouri State Board of Nursing and its test service shall determine if a candidate shall be allowed modification of the examination if the candidate requests the modification because of a disability defined by the Americans with Disabilities Act.

2. The candidate requesting modification shall submit a request to the Missouri State Board of Nursing. The request shall contain—

A. A letter from the candidate's nursing education program indicating what modifications, if any, were granted by that program;

B. Appropriate documentation supporting the request for accommodation from a qualified professional with expertise in the areas of the diagnosed disability. Documentation must include:

(I) A history of the disability and any past accommodation granted the candidate and a description of its impact on the individual's functioning;

(II) Identification of the specific standardized and professionally recognized tests/assessments given (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale);

(III) Clinical diagnoses of disability (where applicable, list the DSM Code Number and Title);

(IV) The scores resulting from testing, interpretation of the scores and evaluations; and

(V) Recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability; and

C. A letter from the applicant requesting the modifications detailing the specific modifications and explaining the rationale for the modifications.

3. When the request is received from the candidate with the previously listed items, the request will be reviewed.



4. If approved, a request for modification of an examination will be submitted to the National Council of State Boards of Nursing, Incorporated.

5. After the National Council of State Boards of Nursing, Incorporated has reported its decision to the Missouri State Board of Nursing, the candidate will be notified of the decision.

6. A handicapped individual is defined in the Rehabilitation Act of 1973.

(2) Repeat Examination.

(A) A candidate who does not achieve the passing designation as determined by the Missouri State Board of Nursing shall not qualify to receive a license to practice professional/practical nursing in Missouri. It shall be unlawful for any person to practice professional/practical nursing in Missouri as a graduate nurse after failure of the National Council of State Boards of Nursing, Incorporated licensure examination until successfully passing the examination and receiving a license.

(B) A candidate who does not achieve the passing designation who wishes to review, challenge, or both, the National Council Licensure Examination must send a written letter of request to the Missouri State Board of Nursing office no later than four (4) months after release of examination results to the candidate.

(C) If approved, the request is submitted to the National Council of State Boards of Nursing, Incorporated. A board fee may be charged.

(D) A candidate who does not achieve the passing designation shall be notified. No further examination notices shall be issued by the Missouri State Board of Nursing.

(E) The required fee shall be submitted to the Missouri State Board of Nursing office each time the candidate applies for the examination and is nonrefundable.

(3) A graduate of a nursing program may practice as a graduate nurse until he/she has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs.

(4) Passing Score.

(A) The standard score of three hundred fifty (350) in each subject of the State Board Test Pool Examination for Registered Nurses shall be the Missouri passing score beginning with series nine hundred forty-nine (949) through series two hundred eighty-two (282). Candidates writing the licensing examination prior to the date series nine hundred forty-

nine (949) was given shall have no grade below sixty-five percent (65%) and shall have attained an average score of seventy percent (70%). Beginning July 1982, the standardized scoring system to be used with the National Council Licensure Examination for Registered Nurses will have a passing score of sixteen hundred (1600). Beginning February 1989, to be eligible for licensure, a candidate must achieve a pass designation on the National Council Licensure Examination for Registered Nurses.

(B) For the period March 1, 1954 through February 28, 1958, seventy percent (70%) was required for passing the practical nurse examination. For the period March 1, 1958 to December 31, 1958, the standard score of three hundred (300) was the minimum passing score for the practical nurse examination. As of January 1, 1959, the standard score of three hundred fifty (350) shall be the minimum passing score in Missouri for the State Board of Nursing Test Pool Licensing Examination or the National Council Licensure Examination for Practical Nurses. Beginning October 1988, to be eligible for licensure, a candidate must achieve a pass designation on the National Council Licensure Examination for Practical Nurses.

(5) Licensure by Endorsement in Missouri—Registered Nurses (RNs) and Licensed Practical Nurses (LPNs).

(A) A professional/practical nurse licensed in another state or territory of the United States shall be entitled to licensure provided qualifications are equivalent to the requirements of Missouri at the time of original licensure. This equivalency shall be defined as—

1. Evidence of completion and graduation from an approved program of professional/practical nursing if educated in a state of the United States; a course-by-course evaluation report received directly from a credentials evaluation service approved by the board or a Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate if the initial nursing education was earned in a territory, Canada, or another country;

2. Attainment of a passing standard score or pass designation as determined by the Missouri State Board of Nursing on the licensing examination or attainment of an acceptable grade in areas comparable to those required in Missouri at the time licensure was secured in the state of original licensure;

3. Evidence of completion of the applicable secondary education set forth in section 335.046, RSMo, requirements or the equivalent as determined by the State Department of Education;

4. Applicants who are not citizens of the United States who have completed programs in schools of professional/practical nursing in states which require citizenship for licensure may take the National Council Licensure Examination for professional/practical nurses in Missouri if they meet all of Missouri's requirements; and

5. If an individual was licensed by waiver as a practical/vocational nurse in another state, territory, or foreign country prior to July 1, 1955, and the individual meets the requirements for licensure as a practical nurse in Missouri which were in effect at the time the individual was licensed in the other jurisdiction, she/he is eligible for licensure in Missouri as an LPN. If an individual is licensed by waiver in another state after July 1, 1955, she/he does not qualify for licensure by waiver in Missouri as a practical nurse.

(B) Procedure for Application.

1. An applicant should request an application for endorsement licensure from the Missouri State Board of Nursing. The request shall include the full name, current mailing address and state of original licensure.

2. The application for endorsement licensure shall be completed in black ink with the affidavit portion properly executed before a notary public and submitted with the required application fee, and proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor. All fees are nonrefundable. The application shall be submitted to the Missouri State Board of Nursing.

3. The endorsement/verification of licensure form shall be forwarded by the applicant to the board of nursing for completion in the state or territory of original licensure by examination, or to Canada, with a request to submit the completed form to the Missouri State Board of Nursing.

4. The applicant shall cause an official nursing transcript to be forwarded directly to the Missouri State Board of Nursing office if a transcript is requested by the executive director or designee.

5. A final evaluation of the submitted application shall be made only after all required credentials are assembled.

6. The applicant shall be notified of this evaluation for licensure.

(6) Applicants Not Meeting Requirements.

(A) An applicant who does not meet the Missouri requirements for licensure at the



time of completion of a program of professional/practical nursing shall be advised regarding the necessary steps for qualification on the basis of the particular deficiency.

(B) An applicant who has not attained the passing score or grade on the licensing examination as required by the Missouri State Board of Nursing at the time of original licensure shall be required to take the current National Council Licensure Examination (NCLEX[®]) and receive a pass designation prior to licensure.

(C) A professional/practical nurse licensed in another state or territory of the United States shall be entitled to licensure; provided, qualifications are equivalent to the requirements in Missouri at the time of original licensure.

(7) Temporary Permit.

(A) Applicants wishing to practice professional/practical nursing in Missouri following the evaluation of the application and transcript, if requested to determine if the applicant meets licensure requirements in Missouri, should submit a copy of a current nursing license from another state, territory, or Canada. A temporary permit may be secured for a limited period of time six (6) months until licensure is granted or denied by the Missouri State Board of Nursing or until the temporary permit expires, whichever comes first. If the applicant does not hold a current nursing license in another state, territory, or Canada, a temporary permit may be issued upon receipt of a completed endorsement verification of licensure form and transcript, if requested. Applicants from Canada may apply for a temporary permit provided for by rule.

(8) Intercountry Licensure by Examination in Missouri—RN and LPN.

(A) Application Procedure.

1. A professional/practical nurse educated outside a state of the United States shall be entitled to apply to take the examination for licensure if, in the opinion of the Missouri State Board of Nursing, current requirements for licensure in Missouri are met.

2. An applicant must request an Application for Professional/Practical Nurse Licensure by Examination. The request shall include the applicant's full name, current mailing address, and country of original licensure. The application shall be properly executed by the applicant in black ink and shall be included in the documents submitted to the Missouri State Board of Nursing for evaluation with the required credentials. All original documents shall be returned to the applicant. Credentials in a foreign language shall be trans-

lated into English, the translation shall be signed by the translator, and the signature shall be notarized by a notary public. The translation shall be attached to the credentials in a foreign language when submitted to the Missouri State Board of Nursing.

3. The required credentials for practical nurse applicants are—

A. A course-by-course evaluation report received directly from a foreign credentials evaluation service approved by the board;

B. A photostatic copy of birth certificate (if a copy of birth certificate is not available, copy of baptismal certificate, passport or notarized statement from an authorized agency will be accepted as verification of name, date of birth, and place of birth);

C. Photostatic copy of marriage license/certificate (if applicable);

D. Evidence of English-language proficiency by any of the following:

(I) Test of English as a Foreign Language (TOEFL) www.toefl.org with a passing score of five hundred forty (540) on the paper examination or a passing score of two hundred seven (207) for the computerized examination or a passing score of seventy-six (76) on the Internet-based exam; or

(II) Test of English for International Communication (TOEIC) www.toeic.com with a passing score of seven hundred twenty-five (725); or

(III) International English Language Testing System (IELTS) www.ielts.org with a passing score in the academic module of six and one-half (6.5) and the Spoken Band score of seven (7);

E. Test of Spoken English (TSE[®]) Certificate indicating that the applicant has obtained a minimum overall score of fifty (50);

F. Photostatic copy of original license issued by the licensing agency where original licensure/registration was secured by examination; and

G. The completed application must be accompanied by one (1) two-inch by two-inch (2" × 2") portrait/photograph of the applicant, and proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor, and the required application fee. All fees are non-refundable.

4. The required credentials for profes-

sional nurse applicants are—

A. A course-by-course evaluation report received directly from a credentials evaluation service approved by the board or Commission on Graduates of Foreign Nursing Schools (CGFNS) certificate and evidence of English-language proficiency. Any of the following is considered evidence of English-language proficiency:

(I) Test of English as a Foreign Language (TOEFL) www.toefl.org with a passing score of five hundred forty (540) on the paper examination or a passing score of two hundred seven (207) for the computerized examination or a passing score of seventy-six (76) on the Internet-based exam; or

(II) Test of English for International Communication (TOEIC) www.toeic.com with a passing score of seven hundred twenty-five (725); or

(III) International English Language Testing System (IELTS) www.ielts.org with a passing score in the academic module of six and one-half (6.5) and the Spoken Band score of seven (7).

B. A photostatic copy of birth certificate (if a copy of birth certificate is not available, a copy of baptismal certificate, passport or notarized statement from authorized agency will be accepted as verification of name, date of birth and place of birth);

C. Photostatic copy of original license or certificate issued by the licensing agency where original licensure/registration was secured by examination;

D. Photostatic copy of marriage license/certificate (if applicable); and

E. The completed examination application with the required examination fee, one (1) two-inch by two-inch (2" × 2") portrait/photograph of the applicant, and proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background check shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor. All the credentials shall be submitted to the Missouri State Board of Nursing.

(B) Unqualified Applicants. An applicant who does not meet Missouri's current minimum requirements for licensure shall be advised regarding the necessary steps for qualification.

(C) The board of nursing will cooperate with the United States Immigration Service by advising it of the status of the applicant for nursing licensure, if requested.



(9) Licensure Renewal.

(A) Renewal periods shall be for one (1), two (2), or three (3) years as determined by the board.

(B) The required fee shall be submitted prior to the date the license lapses.

(C) In answer to requests for information regarding an individual's licensure, the staff of the board will verify status and other information as deemed appropriate by the executive director.

(10) Inactive Licenses.

(A) Any nurse possessing a current license to practice nursing in Missouri may place that license on inactive status by filing a written and signed request for inactive status with the board. This request may be accomplished, but need not be, by signing the request for inactive status which appears on the nurse's application for license renewal and returning that application to the board prior to the date the license has lapsed.

(B) Individuals wishing to reactivate licenses after being carried as inactive shall request a Petition for Renewal from the Missouri State Board of Nursing. Fees shall be accepted only if accompanied by a completed Petition for Renewal. The Petition for Renewal shall be accompanied by proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check prior to the established deadline date set by the Missouri State Board of Nursing. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor. All fees are nonrefundable. Back fees shall not be required for the years the licensee's records were carried as inactive. The Petition for Renewal shall also show, under oath or affirmation of the nurse, a statement—

1. That the nurse is not presently practicing nursing in Missouri; and

2. As to whether the nurse did practice nursing while the license was inactive and, if so, how long and where. If the nurse was practicing nursing in Missouri at the time his/her license was inactive, he/she also must submit a notarized statement indicating that he/she ceased working as soon as he/she realized that the license was inactive. In addition, the nurse must cause his/her employer to submit a statement on the employer's letterhead stationery or a notarized statement indicating that the nurse ceased working as soon as he/she realized that the license was inactive.

(C) No person shall practice nursing or

hold him/herself out as a nurse in Missouri while his/her license is inactive.

(D) A nurse who petitions for renewal of an inactive license who answers yes to one (1) or more of the questions on the petition which relate to possible grounds for denial of renewal under section 335.066, RSMo, shall submit copies of appropriate documents related to that answer, as requested by the board, before his/her petition will be considered complete. The copies shall be certified if they are records of a court or administrative government agency. If a nurse requesting reinstatement of his/her inactive license is denied by the State Board of Nursing based upon the fact that the nurse is subject to disciplinary action under any provisions of Chapter 335, RSMo, the nurse shall be notified of the statutory right to file a complaint with the Administrative Hearing Commission.

(E) A nurse whose license is inactive for three (3) years or more shall file the petition, documents, and fees required in subsection (10)(B). In addition, the nurse may be required to appear before the board personally and demonstrate evidence of current nursing knowledge and may be required to successfully complete an oral or written examination, or both, provided by the board or to present proof of regular licensed nursing practice in other states during that time period.

(11) Lapsed Licenses, When—Procedures for Reinstatement.

(A) Pursuant to sections 335.056 and 335.061, RSMo, a license issued by the State Board of Nursing to an RN or LPN is lapsed if the nurse fails to renew that license in a timely fashion. A license renewal is timely if the nurse mails a completed application for renewal, accompanied by the requisite fee, in a properly stamped and addressed envelope, postmarked no later than the expiration date of the nurse's current license. No person shall practice nursing or hold him/herself out as a nurse in Missouri while his/her license is registered with the State Board of Nursing as being lapsed.

(B) A nurse whose license has lapsed in Missouri for fewer than thirty (30) days may obtain renewal of that license by mailing the requisite fee to the proper address and postmarked no later than the thirtieth day of lapse. Satisfactory explanation of the lapse will be presumed. The State Board of Nursing, in its discretion, may not renew the license of any nurse who is subject to disciplinary action under Chapter 335, RSMo, but the board shall advise the nurse of the statutory right to file a complaint with the Administrative Hearing Commission.

(C) A nurse whose license has lapsed in Missouri for thirty (30) days or more, but fewer than three (3) years, must petition the State Board of Nursing for renewal of the license on a form furnished by the board. Accompanying the petition shall be a late renewal fee, the fee for the current renewal period as outlined in 20 CSR 2200-4.010, and proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check prior to the established deadline date set by the Missouri State Board of Nursing. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor. All fees are nonrefundable. If the nurse has practiced nursing in Missouri while the license was lapsed, in order to renew, the licensee must pay the lapsed fee, the renewal fee for each year he/she practiced nursing in Missouri, and the fee for the current renewal period. This petition shall show under oath or affirmation of the nurse—

1. A statement that the nurse is not presently practicing nursing in Missouri;

2. A statement as to whether the nurse did practice nursing while the license was lapsed and, if so, how long and where; and

3. If the nurse was practicing nursing in Missouri at the time his/her license was lapsed, he/she must submit a notarized statement indicating that he/she ceased working as soon as he/she realized that the license was lapsed. In addition, the nurse must cause his/her employer to submit a statement on the employer's letterhead stationery or a notarized statement indicating that the nurse ceased working as soon as he/she realized that the license was lapsed.

(D) A nurse whose license is lapsed for three (3) years or more shall file the same petition, documents, and fees required in subsection (11)(C). In addition, the nurse may be required to appear before the board personally and demonstrate evidence of current nursing knowledge and may be required to successfully complete an examination provided by the board or by proof of regular licensed nursing practice in other states during that time period.

(E) Upon satisfactory completion of the requirements specified in subsections (11)(B)–(D) which are pertinent to that nurse, the board reserves the right to refuse to reinstate the lapsed license of any nurse, including one who is subject to disciplinary action under any provisions of Chapter 335, RSMo, which includes disciplinary action for practicing



nursing without a license while that license is lapsed. A nurse who is petitioning for renewal of a lapsed license who answers yes to one (1) or more of the questions on the petition which relate to possible grounds for denial of renewal under section 335.066, RSMo, shall submit copies of appropriate documents, as requested by the board, related to that answer before his/her petition will be considered complete. The copies shall be certified if they are records of a court or administrative government agency. If a lapsed license is not reinstated, the board shall notify the nurse of the fact and the statutory right to file a complaint with the Administrative Hearing Commission.

(F) If any provision of this rule is declared invalid by a court or agency of competent jurisdiction, the balance of this rule shall remain in full force and effect, severable from the invalid portion.

(12) Change of Name, Address, or Both.

(A) Original License. The original license may not be altered in any way; it must remain in the name under which it was issued.

(B) Current License.

1. Each Missouri licensed nurse shall notify the board within thirty (30) days of each name change.

2. Each Missouri licensed nurse shall notify the board within thirty (30) days of each address change.

(13) Retired License Status.

(A) An applicant for renewal of a nurse license who is retired from the profession may apply for a retired license status by completing a form provided by the board.

(B) Retired from the profession means that the licensee does not intend to practice nursing for monetary compensation for at least two (2) years; such person may provide volunteer services.

(C) A licensee may qualify for retired license status provided the licensee:

1. Is retired from the profession;
2. Holds a current, unrestricted, and undisciplined nurse license; and
3. Submits the required form.

(D) Retired license renewal for a professional nurse shall be biennial; occurring on odd-numbered years, and the license shall expire on April 30 of each odd-numbered year. Retired license renewal for a practical nurse shall be biennial; occurring on even-numbered years, and the license shall expire on May 31 of each even-numbered year.

(E) Individuals wishing to reactivate licenses after being carried as retired shall request a Petition for Renewal from the board. Fees shall be accepted only if accom-

panied by a completed petition for renewal. The Petition for Renewal shall be accompanied by proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check prior to the established deadline date set by the Missouri State Board of Nursing. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor. All fees are nonrefundable. Back fees shall not be required for the years the licensee's records were carried as retired. The Petition for Renewal shall show, under oath or affirmation of the nurse, a statement—

1. That the nurse is not presently practicing nursing in Missouri for monetary compensation; and

2. As to whether the nurse did practice nursing for monetary compensation while the license was retired and, if so, how long and where. If the nurse was practicing nursing for monetary compensation in Missouri at the time his/her license was retired, he/she also must submit a notarized statement indicating employment dates, employer names and addresses, and an explanation of why the nurse practiced for compensation while the license was retired. In addition, the nurse must cause his/her employer to submit a statement on the employer's letterhead stationery or a notarized statement indicating that the nurse ceased working as soon as he/she realized that the license was retired.

(F) A nurse who petitions for renewal of a retired license, who answers yes to one (1) or more of the questions on the petition which relate to possible grounds for denial of renewal under section 335.066, RSMo, shall submit copies of appropriate documents related to that answer, as requested by the board, before his/her petition will be considered complete. The copies shall be certified if they are records of a court or administrative government agency. If a nurse requesting reinstatement of his/her retired license is denied by the State Board of Nursing based upon the fact that the nurse is subject to disciplinary action under any provisions of Chapter 335, RSMo, the nurse shall be notified of the statutory right to file a complaint with the Administrative Hearing Commission.

AUTHORITY: sections 335.036.1(2) and (7), 335.046, 335.051, and 335.066, RSMo 2016. This rule originally filed as 4 CSR 200-4.020. Original rule filed Oct. 14, 1981, effective Jan. 14, 1982. Amended: Filed May*

13, 1982, effective Aug. 12, 1982. Amended: Filed Oct. 13, 1982, effective Jan. 13, 1983. Amended: Filed March 15, 1983, effective June 11, 1983. Amended: Filed Sept. 13, 1983, effective Dec. 11, 1983. Amended: Filed May 24, 1985, effective Nov. 11, 1985. Amended: Filed Sept. 13, 1985, effective Dec. 28, 1985. Amended: Filed Aug. 5, 1987, effective Nov. 12, 1987. Rescinded and readopted: Filed Aug. 11, 1989, effective Dec. 11, 1989. Amended: Filed Dec. 13, 1989, effective Feb. 25, 1990. Amended: Filed Oct. 17, 1991, effective April 9, 1992. Amended: Filed March 5, 1992, effective Aug. 6, 1992. Emergency amendment filed May 14, 1993, effective May 24, 1993, expired Sept. 20, 1993. Amended: Filed May 14, 1993, effective Nov. 8, 1993. Amended: Filed June 29, 1993, effective Jan. 13, 1994. Amended: Filed Sept. 7, 1993, effective May 9, 1994. Amended: Filed Feb. 2, 1994, effective July 30, 1994. Amended: Filed Dec. 15, 1995, effective June 30, 1996. Amended: Filed Jan. 29, 1996, effective July 30, 1996. Amended: Filed July 27, 1998, effective Jan. 30, 1999. Amended: Filed May 12, 2000, effective Nov. 30, 2000. Amended: Filed June 28, 2002, effective Dec. 30, 2002. Amended: Filed March 15, 2004, effective Sept. 30, 2004. Amended: Filed July 29, 2005, effective March 30, 2006. Moved to 20 CSR 2200-4.020, effective Aug. 28, 2006. Amended: Filed May 14, 2007, effective Nov. 30, 2007. Amended: Filed Feb. 29, 2008, effective Aug. 30, 2008. Amended: Filed June 2, 2008, effective Dec. 30, 2008. Amended: Filed Aug. 27, 2009, effective Feb. 28, 2010. Amended: Filed Sept. 5, 2013, effective Feb. 28, 2014. Emergency amendment filed April 27, 2017, effective May 9, 2017, expired Feb. 15, 2018. Amended: Filed April 27, 2017, effective Oct. 30, 2017.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011; 335.046, RSMo 1975, amended 1981, 1995, 1999; 335.051, RSMo 1975, amended 1981, 1999; and 335.066, RSMo 1975, amended 1981, 1995, 1999, 2007, 2013.*

20 CSR 2200-4.021 Graduate Temporary Permit
(Rescinded April 30, 2010)

AUTHORITY: section 335.036, RSMo 2000. This rule originally filed as 4 CSR 200-4.021. Original rule filed Sept. 13, 1983, effective Dec. 11, 1983. Amended: Filed Dec. 13, 1989, effective Feb. 25, 1990. Amended: Filed June 16, 2003, effective Dec. 30, 2003. Moved to 20 CSR 2200-4.021, effective Aug.



28, 2006. Rescinded: Filed Oct. 8, 2009, effective April 30, 2010.

20 CSR 2200-4.022 Nurse Licensure Compact

PURPOSE: This rule sets forth the provisions of the nurse licensure compact.

(1) Definition of Terms in the Compact. For the purpose of the compact—

(A) “Board”—party state’s regulatory body responsible for issuing nurse licenses;

(B) “Information system”—the coordinated licensure information system;

(C) “Primary state of residence”—the state of a person’s declared fixed permanent and principal home for legal purposes; domicile;

(D) “Public”—any individual or entity other than designated staff or representatives of party state boards or the National Council of State Boards of Nursing, Inc.; and

(E) Other terms used in these rules are to be defined as in the Interstate Compact.

(2) Issuance of a License by a Compact Party State. For the purpose of this compact—

(A) No applicant for initial licensure will be issued a compact license granting a multi-state privilege to practice unless the applicant first obtains a passing score on the applicable National Council Licensure Examination (NCLEX) examination or its predecessor examination used for licensure;

(B) A nurse applying for a license in a home party state shall produce evidence of the nurse’s primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include but is not limited to—

1. Driver’s license with a home address;

2. Voter registration card displaying a home address;

3. Federal income tax return declaring the primary state of residence;

4. Military Form no. 2058—state of legal residence certificate; or

5. W-2 from U.S. Government or any bureau, division, or agency thereof indicating the declared state of residence;

(C) A nurse on a visa from another country applying for licensure in a party state may declare either the country of origin or the party state as the primary state of residence. If the foreign country is declared the primary state of residence, a single state license will be issued by the party state;

(D) A license issued by a party state is valid for practice in all other party states unless clearly designated as valid only in the state which issued the license;

(E) When a party state issues a license authorizing practice only in that state and not authorizing practice in other party states (i.e., a single state license), the license shall be clearly marked with words indicating that it is valid only in the state of issuance;

(F) A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multi-state licensure privilege during the processing of the nurse’s licensure application in the new home state for a period not to exceed ninety (90) days;

(G) The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the ninety- (90-) day period as stated in subsection (2)(F) shall be stayed until resolution of the pending investigation;

(H) The former home state license shall no longer be valid upon the issuance of a new home state license; and

(I) If a decision is made by the new home state denying licensure, the new home state shall notify the former home state within ten (10) business days and the former home state may take action in accordance with that state’s laws and rules.

(3) Limitations on Multi-State Licensure Privilege—Discipline.

(A) Home state boards shall include in all licensure disciplinary orders and/or agreements that limit practice and/or require monitoring the requirement that the licensee subject to said order and/or agreement will agree to limit the licensee’s practice to the home state during the pendency of the disciplinary order and/or agreement. This requirement may, in the alternative, allow the nurse to practice in other party states with prior written authorization from both the home state and such other party state boards.

(B) An individual who had a license which was surrendered, revoked, suspended, or an application denied for cause in a prior state of primary residence, may be issued a single state license in a new primary state of residence until such time as the individual would be eligible for an unrestricted license by the prior state(s) of adverse action. Once eligible for licensure in the prior state(s), a multi-state license may be issued.

(4) Information System.

(A) Levels of Access.

1. The public shall have access to nurse licensure information limited to—

A. The nurse’s name;

B. Jurisdiction(s) of licensure;

C. License expiration date(s);

D. Licensure classification(s) and status(es);

E. Public emergency and final disciplinary actions, as defined by contributing state authority; and

F. The status of multi-state licensure privileges.

(B) Non-party state boards shall have access to all information system data except current significant investigative information and other information as limited by contributing party state authority.

(C) Party state boards shall have access to all information system data contributed by the party states and other information as limited by contributing non-party state authority.

(D) The licensee may request in writing to the home state board to review the data relating to the licensee in the information system. In the event a licensee asserts that any data relating to him or her is inaccurate, the burden of proof shall be upon the licensee to provide evidence that substantiates such claim. The board shall verify and within ten (10) business days correct inaccurate data to the information system.

(E) The board shall report to the information system within ten (10) business days—

1. Disciplinary action, agreement, or order requiring participation in alternative programs or which limit practice or require monitoring (except agreements and orders relating to participation in alternative programs required to remain nonpublic by contributing state authority);

2. Dismissal of complaint;

3. Changes in status of disciplinary action or licensure encumbrance;

4. Current significant investigative information shall be deleted from the information system within ten (10) business days upon report of disciplinary action, agreement, or order requiring participation in alternative programs or agreements which limit practice or require monitoring or dismissal of a complaint; and

5. Changes to licensure information in the information system shall be completed within ten (10) business days upon notification by a board.

AUTHORITY: sections 335.300, 335.325, and 335.335, RSMo Supp. 2012. Original rule filed Oct. 8, 2009, effective April 30, 2010. Amended: Filed March 8, 2013, effective Aug. 30, 2013.*

**Original authority: 335.300, RSMo 2009.*



20 CSR 2200-4.025 Definitions

PURPOSE: This rule provides definitions for specific terms used throughout the rules.

(1) MNIT—Missouri Nurse Intervention and Treatment Program.

(2) MNIT Board of Directors—Composed of a maximum of seven (7) members and the MNIT administrator to promote the early identification, intervention, treatment and rehabilitation of licensed practical nurses or registered professional nurses who may be impaired by reasons of substance abuse and/or mental disorders.

(3) Contractor—A nonprofit corporation or association with whom the Missouri State Board of Nursing contracts for the purpose of creating, supporting, and maintaining the MNIT Program.

(4) MNIT Administrator—The person(s) who is hired by the contractor to oversee and manage the MNIT Program.

(5) Nurse—Registered professional nurse or licensed practical nurse licensed in the state of Missouri.

AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 335.067, RSMo 2007.*

20 CSR 2200-4.026 Membership and Organization

PURPOSE: This rule establishes the membership and organization of the MNIT Board of Directors.

(1) The Missouri Nurse Intervention and Treatment (MNIT) Program Board of Directors shall be composed of:

(A) Psychiatric or mental health professional (medical doctor, doctor of osteopathy, nurse practitioner, clinical nurse specialist, registered professional nurse) designated by the Missouri Hospital Association;

(B) Member who is in recovery designated by the Missouri Nurses Association;

(C) Member who is in recovery designated by the Missouri State Association of Licensed Practical Nurses;

(D) Licensed practical nurse designated by the Missouri State Association of Licensed Practical Nurses;

(E) Registered professional nurse designat-

ed by the Missouri Nurses Association;

(F) Advanced practice registered nurse designated by an advanced practice registered nurse organization through the Missouri Nurses Association;

(G) Public member designated by the Missouri Center for Patient Safety; and

(H) MNIT administrator.

(2) The MNIT Board of Directors shall serve staggered three (3)-year terms and shall serve at the discretion of their respective agencies and serve as many terms as their respective agencies deem appropriate. The first board of directors' terms will be decided by random draw at the Board of Nursing office. The MNIT Board of Directors shall annually elect a chairperson. The chairperson is responsible for notifying the respective agencies six (6) months prior to the expiration of a term.

(3) The MNIT Board of Directors shall meet at least two (2) times annually.

(4) The MNIT Board of Directors shall serve without compensation other than that allowed by law for service as a board member. Each member of the MNIT Board of Directors shall be entitled to reimbursement for travel expenses as deemed appropriate by the MNIT Board of Directors.

(5) The MNIT Board of Directors shall oversee all aspects of the general operation of the contractor including, but not limited to, oversight of the administration, staffing, financial operations and case management as it pertains to the Missouri Nurse Intervention and Treatment Program.

(6) The MNIT administrator shall be a non-voting member of the MNIT Board of Directors.

AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 335.067, RSMo 2007.*

20 CSR 2200-4.027 MNIT Board of Directors/Contractor Duties

PURPOSE: This rule establishes the duties of the MNIT Board of Directors and contractor.

(1) The Missouri Nurse Intervention and Treatment (MNIT) Program Board of Directors/contractor shall provide a written and/or oral report to the State Board of Nursing at each quarterly State Board of Nursing meeting or upon request of the State Board of

Nursing. The report shall outline the status of each nurse in treatment referred to the MNIT Board of Directors by the State Board of Nursing in such detail as requested by the State Board of Nursing. The identity of the nurses who voluntarily submit to the MNIT Board of Directors/contractor shall remain anonymous for purposes of these reports.

(2) The MNIT Board of Directors/contractor shall provide written and/or oral reports to the State Board of Nursing, including quarterly income and expense reports. These reports must be itemized and account for all income from any and every source and each expense to any and every vendor that relates to the Missouri Nurse Intervention and Treatment Program in any way.

(3) The MNIT Board of Directors/contractor shall enter into written contracts with each nurse in treatment. The contract between the MNIT Board of Directors/contractor and the nurse shall include, but not be limited to, the following:

(A) Each contract shall be a minimum of five (5) years in duration;

(B) Each nurse in treatment will abstain from the possession or consumption of controlled substances except as prescribed by a treating physician;

(C) Each nurse in treatment shall abstain from the possession or consumption of alcohol or illegal drugs;

(D) Each nurse in treatment shall submit to random drug testing unless otherwise specified by the State Board of Nursing;

(E) Each nurse in treatment shall report all relapses to the MNIT Board of Directors;

(F) Upon request of the MNIT Board of Directors, each nurse in treatment shall report to the MNIT Board of Directors;

(G) Each nurse in treatment shall attend support meetings as requested by the MNIT Board of Directors or treatment providers;

(H) Each nurse in treatment referred to the Missouri Nurse Intervention and Treatment Program by the State Board of Nursing shall authorize the MNIT Board of Directors to release any and all information regarding the nurse in treatment to the State Board of Nursing;

(I) Each nurse in treatment voluntarily enrolled in the Missouri Nurse Intervention and Treatment Program shall authorize the MNIT Board of Directors to release any and all information regarding the nurse in treatment to the State Board of Nursing upon a violation of Chapter 335, RSMo or the rules promulgated pursuant thereto or the contract with the MNIT Board of Directors;



(J) Each nurse in treatment shall be financially responsible for all drug screens and any other professional or administrative service rendered on behalf of the nurse in treatment; and

(K) The following paragraph shall be contained in each written agreement:

1. In consideration of my being allowed to participate in the Missouri Nurse Intervention and Treatment Program, I expressly release the contractor, the MNIT administrator, the MNIT Board of Directors and the State Board of Nursing and all of their employees, board members, agents and independent contractors from any and all claims, whether now existing or hereafter arising, related to or arising from my participation in the Missouri Nurse Intervention and Treatment Program or any services provided to me hereunder, including but not limited to claims that I might hereafter assert that the contractor, the MNIT administrator, the MNIT Board of Directors or State Board of Nursing, any of the agents or independent contractors, board members or employees were negligent or that any of said persons or entities committed any acts of omission or commission that I claim are or were negligent or that I claim were acts of professional malpractice, it being the intent hereof that I will be forever barred from asserting any such claims hereafter. In the event I hereafter assert any such claim, I agree that such assertion will disqualify me from further participation in the Missouri Nurse Intervention and Treatment Program and that the MNIT Board of Directors will be absolutely entitled to discharge me from said program.

(4) The MNIT Board of Directors/contractor shall provide services when appropriate to nurses in treatment which include, but are not limited to, the following:

(A) Monitoring compliance of the contract between the MNIT Board of Directors and the nurse in treatment;

(B) Administering drug screens;

(C) Assisting the nurse in treatment in obtaining evaluation and treatment; and

(D) Requiring evaluators to provide written reports which address whether a member of the Missouri Nurse Intervention and Treatment Program suffers from an impairment, identifies the impairment, provides recommendations for treatment of the impairment and whether the member's practice of nursing should be restricted due to the impairment.

(5) The MNIT Board of Directors/contractor shall report, in writing, to the State Board of Nursing all violations of State Board of Nursing disciplinary orders or the Nursing Practice Act which occur after the date of the dis-

ciplinary order or the date of the nurse entering the Missouri Nurse Intervention and Treatment Program, whichever occurs first. All violations shall be reported promptly but no later than ten (10) days after obtaining knowledge of the violation.

(6) The MNIT Board of Directors/contractor shall assist the State Board of Nursing in carrying out the terms of any disciplinary order pertaining to a nurse in treatment.

(7) The MNIT Board of Directors/contractor shall obtain a written release from all nurses referred to the Missouri Nurse Intervention and Treatment Program by the State Board of Nursing. The release shall authorize the MNIT Board of Directors/contractor to release all information and documents pertaining to the nurse to the State Board of Nursing and MNIT Board of Directors and to communicate all information regarding the nurse in treatment to the State Board of Nursing and MNIT Board of Directors.

(8) The MNIT Board of Directors/contractor shall provide the State Board of Nursing access to all information and documents pertaining to the nurse in treatment referred to the Missouri Nurse Intervention and Treatment Program by the State Board of Nursing.

(9) The contractor shall require the administrator to supply information and documentation with regard to the identification, intervention, treatment and rehabilitation of all nurses who participate or are assisted by the Missouri Nurse Intervention and Treatment Program to the MNIT Board of Directors as directed by the MNIT Board of Directors.

(10) The contractor shall require the MNIT administrator to supply all reports provided to the State Board of Nursing to the MNIT Board of Directors. The information and documentation as described herein shall only be released to the State Board of Nursing pursuant to Chapter 335, RSMo and the rules promulgated thereto.

(11) The contractor shall require the MNIT administrator to provide the MNIT Board of Directors with all information on nurses participating in or assisted by the contractor as directed by the MNIT Board of Directors.

(12) The MNIT Board of Directors/contractor shall prepare and implement an action plan and budget as directed by and approved by the State Board of Nursing. The MNIT Board of Directors/contractor shall report on progress with regard to preparing and implementing the action plan and budget as directed by the State Board of Nursing and MNIT Board of Directors.

(13) The MNIT Board of Directors/contractor shall require the MNIT administrator to submit progress and performance reports to the MNIT Board of Directors and the State Board of Nursing as requested by the MNIT Board of Directors or the State Board of Nursing. Reports of those voluntarily participating in the program shall be for statistical purposes only.

(14) The contractor shall coordinate activities of the MNIT Board of Directors, oversee and manage the daily operations of the MNIT Board of Directors and assist with the administrative duties of the MNIT Board of Directors.

AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 335.067, RSMo 2007.*

20 CSR 2200-4.028 Confidentiality

PURPOSE: This rule establishes the guidelines regarding the confidentiality of the records and information of the impaired professional.

(1) The Missouri Nurse Intervention and Treatment (MNIT) Program Board of Directors shall provide the State Board of Nursing access to all information pertaining to each nurse in treatment referred to the MNIT Board of Directors by the State Board of Nursing.

(2) The MNIT Board of Directors shall obtain a written release from each nurse in treatment in the Missouri Nurse Intervention and Treatment Program authorizing the release of all information and documents pertaining to the nurse in treatment to the State Board of Nursing authorizing the MNIT Board of Directors to communicate all information pertaining to the nurse in treatment to the State Board of Nursing. The information and documentation as described herein shall only be released to the State Board of Nursing pursuant to Chapter 335, RSMo and the rules promulgated thereto relating to violation of the MNIT contract.

(3) In regards to a participant referred by the State Board of Nursing and the voluntary participants who have violated their MNIT contract, the State Board of Nursing and MNIT Board of Directors may exchange privileged and confidential information, interviews, reports, statements, memoranda and other



documents including information on investigations, findings, conclusions, interventions, treatment, rehabilitation and other proceedings of the State Board of Nursing and MNIT Board of Directors and other information closed to the public to promote the identification, interventions, treatment, rehabilitation and discipline (accountability) of nurses who may be impaired.

(4) All privileged and confidential information and other information not considered to be public records or information pursuant to Chapter 610, RSMo shall remain privileged and confidential and closed to the public after such information is exchanged.

AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 335.067, RSMo 2007.*

20 CSR 2200-4.029 MNIT Administrator

PURPOSE: This rule establishes the qualifications and duties of the MNIT administrator.

(1) The Missouri Nurse Intervention and Treatment (MNIT) Program administrator shall possess a combination of education and experience in the area of addiction counseling and be licensed in Missouri in a related field.

(2) The MNIT administrator shall be familiar with nursing professionals suffering from impairment which include, but shall not be limited to, the following:

- (A) Dependency;
- (B) Alcohol addiction;
- (C) Drug addiction; and
- (D) Mental health issues.

(3) The duties of the MNIT administrator shall include, but not be limited to, the following:

- (A) Organizing and carrying out interventions;
- (B) Referring nurses for appropriate assessment, or evaluation and seeing that treatment recommendations based on the assessment are followed;
- (C) Monitoring treatment progress and reentry contractual compliance. Said monitoring shall include random drug screens;
- (D) Assisting nurses to reenter practice from treatment;
- (E) Assisting with aftercare issues;
- (F) Any and all reporting of these areas to appropriate agencies;
- (G) Program development;

(H) Outreach education; and

(I) Other necessary services as determined by the MNIT Board of Directors.

(4) The MNIT administrator shall supply information and documentation with regard to the identification, intervention, treatment and rehabilitation of all nurses who participate or are assisted by the Missouri Nurse Intervention and Treatment Program to the MNIT Board of Directors as directed by the MNIT Board of Directors.

(5) The MNIT administrator shall supply all reports provided to the State Board of Nursing and to the MNIT Board of Directors. The contractor shall provide all reports, including reports on nurses who participate in or are assisted by the Missouri Nurse Intervention and Treatment Program, and fiscal reports to the MNIT Board of Directors as directed by the MNIT Board of Directors.

(6) The MNIT administrator shall provide the MNIT Board of Directors with all information on nurses participating in or assisted by the contractor as directed by the MNIT Board of Directors.

(7) The MNIT Board of Directors/contractor shall provide the State Board of Nursing access to all information and documents pertaining to the nurse in treatment referred to the Missouri Nurse Intervention and Treatment Program by the State Board of Nursing.

AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008.

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 335.067, RSMo 2007.*

20 CSR 2200-4.030 Public Complaint Handling and Disposition Procedure

PURPOSE: This rule establishes a procedure for the receipt, handling, and disposition of public complaints by the board.

(1) Only complaints containing sufficient information to investigate and alleging conduct that would violate the Nursing Practice Act shall be investigated in the manner set forth in sections (3) through (10) below.

(2) The Board of Nursing encourages potential complainants to immediately alert the nurse and administration of the facility where the nurse is employed of the concern or complaint in an effort to provide the facility with

the opportunity to address and correct concerns immediately.

(3) The State Board of Nursing shall receive and process each complaint made against any licensee or permit holder, which complaint alleges certain acts or practices which may constitute one (1) or more violations of the provisions of Chapter 335, RSMo. This only applies to complaints where there is sufficient information to investigate and the allegation(s), if true, would be a violation of the Nursing Practice Act. Any member of the public or profession, or any federal, state, or local officials may make and file a complaint with the board. No member of the State Board of Nursing shall file a complaint with this board while holding that office, unless that member is excused from further board deliberations or activity concerning the matters alleged within that complaint. The executive director or any staff member of the board may file a complaint pursuant to this rule in the same manner as any member of the public.

(4) Complaints should be mailed, faxed, or delivered to the following address: Executive Director, Missouri State Board of Nursing, 3605 Missouri Boulevard, PO Box 656, Jefferson City, MO 65102-0656.

(5) All complaints shall be made in writing and shall fully identify the complainant by name and address. Complaints may be made on forms which are provided by the board and available upon request or can be accessed at the board's website.

(6) Each complaint received under this rule shall be logged in a book maintained by the board for that purpose. Complaints shall be logged in consecutive order as received. The logbook shall contain a record of each complainant's name and address; the name and address of the subject(s) of the complaint; the date each complaint is received by the board; a brief statement of the acts complained of; a notation whether the complaint resulted in its dismissal by the board or informal charges being filed with the Administrative Hearing Commission; and the ultimate disposition of the complaint. This logbook shall be a closed record of the board.

(7) Each complaint received under this rule shall be acknowledged in writing. The complainant shall be informed as to whether the complaint is being investigated and later, if applicable, as to whether the complaint has been dismissed by the board. The complainant shall be notified of the disciplinary action taken, if any. The provisions of this section shall not apply to complaints filed by staff members of the board based on information



and belief, acting in reliance on third-party information received by the board.

(8) Both the complaint and any information obtained as a result of the investigation of the complaint shall be considered a closed record and shall not be available for inspection by the general public.

(9) This rule shall not be deemed to limit the board's authority to file a complaint with the Administrative Hearing Commission charging a licensee of the board with any actionable conduct or violation, whether or not such a complaint exceeds the scope of the acts charged in a preliminary public complaint filed with the board and whether or not any public complaint has been filed with the board.

(10) The board interprets this rule, which is required by law, to exist for the benefit of those members of the public who submit complaints to the board and for those persons or entities within the legislative and executive branches of government having supervisory or other responsibilities or control over the professional licensing boards. This rule is not deemed to protect or insure to the benefit of those licensees, permit holders, registrants or other persons against whom the board has instituted or may institute administrative or judicial proceeding concerning possible violations of the provisions of Chapter 335, RSMo.

*AUTHORITY: section 335.036, RSMo Supp. 2013. * This rule originally filed as 4 CSR 200-4.030. Original rule filed Feb. 10, 1982, effective May 13, 1982. Amended: Filed June 28, 2002, effective Dec. 30, 2002. Moved to 20 CSR 2200-4.030, effective Aug. 28, 2006. Amended: Filed May 27, 2008, effective Nov. 30, 2008. Amended: Filed Aug. 28, 2013, effective Feb. 28, 2014.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 620.010, RSMo 1973, amended 1981, 1983, 1986, 1989, 1990, 1993, 1994, 1995, 1999, 2001, 2007, 2008.*

20 CSR 2200-4.040 Mandatory Reporting Rule

PURPOSE: This rule establishes a procedure and guidelines regarding reports required from hospitals, ambulatory surgical centers, or temporary nursing staffing agencies by section 383.133, RSMo concerning any final disciplinary action against a nurse licensed under Chapter 335, RSMo or the voluntary resignation of any such nurse.

(1) The State Board of Nursing shall receive and process any report from a hospital, ambulatory surgical center, or temporary nursing staffing agency concerning any disciplinary action against a nurse licensed under Chapter 335, RSMo or the voluntary resignation of any such nurse against whom any complaints or reports have been made which might have led to disciplinary action. Disciplinary action is defined in section 383.130, RSMo as any final action taken by the board of trustees or similarly empowered officials of a hospital or ambulatory surgical center, or owner or operator of a temporary nursing staffing agency, to reprimand, discipline, or restrict the practice of a health care professional. Only such reprimands, discipline, or restrictions in response to activities which are also grounds for disciplinary actions according to the professional licensing law for that health care professional shall be considered disciplinary actions for purposes of this definition.

(2) Reports to the board shall be in writing and shall comply with the minimum requirements as set forth in this rule. The Board of Nursing will assume that all reports received from hospitals, ambulatory surgical centers, or temporary nursing staffing agencies will be treated as under section 383.133, RSMo. The information shall be submitted within fifteen (15) days of the final disciplinary action, and shall contain, but need not be limited to—

(A) The name, address and telephone number of the person making the report;

(B) The name, address and telephone number of the person who is the subject of the report;

(C) A description of the facts, including as much detail and information as possible, which gave rise to the issuance of the report, including the dates of occurrence deemed to necessitate the filing of the report. Whenever possible, the report should include:

1. The date of each alleged incident;
2. The name of the patient involved;
3. If the incident involves medication, the name of the medication;
4. Very specific details describing the events;
5. List witnesses to the incident(s) and their contact information; and
6. If you conducted an internal investigation, provide a copy of the report;

(D) If court action is involved and known to the reporting agent, the identity of the court, including the date of filing and the docket number of the action; and

(E) A statement as to what final action was taken by the institution.

(3) Reports made to the board under the mandated reporting requirements as defined in Chapter 383, RSMo shall not be deemed a violation of the federal Health Insurance Portability and Accountability Act (HIPAA) and the privacy rules located in the Act because the Missouri State Board of Nursing qualifies as a health oversight agency as defined in the HIPAA privacy rules.

(4) Any activity that is construed to be a cause for disciplinary action according to section 335.066, RSMo shall be deemed reportable to the board. Nothing in this rule shall be construed as limiting or prohibiting any person from reporting a violation of the Nursing Practice Act directly to the State Board of Nursing.

(5) In cases where a nurse voluntarily submits to an employee assistance program or to a rehabilitation program for alcohol or drug impairment and no disciplinary action is taken by the facility, the facility is not mandated to report but may report. If the nurse is subsequently disciplined by the facility for violating provisions of the employee assistance program or rehabilitation program or voluntarily resigns in lieu of discipline, the facility must report to the board under the above provision.

*AUTHORITY: sections 335.036 and 383.133, RSMo Supp. 2007. * This rule originally filed as 4 CSR 200-4.040. Original rule filed Aug. 5, 1987, effective Nov. 12, 1987. Amended: Filed Jan. 8, 1988, effective April 28, 1988. Amended: Filed April 19, 1996, effective Nov. 30, 1996. Amended: Filed July 11, 2000, effective Jan. 30, 2001. Moved to 20 CSR 2200-4.040, effective Aug. 28, 2006. Amended: Filed May 27, 2008, effective Nov. 30, 2008.*

**Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 383.133, RSMo 1986, amended 2007.*

20 CSR 2200-4.050 Nursing Student Loan Program

PURPOSE: This rule defines the criteria that a nursing program must meet for approval by the Missouri State Board of Nursing as a participating program in the professional and practical nursing student loan program.

(1) The board shall designate as approved for participation in the professional and practical nursing student loan program those Missouri nursing programs which meet the following criteria:



(A) The nursing program leads to initial licensure as a professional or practical nurse and is accredited as a program of professional or practical nursing by the Missouri State Board of Nursing; or

(B) The nursing program does not lead to initial licensure, but offers a formal course of instruction leading to a bachelor of science degree in nursing or a master of science degree in nursing and the nursing program annually submits to the Missouri State Board of Nursing an application for approval as a participating school, which provides evidence of—

1. The existence of a separate and distinct nursing department within the degree-granting institution; and

2. A curriculum plan incorporating both nursing theory and clinical nursing experience as integral components of the course of instruction.

(2) Student Eligibility.

(A) The State Board of Nursing will consider the following factors to determine whether an eligible student is approved for participation in the nursing student loan program:

1. Criminal convictions;

2. Whether applicant's nursing license has been disciplined by the Missouri State Board of Nursing or any other licensing board;

3. Whether the applicant has been denied a nursing license by any state board of nursing;

4. Whether there are any current or past complaints filed against the nursing license of the applicant;

5. Whether the applicant has been placed on the Department of Social Service's Employee Disqualification List; or

6. Any other information which would indicate that licensure of the applicant would not be in the public interest.

AUTHORITY: section 335.212, RSMo Supp. 1990. This rule originally filed as 4 CSR 200-4.050. Original rule filed Nov. 2, 1990, effective March 14, 1990. Amended: Filed Dec. 30, 1993, effective July 10, 1994. Moved to 20 CSR 2200-4.050, effective Aug. 28, 2006.*

**Original authority: 335.212, RSMo 1990.*

20 CSR 2200-4.100 Advanced Practice Registered Nurse

PURPOSE: This rule specifies the criteria necessary for registered professional nurses to be recognized by the Missouri State Board of Nursing, and therefore, eligible to practice

as advanced practice registered nurses and use certain advanced practice registered nurse titles.

(1) Definitions.

(A) Accredited college or university—An institution of learning awarded accreditation status by the appropriate regional accreditation body for higher education certified by the Council on Post Secondary Accreditation to conduct such accreditations.

(B) Advanced—Means content and competency at a level beyond that of a baccalaureate prepared nurse.

(C) Advanced nursing education program—

1. Prior to July 1, 1998, completion of a formal postbasic educational program from or formally affiliated with an accredited college, university, or hospital of at least one (1) academic year, which includes advanced nursing theory and clinical nursing practice, leading to a graduate degree or certificate with a concentration in an advanced practice nursing clinical specialty area.

2. From and after July 1, 1998, completion of a graduate degree from an accredited college or university with a concentration in an advanced practice nursing clinical specialty area, which includes advanced nursing theory and clinical nursing practice. From and after January 1, 2009, program shall provide a minimum of five hundred (500) faculty-supervised clinical hours.

(D) Advanced pharmacology course—A course that offers content in pharmacokinetics and pharmacodynamics, pharmacology of current/commonly-used medications, and the application of drug therapy to the treatment of disease and/or the promotion of health;

(E) Advanced practice registered nurse (APRN)—As defined in section 335.016, RSMo.

(F) Advanced practice nursing clinical specialty—Recognized advanced body of nursing knowledge and specialized acts of advanced professional nursing practice.

(G) Certificate of controlled substance prescriptive authority—Eligibility granted by the Missouri State Board of Nursing (MSBN) to an APRN to apply with the Missouri Bureau of Narcotics and Dangerous Drugs (BNDD) and the federal Drug Enforcement Agency (DEA) for authority to prescribe controlled substances from Schedules III–V as delegated in a collaborative practice arrangement between a collaborating physician and a collaborating APRN.

(H) Nationally recognized certifying body—A non-governmental agency approved by the MSBN that validates by examination, based on pre-determined standards, an indi-

vidual nurse's qualifications and knowledge for practice in a defined functional or clinical area of nursing.

(I) Nationally recognized professional nursing organization—A membership entity for registered professional nurses (RNs) in the United States whose intention is national in scope and exists, in part, for the ongoing purposes of—

1. Fostering high standards for professional nursing practice;

2. Promoting the professional development and general welfare of registered professional nurses;

3. Improving the health and well-being of individuals, families, and communities in collaboration with other health care providers; and

4. Engaging in action at the national level on matters of professional policy and national health policy.

(J) Preceptorial experience—A designated portion of a formal educational program that is offered in a healthcare setting and affords students the opportunity to integrate theory and role in both the clinical specialty/practice area and advanced nursing practice through direct patient care/client management.

(K) Qualified preceptor—An APRN with a current unrestricted RN license who has a scope of practice which includes prescribing and has met the requirements for prescriptive authority; a licensed practitioner of medicine or osteopathy with unrestricted prescriptive authority.

(2) To Obtain APRN Recognition.

(A) After June 30, 1997, the MSBN shall maintain an up-to-date roster of RNs recognized as eligible to practice as an APRN, which shall be available to the public. A copy of the current roster can be obtained by contacting the MSBN.

1. Temporary recognition—available to new graduate APRNs only—An RN who is a graduate registered nurse anesthetist, graduate nurse midwife, graduate nurse practitioner, or graduate clinical nurse specialist and desires to begin practice in their advanced practice role prior to the successful completion of their certification examination must be recognized by the MSBN and shall satisfy the following:

A. Hold a current unencumbered license to practice in Missouri, or another compact state as an RN;

B. Submit completed Document of Recognition application and fee to the MSBN. Incomplete application forms and evidence will be considered invalid. Fees are not refundable;



C. Provide evidence of having successfully completed an advanced nursing education program as defined in subsection (1)(B) of this rule;

D. Register to take the first available certification examination administered by a nationally recognized certifying body acceptable to the MSBN;

E. Agree to notify the MSBN and employer of results within five (5) working days of receipt of results. If notification is of unsuccessful results, then agree to cease practice as an APRN immediately;

F. Be restricted from any prescriptive authority;

G. Have never been denied certification or had any certification suspended, revoked, or cancelled by an MSBN-approved nationally-recognized certifying body; and

H. Shall be recognized for a period not greater than four (4) months from the date of graduation, pending a certification decision by an MSBN-approved nationally-recognized certifying body.

(B) Initial Recognition—RNs who are certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM), certified nurse practitioners, or certified clinical nurse specialists (CNS) applying for recognition from the MSBN for eligibility to practice as advanced practice registered nurses shall—

1. Hold a current unencumbered license to practice in Missouri or another compact state as an RN; and

2. Provide evidence of completion of appropriate advanced nursing education program as defined in subsection (1)(C) of this rule; and

3. Submit completed Document of Recognition application and appropriate fee to the MSBN. Incomplete application forms and evidence will be considered invalid. Fees are not refundable; and

4. Submit documentation of current certification in their respective advanced nursing clinical specialty area by an MSBN-approved nationally-recognized certifying body, meeting the requirements of this rule; or

5. Before January 1, 2010, applicants for whom there is no appropriate certifying examination shall also provide the following documentation:

A. Evidence of successful completion of three (3) graduate credit hours of pharmacology offered by an accredited college or university within the previous five (5) years prior to the date of application to the board; and

B. Evidence of a minimum of eight hundred (800) hours of clinical practice in the advanced practice nursing clinical specialty area within two (2) years prior to date of

application to the board; and

6. Each applicant is responsible for maintaining and providing documentation of satisfactory, active, up-to-date certification/recertification/maintenance and/or continuing education/competency status to the MSBN.

7. To be eligible for controlled substance prescriptive authority, the APRN applicant must:

A. Submit evidence of completion of an advanced pharmacology course that shall include preceptorial experience in the prescription of drugs, medicines, and therapeutic devices with a qualified preceptor. Evidence shall be submitted in the form of one (1) of the following:

(I) An official final transcript from their advanced practice program; or

(II) A letter from the school describing how this was integrated into the curriculum; or

(III) Evidence of successful completion of three (3) credit hours post-baccalaureate course in advanced pharmacology from an accredited college or university within the last five (5) years; or

(IV) Evidence of successful completion of forty-five (45) continuing education units in pharmacology within the last five (5) years; and

B. Provide evidence of completion of at least three hundred (300) clock hours of preceptorial experience in the prescription of drugs, medicines, and therapeutic devices with a qualified preceptor. The APRN applicant shall complete the form provided by the MSBN and include this form with the Document of Recognition application or at such time as the APRN has completed the required hours of preceptorial experience; and

C. Has had controlled substance prescriptive authority delegated in a collaborative practice arrangement under section 334.104, RSMo, with a Missouri licensed physician who has an unrestricted federal Drug Enforcement Administration (DEA) number and who is actively engaged in a practice comparable in scope, specialty, or expertise to that of the APRN. Submit the completed "Statement of Controlled Substance Delegation" form provided by the MSBN as part of the application process to the MSBN.

8. Once the APRN has received controlled substance prescriptive authority from the MSBN, he/she may apply for a BNDD registration number and a federal DEA registration number. Restrictions that may exist on the collaborative physician's BNDD registration may also result in restrictions on the BNDD registration for the APRN. The instructions and the application needed for

BNDD registration can be found at www.dhss.mo.gov/BNDD. For information regarding federal DEA registration, see www.DEADiversion.usdoj.gov.

(C) Continued Recognition—In order to maintain a current Document of Recognition, the APRN shall—

1. Maintain current RN licensure in Missouri or in another compact state. An RN license placed on inactive or lapsed status will automatically lapse the Document of Recognition regardless of current certification status; and

2. APRNs shall notify the MSBN within five (5) working days of any change in status, documentation, or other changes that may affect their recognition as an APRN; and

3. Provide evidence of recertification by a certifying body, approved by the MSBN, to the MSBN prior to the current expiration date. It is the APRN's responsibility to be sure that their recertification credentials have been received by the MSBN; or

4. If approved by the MSBN as noncertified prior to January 1, 2010, every two (2) years shall provide evidence of—

A. A minimum of eight hundred (800) hours of clinical practice in their advanced practice nursing clinical specialty and in the advanced practice role; and

B. A minimum of sixty (60) contact hours in their advanced practice nursing clinical specialty area offered by an accredited college or university; and

5. Adhere to all requirements of the BNDD and the federal DEA; and

6. APRNs who fail to satisfy any of the applicable requirements of subsections (2)(A)–(C) of this rule shall lose their recognition as an APRN in Missouri. Loss of recognition as an APRN results in ineligibility to call or title oneself or practice as an APRN but does not prevent the individual from practicing as an RN within his/her education, training, knowledge, judgment, skill, and competence. To regain recognition as an APRN, the individual must complete the application process described in paragraphs (2)(B)1.–8. of this rule.

(3) Titling.

(A) After June 30, 1997, only an RN meeting the requirements of this rule and recognized by the MSBN as an APRN shall have the right to use any of the following titles or their abbreviations in clinical practice: advanced practice registered nurse (APRN); certified advanced practice registered nurse; nurse anesthetist; certified registered nurse anesthetist (CRNA); nurse midwife; certified nurse midwife (CNM); nurse practitioner (NP); certified nurse practitioner; certified



nurse specialist (CNS); or certified clinical nurse specialist.

(B) RNs recognized as APRN nurses by the MSBN shall specify their RN title and clinical nursing specialty area designation, and may include certification status, if applicable, for purposes of identification and documentation.

(C) APRNs will be held accountable by the MSBN for representing themselves accurately and fully to the public, their employers, and other health care providers.

(4) Scope of Practice.

(A) RNs recognized by the MSBN as being eligible to practice as an APRN shall function clinically—

1. Within the state of Missouri Nursing Practice Act, Chapter 335, RSMo, and all other applicable rules and regulations;

2. Within the professional scope and standards of their advanced practice nursing clinical specialty area and consistent with their formal advanced nursing education and national certification, if applicable, or within their education, training, knowledge, judgment, skill, and competence as an RN; and

3. Within the regulations set forth by the BNDD and the federal DEA if deemed eligible to prescribe controlled substances by the MSBN.

(5) Certifying Body Criteria.

(A) In order to be a certifying body acceptable to the MSBN for APRN status, the certifying body must meet the following criteria:

1. Be national in the scope of its credentialing;

2. Have no requirement for an applicant to be a member of any organization;

3. Have formal requirements that are consistent with the requirements of the APRN rule;

4. Have an application process and credential review that includes documentation that the applicant's advanced nursing education, which included theory and practice, is in the advanced practice nursing clinical specialty area being considered for certification;

5. Use psychometrically sound and secure examination instruments based on the scope of practice of the advanced practice nursing clinical specialty area;

6. Issue certification based on passing an examination and meeting all other certification requirements;

7. Provide for periodic recertification/maintenance options which include review of qualifications and continued competence; and

8. Have an evaluation process to provide quality assurance in its certification, recerti-

fication, and continuing competency components.

(B) Each listed certifying body and/or its policies and procedures for certification shall be subject to at least annual review by the MSBN to determine whether criteria for recognition under this rule are being maintained.

(C) The MSBN shall identify, keep on file, and make available to the public the current list of nationally-recognized certifying bodies acceptable to the board of nursing. Nationally-recognized certifying bodies may be added or deleted from the board of nursing's list of nationally-recognized certifying bodies based on the criteria set forth in this rule. A copy of the current list can be obtained by contacting the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102, by calling (573) 751-0681, or on the website at www.pr.mo.gov/nursing.asp.

AUTHORITY: sections 335.016(2) and 335.036, RSMo Supp. 2009. This rule originally filed as 4 CSR 200-4.100. Original rule filed Nov. 15, 1991, effective March 9, 1992. Rescinded and readopted: Filed Oct. 25, 1995, effective June 30, 1996. Emergency amendment filed May 1, 1997, effective May 12, 1997, expired Nov. 7, 1997. Amended: Filed May 1, 1997, effective Oct. 30, 1997. Amended: Filed June 16, 2003, effective Dec. 30, 2003. Moved to 20 CSR 2200-4.100, effective Aug. 28, 2006. Amended: Filed Aug. 11, 2006, effective March 30, 2007. Amended: Filed June 27, 2008, effective Dec. 30, 2008. Rescinded and readopted: Filed April 30, 2010, effective Nov. 30, 2010.*

**Original authority: 335.016(2), RSMo 1975, amended 1993, 1995, 1999, 2002, 2004, 2007, 2008 and 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008.*

20 CSR 2200-4.200 Collaborative Practice

PURPOSE: In accordance with section 334.104, RSMo, this rule defines collaborative practice arrangement terms and delimits geographic areas; methods of treatment; review of services; and drug/device dispensing or distribution pursuant to prescription and implements the Utilization of Telehealth by Nurses as required by section 335.175, RSMo.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its

headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) For the purpose of these rules, the following definitions shall apply:

(A) Advanced practice nurse—A registered professional nurse (RN) who is also an advanced practice registered nurse (APRN) as defined in section 335.016(2), RSMo;

(B) Controlled substance prescriptive authority—the eligibility and certificate granted by the Missouri State Board of Nursing (MSBN) to an APRN who has been delegated the authority to prescribe controlled substances from Schedules III, IV, and/or V in a written collaborative practice arrangement by the collaborating physician as defined in section 335.019, RSMo;

(C) Collaborative practice arrangements—Refers to written agreements, jointly agreed upon protocols, or standing orders, all of which shall be in writing, for the delivery of health care services;

(D) Population-based public health services—Health services provided to well patients or to those with narrowly circumscribed conditions in public health clinics or community health settings that are limited to immunizations, well child care, human immunodeficiency virus (HIV) and sexually transmitted disease care, family planning, tuberculosis control, cancer and other chronic disease, wellness screenings, services related to epidemiologic investigations, and prenatal care; and

(E) Registered professional nurse—An RN as defined in section 335.016(16), RSMo, who is not an APRN.

(2) Geographic Areas.

(A) The collaborating physician in a collaborative practice arrangement shall not be so geographically distanced from the collaborating RN or APRN as to create an impediment to effective collaboration in the delivery of health care services or the adequate review of those services.

(B) The following shall apply in the use of a collaborative practice arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

1. If the APRN is providing services pursuant to section 335.175, RSMo, no mileage limitation shall apply;

2. If the APRN is not providing services pursuant to section 335.175, RSMo, and is



practicing in a federally-designated health professional shortage area (HPSA), the practice locations where the collaborating physician, or other physician designated in the collaborative practice arrangement, is no further than fifty (50) miles by road, using the most direct route available, from the collaborating APRN; or

3. If the APRN is not providing services pursuant to section 335.175, RSMo, and is practicing in a non-HPSA, the collaborating physician and collaborating APRN shall practice within thirty (30) miles by road of one another.

(C) An APRN who desires to enter into a collaborative practice arrangement at a location where the collaborating physician is not continuously present shall practice together at the same location with the collaborating physician continuously present for a period of at least one (1) month before the collaborating APRN practices at a location where the collaborating physician is not present. It is the responsibility of the collaborating physician to determine and document the completion of the same location practice described in the previous sentence.

(D) A collaborating physician shall not enter into a collaborative practice arrangement with more than three (3) full-time equivalent APRNs. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule.

(3) Methods of Treatment.

(A) The methods of treatment and the authority to administer, dispense, or prescribe drugs delegated in a collaborative practice arrangement between a collaborating physician and collaborating APRN shall be within the scope of practice of each professional and shall be consistent with each professional's skill, training, education, competence, licensure, and/or certification and shall not be further delegated to any person except that the individuals identified in sections 338.095 and 338.198, RSMo, may communicate prescription drug orders to a pharmacist.

(B) The methods of treatment and authority to administer and dispense drugs delegated in a collaborative practice arrangement between a collaborating physician and a collaborating RN shall be within the scope of practice of each professional and shall be consistent with each professional's skill, training, education, and competence and shall not be delegated to any other person except the individuals identified in sections 338.095 and 338.198, RSMo, may communi-

cate prescription drug orders to a pharmacist.

(C) The collaborating physician shall consider the level of skill, education, training, and competence of the collaborating RN or APRN and ensure that the delegated responsibilities contained in the collaborative practice arrangement are consistent with that level of skill, education, training, and competence.

(D) Guidelines for consultation and referral to the collaborating physician or designated health care facility for services or emergency care that is beyond the education, training, competence, or scope of practice of the collaborating RN or APRN shall be established in the collaborative practice arrangement.

(E) The methods of treatment, including any authority to administer or dispense drugs, delegated in a collaborative practice arrangement between a collaborating physician and a collaborating RN shall be delivered only pursuant to a written agreement, jointly agreed-upon protocols, or standing orders that shall describe a specific sequence of orders, steps, or procedures to be followed in providing patient care in specified clinical situations.

(F) The methods of treatment, including any authority to administer, dispense, or prescribe drugs, delegated in a collaborative practice arrangement between a collaborating physician and a collaborating APRN shall be delivered only pursuant to a written agreement, jointly agreed-upon protocols, or standing orders that are specific to the clinical conditions treated by the collaborating physician and collaborating APRN.

(G) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the *United States Pharmacopeia* (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated

from the active inventory;

6. Retrieval dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating APRN;

8. An RN shall not, under any circumstances, prescribe drugs. The administering or dispensing of a controlled substance by an RN or APRN who has not been delegated authority to prescribe in a collaborative practice arrangement, pursuant to 19 CSR 30-1.066, shall be accomplished only under the direction and supervision of the collaborating physician, or other physician designated in the collaborative practice arrangement, and shall only occur on a case-by-case determination of the patient's needs following verbal consultation between the collaborating physician and collaborating RN or APRN. The required consultation and the physician's directions for the administering or dispensing of controlled substances shall be recorded in the patient's chart and in the appropriate dispensing log. These recordings shall be made by the collaborating RN or APRN and shall be cosigned by the collaborating physician following a review of the records;

9. In addition to administering and dispensing controlled substances, an APRN, as defined in section 335.016, RSMo, may be delegated the authority to prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, RSMo, in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty (120)-hour supply without refill;

10. An APRN may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step members are also included in family;

11. An APRN or RN in a collaborative practice arrangement may only dispense



starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

12. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the collaborating APRN to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

13. The medications to be administered, dispensed, or prescribed by a collaborating RN or APRN in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating RN or APRN.

(H) When a collaborative practice arrangement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall examine and evaluate the patient and approve or formulate the plan of treatment for new or significantly changed conditions as soon as is practical, but in no case more than two (2) weeks after the patient has been seen by the collaborating APRN or RN. If the APRN is providing services pursuant to section 335.175, RSMo, the collaborating physician, or other physician designated in the collaborative practice arrangement, may conduct the examination and evaluation required by this section via live, interactive video or in person. Telehealth providers shall obtain the patient's or the patient's guardian's consent before telehealth services are initiated and shall document the patient's or the patient's guardian's consent in the patient's file or chart. All telehealth activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 and all other applicable state and federal laws and regulations.

(I) Nothing in these rules shall be construed to permit medical diagnosis of any condition by an RN pursuant to a collaborative practice arrangement.

(4) Review of Services.

(A) In order to assure true collaborative practice and to foster effective communication and review of services, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall be immediately available for consultation to

the collaborating RN or APRN at all times, either personally or via telecommunications.

(B) The collaborative practice arrangement between a collaborating physician and a collaborating RN or APRN shall be signed and dated by the collaborating physician and collaborating RN or APRN before it is implemented, signifying that both are aware of its content and agree to follow the terms of the collaborative practice arrangement. The collaborative practice arrangement and any subsequent notice of termination of the collaborative practice arrangement shall be in writing and shall be maintained by the collaborating professionals for a minimum of eight (8) years after termination of the collaborative practice arrangement. The collaborative practice arrangement shall be reviewed at least annually and revised as needed by the collaborating physician and collaborating RN or APRN. Documentation of the annual review shall be maintained as part of the collaborative practice arrangement.

(C) Within thirty (30) days of any change and with each physician's license renewal, the collaborating physician shall advise the Missouri State Board of Registration for the Healing Arts whether he/she is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances and also report to the board the name of each licensed RN or APRN with whom he/she has entered into such agreement. A change shall include, but not be limited to, resignation or termination of the RN or APRN; change in practice locations; and addition of new collaborating professionals.

(D) An RN or an APRN practicing pursuant to a collaborative practice arrangement shall maintain adequate and complete patient records in compliance with section 334.097, RSMo.

(E) The collaborating physician shall complete a review of a minimum of ten percent (10%) of the total health care services delivered by the collaborating APRN. If the APRN's practice includes the prescribing of controlled substances, the physician shall review a minimum of twenty percent (20%) of the cases in which the APRN wrote a prescription for a controlled substance. If the controlled substance chart review meets the minimum total ten percent (10%) as described above, then the minimum review requirements have been met. The collaborating APRN's documentation shall be submitted for review to the collaborating physician at least every fourteen (14) days. This documentation submission may be accomplished in person or by other electronic means and reviewed by the collaborating physician. The

collaborating physician must produce evidence of the chart review upon request of the Missouri State Board of Registration for the Healing Arts. This subsection shall not apply during the time the collaborating physician and collaborating APRN are practicing together as required in subsection (2)(C) above.

(F) If a collaborative practice arrangement is used in clinical situations where a collaborating APRN provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician shall be present for sufficient periods of time, at least once every two (2) weeks, except in extraordinary circumstances that shall be documented, to participate in such review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff. In such settings, the use of a collaborative practice arrangement shall be limited to only an APRN. If the APRN is providing services pursuant to section 335.175, RSMo, the collaborating physician may be present in person or the collaboration may occur via telehealth in order to meet the requirements of this section. Telehealth providers shall obtain the patient's or the patient's guardian's consent before telehealth services are initiated and shall document the patient's or the patient's guardian's consent in the patient's file or chart. All telehealth activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 and all other applicable state and federal laws and regulations.

(G) The collaborating physician and collaborating RN or APRN shall determine an appropriate process of review and management of abnormal test results which shall be documented in the collaborative practice arrangement.

(H) The Missouri State Board of Registration for the Healing Arts and the Missouri State Board of Nursing separately retain the right and duty to discipline their respective licensees for violations of any state or federal statutes, rules, or regulations regardless of the licensee's participation in a collaborative practice arrangement.

(5) Population-Based Public Health Services.

(A) In the case of the collaborating physicians and collaborating registered professional nurses or APRN practicing in association with public health clinics that provide population-based health services as defined in section (1) of this rule, the geographic areas, methods of treatment, and review of services shall occur as set forth in the collaborative practice arrangement. If the services provided in such



settings include diagnosis and initiation of treatment of disease or injury not related to population-based health services, then the provisions of sections (2), (3), and (4) above shall apply.

AUTHORITY: sections 334.104.3, 335.036, and 335.175, RSMo Supp. 2013, and section 334.125, RSMo Supp. 2014. This rule originally filed as 4 CSR 200-4.200. Original rule filed Jan. 29, 1996, effective Sept. 30, 1996. Amended: Filed April 1, 1998, effective Oct. 30, 1998. Amended: Filed Oct. 30, 2002, effective June 30, 2003. Moved to 20 CSR 2200-4.200, effective Aug. 28, 2006. Amended: Filed June 27, 2008, effective Dec. 30, 2008. Rescinded and readopted: Filed April 30, 2010, effective Nov. 30, 2010. Amended: Filed Nov. 14, 2014, effective June 30, 2015.*

**Original authority: 334.104, RSMo 1993, amended 2002, 2003, 2006, 2008, 2009, 2012, 2013; 334.125, RSMo 1959, amended 1993, 1995, 2014; 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011; and 335.175, RSMo 2013.*