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**Rules of**  
**Department of Commerce and**  
**Insurance**  
**Division 2200—State Board of Nursing**  
**Chapter 4—General Rules**

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

by an appropriately completed renewal appli-  
cation; 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 pro-  
fessional 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<br>any uncollectible check or other<br>uncollectible financial instrument<br>submitted to the Missouri<br>State Board of Nursing.) | \$ 25   |
| (M) Fee for Late Education Agenda<br>Items  | \$ 30   |
| (N) Application Fee for Proposals to<br>Establish New Programs<br>of Nursing  | \$3,000 |
| (O) Application Fee for Advanced<br>Practice Nurse Eligibility  | \$150   |
| (P) Bound Copy of the Nursing<br>Practice Act (statutes and<br>rules)   | \$ 5    |
| (Q) Biennial Retired Nurse<br>Renewal Fee (This fee shall<br>not be subject to the education<br>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 other-  
wise determined by a court of competent  
jurisdiction or by the Administrative Hearing  
Commission.

*AUTHORITY: section 335.046, RSMo 2016,  
and sections 324.001.10 and 335.036, RSMo  
Supp. 2018.\* This rule originally filed as 4  
CSR 200-4.010. Emergency rule filed Aug.  
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ed: Filed Jan. 25, 2019, effective Aug. 30,  
2019.*

*\*Original authority: 324.001, RSMo 2008, amended 2009,  
2016, 2018; 335.036, RSMo 1975, amended 1981, 1985,  
1993, 1995, 1999, 2007, 2008, 2011, 2018; 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 profes-  
sional nurses and licensed practical nurses by  
examination, endorsement, and renewal.*

(1) Examination.

(A) Written examination as used in Chapter  
335, RSMo, shall mean the National Council  
of State Boards of Nursing's licensure exami-  
nation.

(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 success-  
fully completed a basic prescribed curriculum  
in an approved school of practical nursing and  
have earned a practical nursing degree, diplo-  
ma, 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 must file a complete application containing data and documents required by the board. The application must be properly attested to and executed before a notary public. Any application for licensure submitted to the board is valid from one (1) year from the date the application is notarized. After the expiration of one (1) year, an applicant shall submit a new application. An application notarized more than sixty (60) days prior to receipt by the Missouri State Board of Nursing will be rejected and returned to the applicant.

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) The applicant shall submit to state and federal fingerprint or other biometric criminal background checks.

(F) An application for licensure by examination shall include verification of graduation or eligibility for graduation from an approved nursing program.

(G) The term first licensing examination scheduled by the board, as used in section 335.081, RSMo, means the first licensure examination taken by the applicant 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 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 will be forwarded to the examinee. A copy will be retained in the permanent application on file in the Missouri State Board of Nursing office. A composite report will 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) Proof of United States citizenship or alien status as specified in 8 U.S.C.A. section 1621 or lawful presence as specified in section 208.009, RSMo.

(M) Requests for Examination Modification.

1. The Missouri State Board of Nursing and its test service will determine if a candidate will 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 modifica-

tion 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 test service.

(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. A repeat examination application will be provided to the candidate with the exam results. 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) In order to retake the licensure examination, the candidate must file a repeat examination application containing data and documents required by the board. The repeat examination application must be properly



attested to and executed before a notary public. Any repeat examination application submitted to the board is valid one (1) year from the date the application is notarized. After the expiration of one (1) year, an applicant shall submit a new repeat examination application. An application notarized more than sixty (60) days prior to receipt by the Missouri State Board of Nursing will be rejected and returned to the applicant.

(C) The applicant shall submit to state and federal fingerprint or other biometric criminal background checks if the applicant's previous background checks are more than one (1) year old.

(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. The graduate nurse shall practice with proper supervision. Proper supervision means the general oversight and initial and ongoing direction in any given situation including, but not limited to, orientation, procedural guidance, and periodic inspection and evaluations.

(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 may be entitled to licensure provided qualifications are equivalent to the requirements of Missouri at the time of original licensure. This equivalency is 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. The applicant must file a complete application containing data and documents required by the board. The application must be properly attested to and executed before a

notary public. Any application for licensure submitted to the board is valid for one (1) year from the date the application is notarized. After the expiration of one (1) year, an applicant shall submit a new application, along with the required fee. An application notarized more than sixty (60) days prior to receipt by the Missouri State Board of Nursing will be rejected and returned to the applicant.

2. The applicant shall submit to state and federal fingerprint or other biometric criminal background checks as administered through the Missouri State Highway Patrol.

3. The applicant shall provide for receipt of official verification of licensure from all states and/or territories.

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. Proof of United States citizenship or alien status as specified in 8 U.S.C.A. section 1621 or lawful presence as specified in section 208.009, RSMo.

6. The board will not review a submitted application for licensure until such time as all required credentials are received.

(6) Temporary Permit.

(A) A single state temporary permit may be secured for a limited period of time six (6) months if otherwise eligible pursuant to Chapter 335, RSMo, and these regulations, 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 from the applicant's original state of licensure by examination and transcript, if requested.

(7) Inter-country Licensure by Examination in Missouri—RN and LPN.

(A) Application Procedure.

1. A professional/practical nurse educated outside a state of the United States may 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. The applicant shall file a complete application containing data and documents required by the board. The application shall be properly attested to and executed before a notary public. Any application for licensure submitted to the board is valid for one (1) year from the date the application is notarized.



After the expiration of one (1) year, an applicant shall submit a new application, along with the required fee. An application notarized more than sixty (60) days prior to receipt by the Missouri State Board of Nursing will be rejected and returned to the applicant. Credentials in a foreign language shall be submitted in their original language and also a duplicate set translated 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 and credentials evaluation report received directly from a foreign or other credentials evaluation service approved by the board;

B. A photostatic copy of a 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. Successful passage of an English proficiency exam, approved by the board that includes the components of reading, speaking, and listening. The English-language proficiency exam results must be received directly from the testing agency;

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

F. Copy of Passport;

G. Copy of original education certificate/diploma;

H. Copy of Transcript/Marksheet;

I. Copy of nursing education program transcripts and copy of certificate (if any);

J. Professional/Health License issued by the regulator of the country last worked in or home country professional/health license;

K. Employment Certificate/Experience Certificate/Relieving Letter/Last appraisal letter (if this includes the employment start date)/First and last salary slip (Recommendation letters are not acceptable documents for employment verification); and

L. The applicant shall submit to state and federal fingerprint or other biometric criminal background checks as administered through the Missouri State Highway Patrol.

4. The required credentials for professional 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 successful passage of an English-language proficiency exam, approved by the board that includes the components of reading, speaking, and listening. The English-language proficiency exam results must be received directly from the testing agency.

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);

E. Copy of original education certificate/diploma;

F. Copy of Transcript/Marksheet;

G. Copy of nursing education program transcripts and copy of certificate (if any);

H. Professional/Health License issued by the regulator of the country last worked in or home country professional/health license;

I. Employment Certificate/Experience Certificate/Relieving Letter/Last appraisal letter (if this includes the employment start date)/First and last salary slip (Recommendation letters are not acceptable documents for employment verification); and

J. Copy of passport.

(8) 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 and information related to the nurse's practice and demographics for the purpose of collecting nursing workforce data shall be submitted prior to the expiration date of the license.

(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.

(D) The renewal application, any required documents, and the appropriate fee should be received by the board a minimum of three (3) business days prior to the expiration date of the nurse's current license in order for the board to process the application prior to the expiration date. Failure to do so may result in the license becoming lapsed, which will

require the nurse to complete a new application, as set forth in 20 CSR 2200-4.020(10).

(9) 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 expires. An inactive license shall be deemed expired.

(B) Individuals wishing to reactivate licenses shall file a petition for license renewal containing data and documents required by the board. The petition must be properly attested to and executed before a notary public. Any application for licensure submitted to the board is valid for one (1) year from the date the application is notarized. After the expiration of one (1) year, an applicant shall submit a new application, along with the required fee. An application notarized more than sixty (60) days prior to receipt by the Missouri State Board of Nursing will be rejected and returned to the applicant.

1. The applicant must submit to state and federal fingerprint or other biometric criminal background checks as administered through the Missouri State Highway Patrol.

2. If a nurse did practice nursing while the license was inactive the nurse must disclose how long and where the practice of nursing occurred. 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 whether and when 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 whether and when 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 applies 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 application 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 will 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 application, 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 the National Council of State Boards of Nursing's licensure examination or to present proof of regular licensed nursing practice in another state(s) during that time period.

#### (10) 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 prior to the expiration date. A lapsed license is deemed expired. No person shall practice nursing or hold him/herself out as a nurse in Missouri while his/her license is lapsed.

(B) A nurse whose license has lapsed in Missouri shall file a petition for license renewal containing data and documents required by the board. The petition must be properly attested to and executed before a notary public. Any application for licensure submitted to the board is valid for one (1) year from the date the application is notarized. After the expiration of one (1) year, an applicant shall submit a new application, along with the required fee. An application notarized more than sixty (60) days prior to receipt by the Missouri State Board of Nursing will be rejected and returned to the applicant.

1. The applicant must submit to state and federal fingerprint or other biometric criminal background checks as administered through the Missouri State Highway Patrol; and

2. 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 whether and when 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 whether and when the nurse ceased working as soon as he/she realized that the license was

lapsed.

(C) A nurse whose license is lapsed for three (3) years or more shall file the same application, documents, and fees required in subsection (11)(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 the National Council of State Boards of Nursing's licensure examination or by proof of regular licensed nursing practice in another state(s) during that time period.

(D) Upon satisfactory completion of the requirements specified in subsections (10)(B)–(C) 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 will notify the nurse of the fact and the statutory right to file a complaint with the Administrative Hearing Commission.

(E) 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.

#### (11) Change of Name, Address, or Both.

(A) Original License. The original license may not be altered in any way.

(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.

#### (12) 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; however, such person may provide volunteer services. A retired license will only be a single-state license.

(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 is biennial, occurring on odd-numbered years, and the license will expire on April 30 of each odd-numbered year. Retired license renewal for a practical nurse is biennial, occurring on even-numbered years, and the license will expire on May 31 of each even-numbered year.

(E) Individuals wishing to reactivate licenses after being retired shall file a petition for license renewal containing data and documents required by the board. The petition shall be properly attested to and executed before a notary public. Any application for licensure submitted to the board is valid for one (1) year from the date the application is notarized. After the expiration of one (1) year, an applicant shall submit a new application, along with the required fee. An application notarized more than sixty (60) days prior to receipt by the Missouri State Board of Nursing will be rejected and returned to the applicant.

1. If a nurse did practice nursing for monetary compensation while the license was retired the nurse must disclose how long and where and 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 whether and when 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 335.046 and 335.051, RSMo 2016, and sections 335.036.1(2) and (7) and 335.066, RSMo Supp. 2019.\* 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. Amended: Filed June 22, 2018, effective Dec. 30, 2018. Amended: Filed June 21, 2019, effective Dec. 30, 2019.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018; 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, 2018.*

**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**  
(Rescinded April 30, 2018)

*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. Rescinded: Filed Oct. 10, 2017, effective April 30, 2018.*

**20 CSR 2200-4.025 Definitions**  
(Rescinded April 30, 2018)

*AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008. Rescinded: Filed Oct. 10, 2017, effective April 30, 2018.*

**20 CSR 2200-4.026 Membership and Organization**  
(Rescinded April 30, 2018)

*AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008. Rescinded: Filed Oct. 10, 2017, effective April 30, 2018.*

**20 CSR 2200-4.027 MNIT Board of Directors/Contractor Duties**  
(Rescinded April 30, 2018)

*AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008. Rescinded: Filed Oct. 10, 2017, effective April 30, 2018.*

**20 CSR 2200-4.028 Confidentiality**  
(Rescinded April 30, 2018)

*AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008. Rescinded: Filed Oct. 10, 2017, effective April 30, 2018.*

**20 CSR 2200-4.029 MNIT Administrator**  
(Rescinded April 30, 2018)

*AUTHORITY: sections 335.036 and 335.067, RSMo Supp. 2007. Original rule filed Feb. 11, 2008, effective Aug. 30, 2008. Rescinded: Filed Oct. 10, 2017, effective April 30, 2018.*

**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 will 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 may 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 submitted to the Missouri State Board of Nursing.

(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 computer database maintained by the board for that purpose. The database 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 database shall be a closed record of the board.

(7) The complainant will 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.

*AUTHORITY: section 324.002, RSMo 2016, and section 335.036, RSMo Supp. 2018.\* 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. Amended: Filed June 22, 2018, effective Dec. 30, 2018.*

*\*Original authority: 324.002, RSMo 2008 and 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018.*

#### **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 will receive and process any report from a hospital, ambulatory surgical center, as such terms are defined in Chapter 197, RSMo, temporary nursing staffing agency, nursing home, any

nursing facility as such term is defined in Chapter 198, RSMo, or any entity that employs or contracts with nurses to provide health care services to individuals 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) The Board of Nursing will assume that all reports received from hospitals, ambulatory surgical centers, as such terms are defined in Chapter 197, RSMo, temporary nursing staffing agencies, nursing homes, any nursing facilities as such term is defined in Chapter 198, RSMo, or any entities that employs or contracts with nurses to provide health care services to individuals will be treated as provided under section 383.133, RSMo. The information shall be submitted within fifteen (15) days of the final disciplinary action, and should 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 is 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 2016.\* 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. Amended: Filed June 22, 2018, effective Dec. 30, 2018.*

*\*Original authority: 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007 and 383.133, RSMo 1986, amended 2007, 2010.*

#### **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 post-basic 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, the 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 role—A recognized advanced body of nursing knowledge and specialized acts of advanced professional nursing practice categorized into one (1) of these four (4) roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), certified clinical nurse specialist (CNS) and certified nurse practitioner (CNP).

(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 individual 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) Population focus—Describes the type of patients that the APRN has been educated to provide care for, i.e. family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related or psych/mental health.

(K) 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.

(L) 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 will maintain an up-to-date roster of RNs recognized as eligible to practice as an APRN.

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—



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. 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 practice nursing population focus area of practice 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 shall submit the following:

A. Evidence of completion of an advanced pharmacology course that includes 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;

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; and

D. Provide evidence of a minimum of

one thousand (1,000) hours of practice in an advanced practice nursing category prior to application for a certificate of prescriptive authority. The one thousand (1,000) hours shall—

(I) Be obtained after graduation from the advanced practice nursing education program; and

(II) Include transmitting a prescription order orally, telephonically, or to an inpatient medical record from protocols developed in collaboration with and signed by a licensed physician. The APRN applicant shall complete the form provided by the MSBN and may include this form with the Document of Recognition application or at such time as the APRN has completed the required hours of practice in an advanced practice nursing category.

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](http://www.dhss.mo.gov/BNDD). For information regarding federal DEA registration, see [www.DEADiversion.usdoj.gov](http://www.DEADiversion.usdoj.gov).

(C) Continued Recognition for Certified APRNs—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 expire the Document of Recognition regardless of current certification status; and

2. 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; and

4. Adhere to all requirements of the BNDD and the federal DEA.

5. Failure to satisfy any of the applicable requirements of subsections (2)(A)–(C) of this rule shall result in the loss of 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 as long as otherwise licensed to practice as an RN.

(D) Continued Recognition for Uncertified APRNs - In order to maintain a current Document of Recognition, the uncertified APRN shall—

1. Have been approved by the MSBN as noncertified prior to January 1, 2010, and every two (2) years thereafter provide evidence of—

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

B. A minimum of sixty (60) contact hours in their advanced practice nursing population focus area of practice. Formally approved continuing education hours shall meet one (1) or more of the criteria listed below:

(I) Continuing nursing education (CNE) approved for nursing contact hours by an accredited provider or approver of nursing continuing education;

(II) Continuing medical education (CME) approved for CME hours;

(III) Sponsored by organizations, agencies, or educational institutions accredited or approved by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), or the Commission on Dietetic Registration;

(IV) Provided by one (1) of these accepted agencies: American Nurses Association American Academy of Family Physicians (AAFP) American Academy of Physician Assistants (AAPA) American Association of Nurse Practitioners (AANP) American College of Nurse-Midwives (ACNM) American Psychiatric Association (APA) American Psychological Association (APA) American Psychiatric Nurses Association (APNA) Emergency Nurses Association (ENA) National Association of Nurse Practitioners in Women's Health (NPWH) National Association of Pediatric Nurse Associates and Practitioners (NAPNAP);

(V) Independent study and/or e-learning approved for continuing education hours by one (1) of the accepted continuing education providers may be used for one hundred percent (100%) of the required continuing education hours (e.g. independent study programs, online courses, articles from professional journals); and

2. Maintain current RN licensure in Missouri or in another compact state. An RN license placed on inactive or lapsed status will automatically expire the Document of Recognition regardless of current certifica-

tion status; and

3. 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

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

5. Uncertified APRNs who fail to satisfy any of the applicable requirements of subsections (2)(A), (B), and (D) of this rule will no longer be recognized 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 if the RN has an active license to practice as an RN.

6. Uncertified APRNs who fail to satisfy any of the applicable requirements of subsections (2)(A), (B), and (D) of this rule will no longer be recognized as an APRN in Missouri. To regain recognition, the uncertified APRN shall complete the application process described in paragraphs (2)(B)1.-8. of this rule, which includes the requirement for certification.

(3) Titling.

(A) After June 30, 1997, only an RN meeting the requirements of this rule and recognized by the MSBN as an APRN may use any of the following titles or 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) A Registered Nurse (RN) recognized as an APRN by the MSBN shall use the title APRN and may include their role and population focus (NP with population focus, CNS with population focus, CNM, or CRNA), and 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

role and population focus 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, recertification, 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 will 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 may be obtained by contacting the Missouri State Board of Nursing.

*AUTHORITY: section 335.016(2), RSMo 2016, and section 335.036, RSMo Supp. 2018.\* This rule originally filed as 4 CSR*



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\*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, 2011, 2018.

## 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 and APRN involvement in the “Improved Access to Treatment for Opioid Addictions Act” (IATOA) pursuant to sections 334.104 and 630.875, 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, the collaborating physician and collaborating APRN shall practice within seventy-five (75) miles by road of one another; and

3. Pursuant to section 630.875, RSMo, an APRN collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the “Improved Access to Treatment for Opioid Addictions Program” (IATOAP) in any area of the state and provide all services and functions of an APRN. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(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 collaborat-

ing 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 six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. 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 or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in section 334.104(7), RSMo.

### (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 communicate 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 Pharmacopoeial 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. Retrievable 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 Schedule II-hydrocodone and 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 Schedule II-hydrocodone and 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. When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the APRN shall comply with requirements set forth in section 195.080, RSMo. Schedule II-hydrocodone and Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty- (120-) hour supply without refill. An APRN may prescribe buprenorphine, a Schedule III controlled substance, for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.104 and 630.875, RSMo;

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 334.125 and 335.175, RSMo 2016, and sections 334.104.3 and 335.036, RSMo Supp. 2018.\* 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. Emergency amendment filed April 16, 2018, effective April 26, 2018, expired Feb. 5, 2019. Amended: Filed April 16, 2018, effective Oct. 30, 2018. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expired Aug. 30, 2019. Amended: Filed Feb. 22, 2019, effective Aug. 30, 2019.*

*\*Original authority: 334.104, RSMo 1993, amended 2002, 2003, 2006, 2008, 2009, 2012, 2013, 2015, 2018; 334.125, RSMo 1959, amended 1993, 1995, 2014; 335.036, RSMo 1975, amended 1981, 1985, 1993, 1995, 1999, 2007, 2008, 2011, 2018; and 335.175, RSMo 2013, 2016.*