Chapter 246-840 WAC
PRACTICAL AND REGISTERED NURSING

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WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-840-035 Initial licensure for registered nurses—Out-of-state nontraditional nursing education program approved by another United States nursing board as defined by WAC 246-840-010(16). [Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-035, filed 5/12/08, effective 6/12/08.] Repealed by WSR 19-08-031, filed 3/27/19, effective 4/27/19. Statutory Authority: RCW 18.79.110.

246-840-040 Filing of application for licensing examination. [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-040, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-040, filed 6/18/97, effective 7/19/97.] Repealed by WSR 08-11-019, filed 5/12/08, effective 6/12/08. Statutory Authority: RCW 18.79.110.

246-840-070 Failures—Repeat examination. [Statutory Authority: RCW 18.79.110. WSR 99-13-086, § 246-840-070, filed 6/14/99, effective 7/15/99. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-070, filed 6/18/97, effective 7/19/97.] Repealed by WSR 08-11-019, filed 5/12/08, effective 6/12/08. Statutory Authority: RCW 18.79.110.

246-840-080 Licensure of graduates of foreign schools of nursing. [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-080, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-080, filed 6/18/97, effective 7/19/97.] Repealed by WSR 08-11-019, filed 5/12/08, effective 6/12/08. Statutory Authority: RCW 18.79.110.

246-840-100 AIDS education and training. [Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-100, filed 6/18/97, effective 7/19/97.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-840-110 Renewal of licenses. [Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-110, filed 6/18/97, effective 7/19/97.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-840-113 Impaired practical nurse program—Content—License surcharge. [Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-113, filed 6/18/97, effective 7/19/97.] Repealed by WSR 99-01-099, filed 12/17/98, effective 1/17/99. Statutory Authority: Chapter 18.79 RCW.

246-840-115 Responsibility for maintaining mailing address. [Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-115, filed 6/18/97, effective 7/19/97.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-840-130 Criteria for approved refresher course. [Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-130, filed 6/18/97, effective 7/19/97.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-201 Continuing competency purpose statement. [Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 10-24-047, § 246-840-201, filed 11/24/10, effective 1/1/11.] Repealed by WSR 16-04-097, filed 2/1/16, effective 3/3/16. Statutory Authority: RCW 18.79.110 and 43.70.442.

246-840-202 Continuing competency definitions. [Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 10-24-047, § 246-840-202, filed 11/24/10, effective 1/1/11.] Repealed by WSR 16-04-097, filed 2/1/16, effective 3/3/16. Statutory Authority: RCW 18.79.110 and 43.70.442.

246-840-203 Continuing competency requirements—Active status. [Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 10-24-047, § 246-840-203, filed 11/24/10, effective 1/1/11.] Repealed by WSR 16-04-097, filed 2/1/16, effective 3/3/16. Statutory Authority: RCW 18.79.110 and 43.70.442.

246-840-204 Continuing competency requirements—Reactivation from expired status. [Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 10-24-047, § 246-840-204, filed 11/24/10, effective 1/1/11.] Repealed by WSR 16-04-097, filed 2/1/16, effective 3/3/16. Statutory Authority: RCW 18.79.110 and 43.70.442.

246-840-205 Continuing competency requirements—Reactivation from inactive status. [Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 10-24-047, § 246-840-205, filed 11/24/10, effective 1/1/11.] Repealed by WSR 16-04-097, filed 2/1/16, effective 3/3/16. Statutory Authority: RCW 18.79.110 and 43.70.442.

246-840-206 Continuing competency audit process and compliance. [Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 10-24-047, § 246-840-206, filed 11/24/10, effective 1/1/11.] Repealed by WSR 16-04-097, filed 2/1/16, effective 3/3/16. Statutory Authority: RCW 18.79.110 and 43.70.442.

246-840-207 Failure to meet continuing competency requirements. [Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 10-24-047, § 246-840-207, filed 11/24/10, effective 1/1/11.] Repealed by WSR 16-04-097, filed 2/1/16, effective 3/3/16. Statutory Authority: RCW 18.79.110 and 43.70.442.

246-840-240 Extension. [Statutory Authority: RCW 18.79.110 and 43.70.442. WSR 16-04-097, § 246-840-240, filed 2/1/16, effective 3/3/16.] Repealed by WSR 21-11-032, filed 5/12/21, effective 6/12/21. Statutory Authority: RCW 18.79.010 and 18.79.110.

246-840-299 Definitions. [Statutory Authority: RCW 18.79.110 and 18.79.050. WSR 00-21-119, § 246-840-299, filed 10/18/00, effective 11/18/00.] Repealed by WSR 08-11-019, filed 5/12/08, effective 6/12/08. Statutory Authority: RCW 18.79.110.

246-840-304 Certification and certification program requirements. [Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-304, filed 12/11/08, effective 1/11/09.] Repealed by WSR 16-08-042, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160.

246-840-305 Criteria for formal advanced nursing education meeting the requirement for ARNP licensure. [Statutory Authority: RCW 18.79.110 and 18.79.050. WSR 00-21-119, § 246-840-305, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-305, filed 6/18/97, effective 7/19/97.] Repealed by WSR 09-01-060, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210.

246-840-315 Clinical specialist in psychiatric/mental health nursing. [Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-315, filed 6/18/97, effective 7/19/97.] Repealed by WSR 00-21-119, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 18.79.110 and 18.79.050.

246-840-320 Certification and certification program. [Statutory Authority: RCW 18.79.110 and 18.79.050. WSR 00-21-119, § 246-840-320, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-320, filed 6/18/97, effective 7/19/97.] Repealed by WSR 09-01-060, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210.

246-840-330 Commission approval of certification programs and commission recognition of new specialties. [Statutory Authority: RCW 18.79.110 and 18.79.050. WSR 00-21-119, § 246-840-330, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-330, filed 6/18/97, effective 7/19/97.] Repealed by WSR 09-01-060, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210.

246-840-345 ARNP designation in more than one area of specialty. [Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-345, filed 6/18/97, effective 7/19/97.] Repealed by WSR 09-01-060, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210.

246-840-350 Application requirements for ARNP interim permit. [Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-350, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-350, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-350, filed 6/18/97, effective 7/19/97.] Repealed by WSR 16-08-042, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160.

246-840-370 Termination of ARNP designation by the commission. [Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-370, filed 6/18/97, effective 7/19/97.] Repealed by WSR 09-01-060, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210.

246-840-421 How do advanced registered nurse practitioners qualify for prescriptive authority for Schedule II - IV drugs? [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. WSR 01-16-011, § 246-840-421, filed 7/19/01, effective 8/19/01.] Repealed by WSR 06-01-102, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.79.240 and 2005 c 28.

246-840-422 Criteria for joint practice arrangement. [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. WSR 01-16-011, § 246-840-422, filed 7/19/01, effective 8/19/01.] Repealed by WSR 06-01-102, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.79.240 and 2005 c 28.

246-840-423 Endorsement of joint practice arrangements for ARNP licensure. [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. WSR 01-16-011, § 246-840-423, filed 7/19/01, effective 8/19/01.] Repealed by WSR 06-01-102, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.79.240 and 2005 c 28.

246-840-424 Process for joint practice arrangement termination. [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. WSR 01-16-011, § 246-840-424, filed 7/19/01, effective 8/19/01.] Repealed by WSR 06-01-102, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.79.240 and 2005 c 28.

246-840-425 Seventy-two-hour limit. [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. WSR 01-16-011, § 246-840-425, filed 7/19/01, effective 8/19/01.] Repealed by

WSR 09-01-060, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210.

246-840-426 Education for prescribing Schedule II - IV drugs. [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. WSR 01-16-011, § 246-840-426, filed 7/19/01, effective 8/19/01.] Repealed by WSR 06-01-102, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.79.240 and 2005 c 28.

246-840-427 Jurisdiction. [Statutory Authority: RCW 18.79.240, 2000 c 64, and RCW 18.79.320. WSR 01-16-011, § 246-840-427, filed 7/19/01, effective 8/19/01.] Repealed by WSR 06-01-102, filed 12/21/05, effective 1/21/06. Statutory Authority: RCW 18.79.240 and 2005 c 28.

246-840-430 Termination of ARNP prescriptive authorization. [Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-430, filed 6/18/97, effective 7/19/97.] Repealed by WSR 00-21-119, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 18.79.110 and 18.79.050.

246-840-440 Prescriptive authorization period. [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-440, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-440, filed 6/18/97, effective 7/19/97.] Repealed by WSR 00-21-119, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 18.79.110 and 18.79.050.

246-840-455 Requirements for advanced registered nurse practice educational programs in Washington state. [Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-455, filed 12/11/08, effective 1/11/09.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-473 Informed consent. [Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-473, filed 5/2/11, effective 7/1/11.] Repealed by WSR 18-20-086, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.800 and 2017 c 297.

246-840-480 Long-acting opioids, including methadone. [Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-480, filed 5/2/11, effective 7/1/11.] Repealed by WSR 18-20-086, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.800 and 2017 c 297.

246-840-483 Episodic care. [Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-483, filed 5/2/11, effective 7/1/11.] Repealed by WSR 18-20-086, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.800 and 2017 c 297.

246-840-515 Branch campus and distance learning nursing education programs. [Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-515, filed 5/26/05, effective 6/26/05.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-520 Ongoing evaluation and approval of nursing education programs. [Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-520, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-520, filed 10/16/95, effective 11/16/95.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-525 Commission action following survey visits. [Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-525, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-525, filed 10/16/95, effective 11/16/95.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-530 Denial, conditional approval or withdrawal of approval. [Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-530, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-530, filed 10/16/95, effective 11/16/95.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-535 Reinstatement of approval. [Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-535, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-535, filed 10/16/95, effective 11/16/95.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-540 Appeal of commission decisions. [Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-540, filed 6/18/97, effective 7/19/97. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-540, filed 10/16/95, effective 11/16/95.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-545 Closing of an approved nursing education program. [Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-545, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-545, filed 10/16/95, effective 11/16/95.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-548 Standards and evaluation of nursing education. [Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-548, filed 5/26/05, effective 6/26/05.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-550 Standard I. Purpose and outcomes for approved nursing education programs. [Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-550, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-550, filed 10/16/95, effective 11/16/95.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-555 Standard II. Organization and administration for approved nursing education programs. [Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-555, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-555, filed 10/16/95, effective 11/16/95.] Repealed by WSR 16-17-082, filed

8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-560 Standard III. Resources, facilities, and services for approved nursing education programs. [Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-560, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-560, filed 10/16/95, effective 11/16/95.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-565 Standard IV. Students in approved nursing education programs. [Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-565, filed 5/26/05, effective 6/26/05. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-565, filed 6/18/97, effective 7/19/97. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-565, filed 10/16/95, effective 11/16/95.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-570 Standard V. Faculty in approved nursing education programs. [Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-570, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-570, filed 10/16/95, effective 11/16/95.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-575 Curriculum for approved nursing education programs. [Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-575, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-575, filed 10/16/95, effective 11/16/95.] Repealed by WSR 16-17-082, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240.

246-840-715 Standards/competencies. [Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-715, filed 6/18/97, effective 7/19/97.] Repealed by WSR 02-06-117, filed 3/6/02, effective 4/6/02. Statutory Authority: RCW 18.79.110.

246-840-980 Evaluation of nurse delegation. [Statutory Authority: Chapter 18.79 RCW. WSR 96-05-060, § 246-840-980, filed 2/19/96, effective 3/21/96.] Repealed by WSR 02-02-047, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapters 18.79 and 18.88A RCW.

WAC 246-840-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Advanced clinical practice" means practicing at an advanced level of nursing in a clinical setting performing direct patient care.

(2) "Advanced nursing practice" means the delivery of nursing care at an advanced level of independent nursing practice that maximizes the use of graduate educational preparation, and in-depth nursing knowledge and expertise in such roles as autonomous clinical practitioner, professional and clinical leader, expert practitioner, and researcher.

(3) "Advanced registered nurse practitioner (ARNP)" is a registered nurse (RN) as defined in RCW 18.79.050, 18.79.240, 18.79.250, and 18.79.400 who has obtained formal graduate education and national specialty certification through a commission approved certifying body in one or more of the designations described in WAC 246-840-302, and who is licensed as an ARNP as described in WAC 246-840-300. The designations include the following:

(a) Nurse practitioner (NP);

(b) Certified nurse midwife (CNM);

(c) Certified registered nurse anesthetist (CRNA); and

(d) Clinical nurse specialist (CNS).

(4) "Associate degree registered nursing education program" means a nursing education program which, upon successful completion of course work, that includes general education and core nursing courses that provide a sound theoretical base combining clinical experiences with theory, nursing principles, critical thinking, and interactive skills, awards an associate degree in nursing (ADN) to prepare its graduates for initial licensure and entry level practice as an RN.

(5) "Bachelor of science degree registered nursing education program" means a nursing education program which, upon successful completion of course work taught in an associate degree nursing education program, as defined in subsection (28) of this section, plus addition-

al courses physical and social sciences, nursing research, public and community health, nursing management, care coordination, and the humanities, awards a bachelor of science in nursing (BSN) degree, to prepare its graduates for a broader scope of practice, enhances professional development, and provides the nurse with an understanding of the cultural, political, economic, and social issues that affect patients and influence health care delivery.

(6) "Certifying body" means a nongovernmental agency using predetermined standards of nursing practice to validate an individual nurse's qualifications, knowledge, and practice in a defined functional or clinical area of nursing.

(7) "Client advocate" means a licensed nurse who actively supports client's rights and choices, including the client's right to receive safe, high quality care, and who facilitates the client's ability to exercise those rights and choices by providing the client with adequate information about their care and options.

(8) "Commission" means the Washington state nursing care quality assurance commission.

(9) "Competency" means demonstrated knowledge, skill and ability in the practice of nursing.

(10) "Conditional approval" is the approval given a nursing education program that has not met the requirements of the law and the rules of the commission. Conditions are specified that must be met within a designated time to rectify the deficiency.

(11) "Dedicated education unit" means a clinical learning experience within a health care facility, as part of the curriculum of a nursing education program.

(12) "Delegation" means the licensed nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The nurse delegating the task is responsible and accountable for the nursing care of the client. The nurse delegating the task supervises the performance of the unlicensed person. Nurses must follow the delegation process following the RCW 18.79.260. Delegation in community and in-home care settings is defined by WAC 246-840-910 through 246-840-970.

(13) "Distance education" or "distance learning" means instruction offered by any means where the student and faculty are in separate physical locations. Teaching methods may be synchronous, where the teacher and student communicate at the same time, or asynchronous, where the student and teacher communicate at different times, and shall facilitate and evaluate learning in compliance with nursing education rules.

(14) "Full approval" of a nursing education program is the approval signifying that a nursing program meets the requirements of the law and the rules of the commission.

(15) "Good cause" as used in WAC 246-840-860 for extension of a nurse technician registration means that the nurse technician has had undue hardship such as difficulty scheduling the examination through no fault of their own; receipt of the examination results after 30 days after the nurse technician's date of graduation; or an unexpected family crisis which caused him or her to delay sitting for the examination. Failure of the examination is not "good cause."

(16) "Good standing" as applied to a nursing technician, means the nursing technician is enrolled in a registered nursing program or licensed practical nursing program approved by the commission and is successfully meeting all program requirements.

(17) "Health care professional" means the same as "health care provider" as defined in RCW 70.02.010(18).

(18) "Home state" is defined as where the nursing education program has legal domicile.

(19) "Host state" is defined as the state jurisdiction outside the home state where a student participates in clinical experiences or didactic courses.

(20) "Immediately available" as applied to nursing technicians, means that an RN who has agreed to act as supervisor is on the premises and is within audible range and available for immediate response as needed which may include the use of two-way communication devices which allow conversation between the nursing technician and an RN who has agreed to act as supervisor.

(a) In a hospital setting, the RN who has agreed to act as supervisor is on the same patient care unit as the nursing technician and the patient has been assessed by the RN prior to the delegation of duties to the nursing technician.

(b) In a nursing home or clinic setting, an RN who has agreed to act as supervisor is in the same building and on the same floor as the nursing technician and the patient has been assessed by the RN prior to the delegation of duties to the nursing technician.

(21) "Initial approval" of nursing education program is the approval status conferred by the commission to a new nursing program based on its proposal prior to the graduation of its first class.

(22) "Licensed practical nurse (LPN)" is a nurse licensed as defined in RCW 18.79.030(3), with a scope of practice defined in RCW 18.79.020 and 18.79.060.

(23) "Limited educational authorization" is an authorization to perform clinical training when enrolled as a student through a commission approved refresher course. This authorization does not permit practice for employment.

(24) "Minimum standards of competency" means the knowledge, skills, and abilities that are expected of the beginning practitioner.

(25) "National nursing education accreditation body" means an independent nonprofit entity, approved by the United States Department of Education as a body that evaluates and approves the quality of nursing education programs within the United States and territories.

(26) "Nontraditional program of nursing" means a school that has a curriculum which does not include a faculty supervised teaching and learning component in clinical settings.

(27) "Nursing education program administrator" is an individual who has the authority and responsibility for the administration of the nursing education program.

(28) "Nursing education program" means a division or department within a state supported educational institution or other institution of higher learning, charged with the responsibility of preparing nursing students and nurses to qualify for initial licensing or higher levels of nursing practice.

(29) "Nursing faculty" means an individual employed by a nursing education program who is responsible for developing, implementing, evaluating, updating, and teaching nursing education program curricula.

(30) "Nursing technician" means a nursing student preparing for RN or LPN licensure who meets the qualifications for registration under RCW 18.79.340 who is employed in a hospital licensed under chapter 70.41 RCW or a nursing home licensed under chapter 18.51 RCW, or clin-

ic. Approved nursing education programs do not include nontraditional schools as defined in subsection (26) of this section.

(31) "Philosophy" means the beliefs and principles upon which a nursing education program curriculum is based.

(32) "Practical nursing education program" means a nursing education program which, upon successful completion of course work that includes core nursing course to provide a sound theoretical base combining clinical experiences with nursing principles, critical thinking, and interactive skills for entry level practical nursing, awards a certificate or degree that the graduate is prepared for interdependent practice to prepare a practical nurse for interdependent practice as an LPN.

(33) "Registered nurse" or "RN" is a licensed nurse as defined in RCW 18.79.030(1), 18.79.040, 18.79.240, and 18.79.260.

(34) "Supervision" of licensed or unlicensed nursing personnel means the provision of guidance and evaluation for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(a) "Direct supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is quickly and easily available, and has assessed the patient prior to the delegation of the duties.

(b) "Immediate supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is on the premises, is within audible and visual range of the patient, and has assessed the patient prior to the delegation of duties.

(c) "Indirect supervision" means the licensed RN who provides guidance to nursing personnel and evaluation of nursing tasks is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the registered nurse prior to the delegation of duties.

(35) "Traditional nursing education program" means a program that has a curriculum which includes a faculty supervised teaching and learning component in clinical settings.

[Statutory Authority: RCW 18.79.110 and 18.79.340. WSR 22-17-144, § 246-840-010, filed 8/23/22, effective 9/23/22. Statutory Authority: RCW 18.79.010, 18.79.110, and 18.79.340. WSR 22-04-082, § 246-840-010, filed 1/31/22, effective 5/13/22. Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-010, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.110 and 2012 c 153. WSR 13-15-064, § 246-840-010, filed 7/15/13, effective 8/15/13. Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 10-24-047, § 246-840-010, filed 11/24/10, effective 1/1/11. Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-010, filed 5/12/08, effective 6/12/08. Statutory Authority: Chapter 18.79 RCW and 2003 c 258. WSR 04-13-053, § 246-840-010, filed 6/11/04, effective 6/11/04. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-010, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-010, filed 6/18/97, effective 7/19/97.]

WAC 246-840-015 Requirement to submit demographic data. Collecting and supplying demographic data for the nursing profession in Washington state is essential to answering the fundamental questions on supply, demand, and distribution of the nursing workforce.

(1) Applicants and licensees must complete all demographic data elements and attest to the completion of the data elements as part of their licensure requirements for:

(a) Licensed practical nurse as defined under WAC 246-840-010(22); or

(b) Registered nurse as defined under WAC 246-840-010(33).

(2) Advanced practice nurses do not have to complete additional demographic data. The demographic data is collected on their RN license.

(3) The commission shall verify compliance with this section during the continued competency audit process in WAC 246-840-230.

[Statutory Authority: RCW 18.79.110, 18.79.160, 18.79.202. WSR 17-24-015, § 246-840-015, filed 11/27/17, effective 1/1/18.]

WAC 246-840-020 Credentials issued to an LPN, RN, or ARNP in Washington state. The following credentials are issued to nurses in Washington state.

(1) Active status license for LPN or RN. A license is issued upon completion of licensure requirements. The license holder may use the title licensed practical nurse or registered nurse and the use of its abbreviation, LPN or RN. The license allows practice as an LPN or RN in the state of Washington.

A student who has graduated from a basic professional nursing course and who is pursuing a baccalaureate degree in nursing, an advanced degree in nursing or an advanced certification in nursing must hold an active Washington RN license before participating in the practice of nursing as required to fulfill the learning objectives in a clinical course.

(2) Advanced registered nurse practitioner (ARNP) license. An ARNP license may be issued to an individual who meets the requirements of the commission as contained in WAC 246-840-300 through 246-840-365. Only persons holding this license have the right to use the title "advanced registered nurse practitioner" or the abbreviation "ARNP" or any title or abbreviation which indicates that the individual is entitled to practice at an advanced and specialized role as a NP, CNM, CRNA, or CNS. The license is valid only with a current RN license. The ARNP's scope of practice is defined by a national certifying body approved by the commission.

[Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-020, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 10-24-047, § 246-840-020, filed 11/24/10, effective 1/1/11. Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-020, filed 5/12/08, effective 6/12/08; WSR 99-10-079, § 246-840-020, filed 5/4/99, effective 6/4/99. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-020, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-020, filed 6/18/97, effective 7/19/97.]

WAC 246-840-025 Initial licensure for registered nurses and practical nurses——Commission approved Washington state nursing education program. Registered nursing and practical nursing applicants'

educated in a commission approved Washington state nursing education program and applying for initial licensure must:

(1) Successfully complete a commission approved nursing education program. For applicants from a commission approved registered nurse program who are applying for a practical nurse license:

(a) Complete all course work required of commission approved practical nurse programs as listed in WAC 246-840-575(2). Required courses not included in the registered nurse program may be accepted if the courses were obtained through a commission approved program.

(b) Be deemed as capable to safely practice within the scope of practice of a practical nurse by the nurse administrator of the candidate's program.

(2) Successfully pass the commission approved licensure examination as provided in WAC 246-840-050. Testing may be allowed upon receipt of a certificate of completion from the administrator of the nursing education program.

(3) Submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) An official transcript sent directly from the applicant's nursing education program to the commission. The transcript must include course names and credits accepted from other programs. Transcripts must be received within ninety days of the applicant's first taking of the examination. The transcript must show:

(i) The applicant has graduated from an approved nursing program or has successfully completed the prelicensure portion of an approved graduate-entry registered nursing program; or

(ii) That the applicant has completed all course work required in a commission approved practical nurse program as listed in WAC 246-840-575(2).

(c) Applicants from a commission approved registered nurse program who are applying for a practical nurse license must also submit an attestation sent from the nurse administrator of the candidate's nursing education program indicating that the applicant is capable to safely practice within the scope of practice of a practical nurse.

[Statutory Authority: RCW 18.79.110, 18.88A.060 and 2020 c 76. WSR 21-04-016, § 246-840-025, filed 1/22/21, effective 2/22/21. Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-025, filed 5/12/08, effective 6/12/08.]

WAC 246-840-030 Initial licensure for registered nurses and practical nurses—Out-of-state traditional nursing education program approved by another United States nursing board. Registered nursing and practical nursing applicants educated in a traditional nursing education program approved by another United States nursing board and applying for initial licensure must:

(1) Successfully complete a board approved nursing education program. Applicants from a board approved registered nurse program who are applying for a practical nurse license:

(a) Complete all course work required of board approved practical nurse programs as listed in WAC 246-840-575(2). Required courses not included in the registered nurse program may be accepted if the courses were obtained through a commission approved program.

(b) Be deemed as capable to safely practice within the scope of practice of a practical nurse by the nurse administrator of the applicant's nursing education program.

(2) Successfully pass the commission approved licensure examination as provided in WAC 246-840-050.

(3) Submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) An official transcript sent directly from the applicant's nursing education program to the commission. The transcript must include course names and credits accepted from other programs. The transcript must show:

(i) The applicant has graduated from an approved nursing program or has successfully completed the prelicensure portion of an approved graduate-entry registered nursing program; or

(ii) That the applicant has completed all course work required in a commission approved practical nurse program as listed in WAC 246-840-575(2).

(c) Applicants from a board approved registered nurse program who are applying for a practical nurse license must also submit an attestation sent from the nurse administrator of the applicant's nursing education program indicating that the applicant is capable to safely practice within the scope of practice of a practical nurse.

[Statutory Authority: RCW 18.79.110, 18.88A.060 and 2020 c 76. WSR 21-04-016, § 246-840-030, filed 1/22/21, effective 2/22/21. Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-030, filed 5/12/08, effective 6/12/08. Statutory Authority: Chapter 18.79 RCW. WSR 99-01-098, § 246-840-030, filed 12/17/98, effective 1/17/99. Statutory Authority: RCW 18.79.160. WSR 97-17-015, § 246-840-030, filed 8/8/97, effective 9/8/97.]

WAC 246-840-045 Initial licensure for registered nurses and practical nurses who graduate from an international school of nursing. (1) Registered nurse and practical nurse applicants educated in a jurisdiction which is not a member of the National Council of State Boards of Nursing and applying for initial licensure must:

(a) Successfully complete a basic nursing education program approved in that country.

(i) The nursing education program must be equivalent to the minimum standards prevailing for nursing education programs approved by the commission.

(ii) Any deficiencies in the nursing program (theory and clinical practice in medical, psychiatric, obstetric, surgical and pediatric nursing) may be satisfactorily completed in a commission approved nursing program or program created for internationally educated nurses identified in WAC 246-840-549, 246-840-551 or 246-840-552.

(b) Obtain an evaluation or certificate from a commission approved credential evaluation service verifying that the educational program completed by the applicant is equivalent to nursing education in the state of Washington.

(c) Demonstrate English language proficiency by passing a commission approved English proficiency examination at a commission designated standard, or provide evidence directly from the school of earning a high school diploma or college degree from a United States institu-

tion prior to commission approval to take the national licensing examination.

Individuals from Canada (except for Quebec), United Kingdom, Ireland, Australia, New Zealand, American Samoa, Guam, Northern Mariana Island, and U.S. Virgin Islands will have this requirement waived.

(d) Successfully pass the commission approved licensure examination as provided in WAC 246-840-050.

(2) Registered nurse and practical nurse applicants must submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) Official transcript directly from the nursing education program or licensure agency in the country where the applicant was educated and previously licensed.

(i) Transcript must be in English or accompanied by an official English translation. If the applicant's original documents (education and licensing) are on file in another state or with an approved credential evaluation agency, the applicant may request that the state board or approved credential evaluating agency send copies directly to the commission in lieu of the originals.

(ii) The transcript must:

(A) Include the applicant's date of enrollment, date of graduation and credential conferred.

(B) Describe the course names and credit hours completed.

(C) Document equivalency to the minimum standards in Washington state. Course descriptions or syllabi may be requested to determine equivalency to Washington state standards.

(c) Documentation from a commission approved nursing program showing that any deficiency has been satisfactorily completed.

(d) Documents must show the applicant has passed a commission approved English proficiency examination or the requirement is waived as identified in subsection (1) of this section.

[Statutory Authority: RCW 18.79.110, 18.88A.060 and 2020 c 76. WSR 21-04-016, § 246-840-045, filed 1/22/21, effective 2/22/21. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-045, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-045, filed 5/12/08, effective 6/12/08.]

WAC 246-840-048 Students enrolled in a nontraditional nursing program. This section applies to a licensed practical nurse (LPN) enrolled in a nontraditional LPN to registered nurse (RN) program on July 27, 2017, and describes the eligibility requirements for obtaining a Washington state interim permit.

(1) Graduates of a nontraditional nursing program may apply for an interim permit after degree confirmation by the nontraditional program.

(a) An LPN enrolled in a nontraditional nursing program on July 27, 2017, has until July 27, 2020, to complete the nontraditional program, as defined in WAC 246-840-010.

(b) An LPN successfully completing a nontraditional nursing program after July 27, 2020, may obtain licensure by endorsement in Washington state after completing one thousand hours of practice under an RN license in another state, without discipline.

(2)(a) An LPN successfully completing the nontraditional nursing program and passing the National Council of State Boards of Nursing Registered Nurse Licensing Examination (NCLEX-RN®) may be eligible to receive an interim permit for the purpose of completing one thousand hours of practice experience in the role of an RN.

(b) Only students licensed as an LPN in Washington state and identified by the nontraditional program on July 27, 2017, will be considered eligible to obtain initial licensure from the commission under this section.

(3) An LPN successfully completing a nontraditional nursing program as identified in subsection (2)(b) of this section shall:

(a) Submit a completed RN application indicating the need for an interim permit with the required fee, as defined in WAC 246-840-990;

(b) Request an official transcript be sent directly to the commission from the nontraditional nursing education program confirming a conferred associate degree in nursing;

(c) Successfully pass the National Council of State Boards of Nursing Registered Nurse Licensing Examination (NCLEX-RN®);

(d) Complete one thousand hours of practice under an interim permit in the role of an RN; and

(e) Provide documented evidence from a commission approved supervising licensed RN verifying the interim permit holder successfully completed the one thousand hours of practice in an RN role.

(4) The supervising RN from the acute care, skilled nursing, or transitional care facility:

(a) Shall submit a commission approved application;

(b) Must have an active, unencumbered RN license;

(c) Shall attest to not being related to or personal friends of the interim permit holder;

(d) Must have at least three years of experience as an RN;

(e) Must have demonstrated teaching and mentoring skills; and

(f) Must be able to evaluate, with input from others, the practice of the interim permit holder in the role of an RN.

(5) The interim permit expires one year after the submission of the application and is not renewable.

(6) An interim permit holder who does not successfully fulfill the practice requirements, as identified in subsection (3)(c) and (d) of this section, does not meet the requirements for licensure by examination as an RN in the state of Washington.

(7) The holder of the interim permit is subject to disciplinary action under chapter 18.130 RCW.

[Statutory Authority: RCW 18.79.110. WSR 19-08-031, § 246-840-048, filed 3/27/19, effective 4/27/19.]

WAC 246-840-050 Licensing examination. (1) The current series of the National Council of the State Boards of Nursing Registered Nurse (NCSBN) Registered Nurse or Practical Nurse Licensing Examination (NCLEX-RN® or NCLEX-PN®) shall be the official examinations for nurse licensure.

(2) In order to be licensed in this state, all nurse applicants shall take and pass the National Council Licensure Examination (NCLEX-RN® or NCLEX-PN®).

(3) Only applicants who complete the education, experience, and application requirements of WAC 246-840-025, 246-840-030, 246-840-035 or 246-840-045 will be eligible for the examination.

(4) The commission will notify applicants who have filed the required application documents and met all qualifications of their eligibility to take the examination.

(5) Applicants must file an examination application directly to the testing service, along with the testing service's required fee.

(6) The executive director of the commission shall negotiate with NCSBN for the use of the NCLEX®.

(7) The examination shall be administered in accord with the NCSBN security measures and contract. All appeals of examination procedures and results shall be managed in accord with policies in the NCSBN contract.

[Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-050, filed 5/12/08, effective 6/12/08; WSR 99-13-086, § 246-840-050, filed 6/14/99, effective 7/15/99. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-050, filed 6/18/97, effective 7/19/97.]

WAC 246-840-060 Results and retaking of examination. (1) The commission will notify applicants of the examination results by mail.

(2) Applicants who pass receive a license to practice as a practical nurse or registered nurse from the commission provided all other requirements are met.

(3) Applicants who fail the examination will receive a letter of notification from the commission, including information on retaking the examination. The applicant may retake the examination no sooner than forty-five days following the date of the last exam taken.

(4) The applicant's examination results will be maintained in his/her application file with the department of health.

[Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-060, filed 5/12/08, effective 6/12/08. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-060, filed 6/18/97, effective 7/19/97.]

WAC 246-840-090 Licensure for nurses by interstate endorsement. Registered nurse and practical nurse applicants for interstate endorsement may be issued a license without examination provided the applicant meets the following requirements:

(1) The applicant graduated and holds a degree from:

(a) A commission or state board approved program preparing candidates for licensure as a nurse; or

(b) A nursing program that is equivalent to commission approved nursing education in Washington state at the time of graduation as determined by the commission.

(2) The applicant holds a current active nursing license in another state or territory, or holds an inactive or expired license in another state or territory and successfully completes a commission-approved refresher course.

(a) An applicant whose license was inactive or expired must be issued a limited education authorization by the commission to enroll in the clinical portion of the refresher course.

(b) The limited education authorization is valid only while working under the direct supervision of a preceptor and is not valid for employment as a registered nurse.

(3) The applicant was originally licensed to practice as a nurse in another state or territory after passing the National Council Licensure Examination (NCLEX).

(4) Applicants graduating from nursing programs outside the U.S. must demonstrate English proficiency by passing a commission approved English proficiency test if the nursing education is not in one of the following countries: Canada (except for Quebec), United Kingdom, Ireland, Australia, New Zealand, American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands, or complete one thousand hours of employment as a licensed nurse in another state, or provide evidence directly from the school of earning a high school diploma or college degree from a United States institution.

The one thousand hours of employment must be in the same licensed role as the nurse is applying for licensure in Washington state. Proof of employment must be submitted to the commission.

(5) For RNs: If the applicant is a graduate of a nontraditional nursing education program and:

(a) Was licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit evidence of two hundred hours of preceptorship in the role of a registered nurse as defined in WAC 246-840-035, or at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

(b) Was not licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit evidence of at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

(6) Applicants must submit the following documents:

(a) A completed licensure application with the required fee as defined in WAC 246-840-990.

(b) An official transcript sent directly from the applicant's nursing education program to the commission if the education cannot be verified from the original board of nursing, or commission-approved evaluation agency.

(i) The transcript must contain adequate documentation demonstrating that the applicant graduated from an approved nursing program or successfully completed the prelicensure portion of an approved graduate-entry registered nursing program.

(ii) The transcripts shall include course names and credits accepted from other programs.

(c) Verification of an original registered or practical nurse license from the state or territory of original licensure. The verification must identify that issuance of the original licensure included passing the NCLEX.

(d) For applicants educated outside the United States and in territories or countries not listed in subsection (4) of this section, successful results of a commission approved English proficiency exam, or, evidence of one thousand hours worked as a nurse.

(e) For RNs: If the applicant is a graduate of a nontraditional program in nursing and:

(i) Was licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit documentation of two hundred hours of preceptorship in the role of a registered nurse as defined in WAC 246-840-035 or at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

(ii) Was not licensed as a practical/vocational nurse prior to licensure as a registered nurse, the applicant must submit documentation of at least one thousand hours of practice as a registered nurse without discipline of the registered nurse license by any other state or territory.

[Statutory Authority: RCW 18.79.110, 18.88A.060 and 2020 c 76. WSR 21-04-016, § 246-840-090, filed 1/22/21, effective 2/22/21. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-090, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-090, filed 5/12/08, effective 6/12/08; WSR 99-13-086, § 246-840-090, filed 6/14/99, effective 7/15/99. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-090, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-090, filed 6/18/97, effective 7/19/97.]

WAC 246-840-095 Temporary practice permits. The nursing care quality assurance commission (NCQAC) conducts background checks on applicants to assure safe patient care. Completion of a fingerprint-based national background check may cause a delay in licensing.

(1) The NCQAC may issue a temporary practice permit to an applicant who holds an unrestricted, active license in another state which has substantially equivalent licensing standards to those in Washington. The applicant must not be subject to denial of a license or issuance of a conditional or restricted license.

(2) A temporary practice permit serves as a license to practice nursing during the time period specified on the permit.

(3) A temporary practice permit expires when:

(a) A license is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision on application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

If, at the expiration of the original temporary practice permit, the department has not received information from the fingerprint-based national background check, the NCQAC may renew the temporary practice permit for an additional one hundred eighty days.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application fee(s) and documentation for the license.

(b) Submit a completed national background check fingerprint card, if required.

(c) Meet all other requirements and qualifications for the license, except for the results from a fingerprint-based national background check, if required.

(d) Provide verification of holding an unrestricted nursing license from another state that has substantially equivalent licensing standards to those in Washington.

(e) Submit a separate application for a temporary practice permit.

[Statutory Authority: RCW 18.130.075 and 18.130.064. WSR 10-07-015, § 246-840-095, filed 3/5/10, effective 4/5/10; WSR 09-17-053, § 246-840-095, filed 8/13/09, effective 9/13/09.]

WAC 246-840-105 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure. The commission adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapter 18.79 RCW or chapter 246-840 WAC for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-105, filed 6/18/97, effective 7/19/97.]

WAC 246-840-111 Expired license. (1) If the license has expired for three years or less, the practitioner must meet the requirements in WAC 246-12-020 through 246-12-051.

(2) If the license has expired for more than three years and the practitioner has been in active practice in another United States jurisdiction, the practitioner must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements in WAC 246-12-020 through 246-12-051.

(3) If the license has expired for more than three years and the practitioner has not been in active practice in another United States jurisdiction, the practitioner must:

(a) Successfully complete a commission approved refresher course. The practitioner will be issued a limited educational license to enroll in the refresher course. The limited educational license is valid only while working under the direct supervision of a preceptor and is not valid for employment as a licensed practical or registered nurse;

(b) Meet the requirements in WAC 246-12-020 through 246-12-051.

[Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 21-11-032, § 246-840-111, filed 5/12/21, effective 6/12/21; WSR 10-24-047, § 246-840-111, filed 11/24/10, effective 1/1/11. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-111, filed 2/13/98, effective 3/16/98.]

WAC 246-840-120 Inactive credential. (1) A practitioner may obtain an inactive credential. Refer to the requirements in WAC 246-12-090 through 246-12-110.

(2) Practitioners with an inactive credential for three years or less who wish to return to active status must meet the requirements in WAC 246-12-090 through 246-12-110.

(3) Practitioners with an inactive credential for more than three years, who have been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Submit verification of active practice from any other United States jurisdiction;

(b) Meet the requirements in WAC 246-12-090 through 246-12-110.

(4) Practitioners with an inactive credential for more than three years, who have not been in active practice in another United States jurisdiction, and wish to return to active status must:

(a) Successfully complete a commission approved refresher course. The practitioner will be issued a limited educational license to enroll in the refresher course. The limited educational license is valid only while working under the direct supervision of a preceptor and is not valid for employment as a licensed practical or registered nurse;

(b) Meet the requirements in WAC 246-12-090 through 246-12-110.

[Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 21-11-032, § 246-840-120, filed 5/12/21, effective 6/12/21; WSR 10-24-047, § 246-840-120, filed 11/24/10, effective 1/1/11. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-120, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-120, filed 6/18/97, effective 7/19/97.]

WAC 246-840-125 Retired active credential. (1) A registered or licensed practical nurse may place their credential in "retired active" status by meeting the requirements of this section.

(2) A registered or licensed practical nurse who holds a retired active credential may only practice in intermittent or emergent circumstances.

(a) Intermittent means the registered or licensed practical nurse will practice no more than ninety days a year.

(b) Emergent means the registered or licensed practical nurse will practice only in emergency circumstances such as earthquakes, floods, times of declared war, or other states of emergency.

(3) To obtain a retired active credential a registered or a licensed practical nurse must:

(a) Meet the requirements in WAC 246-12-120.

(b) Pay the appropriate fee in WAC 246-840-990.

(4) To renew a retired active credential the registered nurse or licensed practical nurse must:

(a) Meet the requirements in WAC 246-12-130. The retired active credential fee is in WAC 246-840-990.

(b) Have completed eight hours of continuing nursing education within a twelve-month period prior to the renewal of licensure in compliance with WAC 246-840-220 (2)(b). Education may include CPR and first aid.

(c) Demonstrate they have practiced at least twenty-four hours within a twelve-month period prior to the renewal of licensure. Practice may be paid or volunteer, but must require nursing knowledge or a nursing license.

(d) Renew their retired active credential every year on their birthday.

(5) To return to active status the registered or licensed practical nurse must meet the requirements in WAC 246-12-140. The active renewal fee is in WAC 246-840-990.

(6) A registered or licensed practical nurse who holds a retired active credential is subject to a continuing competency audit as outlined in WAC 246-840-220 and 246-840-230.

[Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 21-11-032, § 246-840-125, filed 5/12/21, effective 6/12/21. Statutory Authority: RCW 18.79.110 and 43.70.442. WSR 16-04-097, § 246-840-125, filed 2/1/16, effective 3/3/16. Statutory Authority: RCW 18.130.250 and 18.79.110. WSR 14-02-026, § 246-840-125, filed 12/20/13, effective 1/20/14.]

DOCUMENTING CONTINUING COMPETENCY

WAC 246-840-200 Continuing competency purpose statement. Patients, families, and communities expect safe, competent, and compassionate nursing care. WAC 246-840-200 through 246-840-260 establish a self-directed continuing competency program which includes participation in active practice and continuing nursing education for registered nurses and licensed practical nurses as a mechanism to help keep patients safe and improve nursing practice.

[Statutory Authority: RCW 18.79.110 and 43.70.442. WSR 16-04-097, § 246-840-200, filed 2/1/16, effective 3/3/16.]

WAC 246-840-210 Continuing competency definitions. The definitions in this section apply throughout WAC 246-840-200 through 246-840-260 unless the context clearly requires otherwise.

(1) **"Active nursing practice"** means engagement in paid, unpaid, or volunteer activity performing acts requiring substantial nursing knowledge, judgment, and skills described under RCW 18.79.040, 18.79.050, and 18.79.060. Active nursing practice may include, but is not limited to, working as an administrator, quality manager, policy officer, public health nurse, parish nurse, home health nurse, educator, consultant, regulator, and investigator or case manager.

(2) **"Advanced nursing degree"** means education preparation beyond one's initial education for nurse licensure.

(3) **"Attestation"** means the affirmation by signature of the nurse indicating compliance with the standards and terms of the continuing competency requirements.

(4) **"Compliance audit"** means a review of documents to determine whether the nurse has fulfilled the requirements in WAC 246-840-220 through 246-840-260.

(5) **"Continuing competency"** is the ongoing ability of a nurse to maintain, update and demonstrate sufficient knowledge, skills, judgment, and qualifications necessary to practice safely and ethically in a designated role and setting in accordance with the scope of nursing practice. A nurse achieves continuing competency through active practice and continuing nursing education.

(6) **"Continuing nursing education"** refers to systematic professional learning experiences obtained after initial licensure and designed to augment the knowledge, skills, and judgment of nurses and enrich nurses' contributions to quality health care and the pursuit of professional career goals, related to a nurse's area of professional practice, growth and development.

(7) **"Nurse"** means a registered nurse and licensed practical nurse.

(8) **"Review period"** is one full licensing renewal cycle. For purposes of a compliance audit, the review period will be the one year preceding the audit due date.

(9) **"Technical assistance"** means guidance provided by commission staff to help the nurse comply with laws and rules.

[Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 21-11-032, § 246-840-210, filed 5/12/21, effective 6/12/21. Statutory Authority:

RCW 18.79.110 and 43.70.442. WSR 16-04-097, § 246-840-210, filed 2/1/16, effective 3/3/16.]

WAC 246-840-220 Continuing competency requirements—Active status. (1) Upon license renewal a nurse must attest on a form provided by the department of health declaring completion of the required active nursing practice hours and continuing nursing education hours.

(2) A nurse must complete within a twelve-month period prior to the renewal of licensure:

(a) A minimum of ninety-six hours of active nursing practice; and

(b) A minimum of eight hours of continuing nursing education.

(3) Nurses must complete a qualified suicide prevention training as follows:

(a) A registered nurse, except for registered nurses holding an active certified registered nurse anesthetist license, and licensed practical nurses must complete a one-time, six hour training in suicide assessment, treatment, and management from a qualified suicide prevention training program. The training must be completed by the end of the first full year of practice.

(b) A qualified suicide training program must be on the model list, required under RCW 43.70.442, to be accepted.

(c) The hours spent completing a qualified training program in suicide assessment, treatment, and management under this section counts toward continuing competency requirements in subsection (2)(b) of this section.

(4) Nurses who are enrolled in, or have completed prerequisite classes for, an advanced nursing education program are exempt from the continuing competency requirements during their current review period.

[Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 21-11-032, § 246-840-220, filed 5/12/21, effective 6/12/21. Statutory Authority: RCW 18.79.110 and 43.70.442. WSR 16-04-097, § 246-840-220, filed 2/1/16, effective 3/3/16.]

WAC 246-840-230 Continuing competency audit process and compliance. (1) The commission may conduct a compliance audit:

(a) Through random selection; and

(b) At the discretion of the commission, on nurses under the disciplinary process.

(2) The commission will notify a nurse selected for compliance audit at the address on record with the department.

(3) The nurse must submit continuing education in clock hours.

(4) Failure to complete the required hours and provide the required documentation may be considered an aggravating factor per WAC 246-16-890 in any disciplinary action for a violation of RCW 18.130.180.

[Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 21-11-032, § 246-840-230, filed 5/12/21, effective 6/12/21. Statutory Authority: RCW 18.79.110 and 43.70.442. WSR 16-04-097, § 246-840-230, filed 2/1/16, effective 3/3/16.]

WAC 246-840-250 Continuing competency requirements—Reactivation from expired status. (1) All nurses applying for reactivation must meet the requirements of WAC 246-12-020 through 246-12-051 and 246-840-111.

(2) If a license is expired for more than one year, and the nurse has not held an active nursing license in any United States jurisdiction, the nurse must complete ninety-six hours of active nursing practice and eight hours of continuing nursing education within one year of reactivation.

[Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 21-11-032, § 246-840-250, filed 5/12/21, effective 6/12/21. Statutory Authority: RCW 18.79.110 and 43.70.442. WSR 16-04-097, § 246-840-250, filed 2/1/16, effective 3/3/16.]

WAC 246-840-260 Continuing competency requirements—Reactivation from inactive status. (1) All nurses applying for reactivation must meet the requirements of WAC 246-12-090 through 246-12-110 and 246-840-120.

(2) If a license is inactive for more than one year, and the nurse has not held an active nursing license in any United States jurisdiction, the nurse must complete ninety-six hours of active nursing practice and eight hours of continuing nursing education within one year of reactivation.

[Statutory Authority: RCW 18.79.010 and 18.79.110. WSR 21-11-032, § 246-840-260, filed 5/12/21, effective 6/12/21. Statutory Authority: RCW 18.79.110 and 43.70.442. WSR 16-04-097, § 246-840-260, filed 2/1/16, effective 3/3/16.]

ADVANCED PRACTICE

WAC 246-840-300 ARNP scope of practice. The scope of practice of a licensed ARNP is as provided in RCW 18.79.250 and this section.

(1) The ARNP is prepared and qualified to assume primary responsibility and accountability for the care of patients within their roles of ARNP licensure: Certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), and clinical nurse specialist (CNS).

(2) As a licensed independent practitioner, an ARNP provides a wide range of health care services including the diagnosis and management of acute, chronic, and complex health conditions, health promotion, disease prevention, health education, and counseling to individuals, families, groups, and communities. Performing within the scope of the ARNP's education, training, and experience, the licensed ARNP may perform the following:

(a) Examine patients and establish diagnoses by patient history, physical examination, and other methods of assessment;

(b) Admit, manage, and discharge patients to and from health care facilities;

(c) Order, collect, perform, and interpret diagnostic tests;

(d) Manage health care by identifying, developing, implementing, and evaluating a plan of care and treatment for patients;

(e) Prescribe therapies and medical equipment;

(f) Prescribe medications when granted prescriptive authority under this chapter;

(g) Refer patients to other health care practitioners, services, or facilities; and

(h) Perform procedures or provide care services that are within the ARNP's scope of practice according to a commission approved certifying body as defined in WAC 246-840-302.

(3) As leaders in health care, an ARNP may serve in a variety of capacities including, but not limited to, mentors, educators, coaches, advocates, researchers, interprofessional consultants, and administrators.

(4) ARNP practice is grounded in nursing process and incorporates the use of independent judgment. Practice includes interprofessional interaction with other health care professionals in the assessment and management of wellness and health conditions.

(5) Health care is a dynamic field requiring the scope of the ARNP to continually evolve. The ARNP is responsible for possessing a clear understanding of, and functioning within, the scope of practice of the role for which a license has been issued following the standards of care defined by the applicable certifying body as defined in WAC 246-840-302.

(6) An ARNP may choose to specialize and perform those acts for which the individual is qualified and has appropriate education and competence.

[Statutory Authority: RCW 18.79.010, 18.79.110, and 18.79.250. WSR 22-23-130, § 246-840-300, filed 11/21/22, effective 12/22/22. Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-300, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-300, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.110 and 18.79.050. WSR 00-21-119, § 246-840-300, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-300, filed 6/18/97, effective 7/19/97.]

WAC 246-840-302 ARNP designations, certification, and approved certification examinations. (1) ARNP designations recognized by the commission include:

(a) Nurse practitioner (NP);

(b) Certified nurse-midwife (CNM);

(c) Certified registered nurse anesthetist (CRNA); and

(d) Clinical nurse specialist (CNS).

(2) An ARNP must maintain current certification within his or her designation(s) by a commission approved certifying body as identified in subsection (3) of this section. An ARNP license becomes invalid when the certification expires.

(3) To be eligible for licensure as an ARNP, an applicant must pass an examination from one of the following certifying bodies within the ARNP's specialty designation:

(a) For NP designation:

(i) The American Academy of Nurse Practitioners;

(ii) The American Nurses Credentialing Center;

(iii) The National Certification Corporation;

(iv) The Pediatric Nursing Certification Board;

(v) The American Association of Critical Care Nurses; or

(vi) The Oncology Nursing Certification Corporation.

(b) For CNM designation, the American Midwifery Certification Board.

(c) For CRNA designation, the National Board of Certification and Recertification for Nurse Anesthetists.

(d) For CNS designation:

(i) The American Nurses Credentialing Center;

(ii) The American Association of Critical Care Nurses; or

(iii) The Oncology Nursing Certification Corporation.

(4) An ARNP recognized in more than one designation must obtain and maintain education, training, and practice in each area.

[Statutory Authority: RCW 18.79.110 and 18.79.160. WSR 17-12-113, § 246-840-302, filed 6/7/17, effective 7/8/17. Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-302, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-302, filed 12/11/08, effective 1/11/09.]

WAC 246-840-310 Use and protection of professional titles. A person who holds a license to practice as an ARNP shall have the right to use the title "advanced registered nurse practitioner" and the abbreviation following the nurse's name shall read "ARNP" or "NP."

An ARNP may also use the applicable title or abbreviation, or designation as defined in WAC 246-840-302.

No other person shall assume such titles or use such abbreviations.

[Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-310, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-310, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.110 and 18.79.050. WSR 00-21-119, § 246-840-310, filed 10/18/00, effective 11/18/00. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-310, filed 6/18/97, effective 7/19/97.]

WAC 246-840-311 ARNP previously adopted specialties. (1) An ARNP holding an active license, without sanctions or restrictions, under one or more of the following previously existing advanced practice certification designations, may continue to renew his or her license as an ARNP:

(a) Community health;

(b) Maternal-gynecological-neonatal;

(c) Medical-surgical;

(d) Occupational health;

(e) Neurosurgical; or

(f) Enterostomal therapy.

(2) An expired license identified in subsection (1)(a) through (f) of this section will not be renewed.

(3) The commission will not accept initial ARNP licensure applications from individuals certified in the categories identified in subsection (1)(a) through (f) of this section.

[Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-311, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-311, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.110. WSR 02-20-077, § 246-840-311, filed 9/30/02, effective 10/31/02.]

WAC 246-840-340 Initial ARNP requirements. (1) An applicant for licensure as an ARNP shall have the following qualifications:

(a) An active Washington state RN license, without sanctions or restrictions;

(b) A graduate degree from an advanced nursing education program accredited by a national nursing accreditation body recognized by the United States Department of Education;

(c) Certification from a certifying body as identified in WAC 246-840-302;

(d) Completion of advanced clinical practice hours, as defined in WAC 246-840-010(1) and in the role of an advanced practice nurse as defined in WAC 246-840-010(2), when applicable, in situations under subsection (3) of this section.

(2) An applicant for ARNP licensure shall submit:

(a) A completed ARNP application for licensure to the commission;

(b) The license fee as specified in WAC 246-840-990;

(c) A request to the certifying body, as identified in WAC 246-840-302, to send official documentation of certification directly to the commission;

(d) A request to the advanced nursing educational program to send an official transcript directly to the commission showing courses, grades, degree or certificate granted, official seal, and appropriate registrar; and

(e) Program objectives and course descriptions when requested by the commission.

(3) To be granted a license without meeting the advanced clinical practice requirements identified in subsection (4) of this section, the ARNP shall initiate the application process within one year of earning a graduate degree from an advanced nursing education program.

(4) An ARNP applicant who does not apply within one year of earning a graduate degree from an advanced nursing education program may be eligible to receive an ARNP interim permit for the purpose of completing one hundred twenty-five hours of advanced clinical practice for every additional year following graduation, not to exceed one thousand hours. The ARNP interim permit expires one year after the submission of the application.

(a) An ARNP applicant's clinical practice must be supervised by an ARNP under chapter 18.79 RCW, a physician licensed under chapter 18.71 RCW, an osteopathic physician licensed under chapter 18.57 RCW, or equivalent licensure in another state or United States jurisdiction. The ARNP interim permit holder must complete supervised advanced clinical practice as defined in subsections (4) and (5) of this section.

(b) The supervisor must be in the same practice specialty in which the applicant is seeking licensure. The supervising ARNP or physician:

(i) Shall have an active ARNP or physician license, for two or more years, without sanctions or restrictions;

(ii) Must not be a member of the applicant's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the supervisor's duties to impartially supervise and evaluate the nurse;

(iii) Must not have current disciplinary action on their license;

(iv) Shall submit documented evidence to the commission verifying the applicant's successful completion of the required supervised clinical practice hours in an ARNP role.

(5) An ARNP applicant needing to complete supervised advanced clinical practice:

(a) Shall meet the requirements of subsection (1)(a) and (b) of this section;

(b) Shall indicate on the ARNP application the need for an interim permit; and

(c) Must obtain:

(i) Commission approval of the supervising ARNP or physician; and

(ii) The interim permit.

(6) The nurse must use the designation interim ARNP at all times and on all documentation of the supervised clinical practice hours.

(7) An applicant holding an active RN license, without sanctions or restrictions; and current national certification as a CNS; and is practicing in Washington state in an advanced nursing role, will be exempt from the supervised practice requirement if they can provide evidence of two hundred fifty hours of advanced clinical practice within the last two years.

[Statutory Authority: RCW 18.79.110. WSR 19-08-031, § 246-840-340, filed 3/27/19, effective 4/27/19. Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-340, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-340, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-340, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-340, filed 6/18/97, effective 7/19/97.]

WAC 246-840-342 Licensure for ARNP applicants by interstate endorsement. (1) An applicant for interstate endorsement for Washington state licensure as an ARNP shall meet the following requirements:

(a) Have an active RN and ARNP license, or recognition in another state or jurisdiction, as practicing in an advanced practice role, without sanctions or restrictions;

(b) Have a graduate degree from an advanced nursing education program as identified in WAC 246-840-340 (1)(b); and

(c) Hold certification from a certifying body as identified in WAC 246-840-302(3).

(2) An applicant for an ARNP license through interstate endorsement shall:

(a) Apply for and be granted a Washington state RN license as identified in WAC 246-840-090;

(b) Submit a completed ARNP application for licensure to the commission;

(c) Submit the license fee as specified in WAC 246-840-990;

(d) Request the certifying body, as identified in WAC 246-840-302, to send official documentation of certification directly to the commission;

(e) Request the advanced nursing educational program to send an official transcript directly to the commission showing courses, grades, degree or certificate granted, official seal and appropriate registrar; and

(f) Submit nursing education program objectives and course descriptions when requested by the commission.

[Statutory Authority: RCW 18.79.010, 18.79.110, and 18.79.160. WSR 20-10-015, § 246-840-342, filed 4/24/20, effective 4/24/20. Statutory Authority: RCW 18.79.110. WSR 19-08-031, § 246-840-342, filed 3/27/19, effective 4/27/19. Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-342, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-342, filed 12/11/08, effective 1/11/09.]

WAC 246-840-344 Licensure for ARNP applicants educated and licensed outside the United States. (1) An applicant for ARNP licensure in Washington state, educated and licensed outside the United States, shall:

(a) Apply for and be granted an active RN license, or recognition in another state or jurisdiction, without sanctions or restrictions, issued by a regulatory entity outside the United States, and have been practicing at an advanced practice level;

(b) Submit a course-by-course evaluation of education from a commission approved credential evaluating service verifying the advanced nursing educational program completed by the applicant is equivalent to the ARNP education identified in WAC 246-840-455;

(c) Hold certification from a certifying body as identified in WAC 246-840-302(3); and

(d) Have been performing advanced clinical practice in his or her country for at least two hundred fifty hours within the two years prior to the date of application for ARNP licensure.

(2) An applicant educated and licensed outside of the United States shall:

(a) Apply for and be granted a Washington state RN license, without sanctions or restrictions, as identified in WAC 246-840-045;

(b) Submit a completed ARNP application to the commission;

(c) Submit the license fee as specified in WAC 246-840-990;

(d) Submit a course-by-course evaluation of education completed from a commission approved credential evaluating service;

(e) Request the certifying body, as identified in WAC 246-840-302(3), to send official documentation of certification directly to the commission; and

(f) Submit evidence of at least two hundred fifty hours of advanced clinical practice as an ARNP, or in an advanced practice role, within the two years prior to the date of application. The two hundred fifty hours may include teaching advanced nursing practice if providing direct patient care as a faculty member or serving as a preceptor in a clinical setting.

(3) Internationally educated ARNP applicants who do not meet advanced clinical practice requirements shall complete two hundred fifty hours of supervised advanced clinical practice for every two years the

applicant may have been out of practice, not to exceed one thousand hours.

(4) An ARNP applicant needing to complete supervised advanced clinical practice shall obtain an ARNP interim permit consistent with the requirements for supervised practice defined in WAC 246-840-340 (4) and (5).

[Statutory Authority: RCW 18.79.110. WSR 19-08-031, § 246-840-344, filed 3/27/19, effective 4/27/19. Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-344, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-344, filed 12/11/08, effective 1/11/09.]

WAC 246-840-360 Renewal of ARNP licensure. (1) An applicant applying for ARNP license renewal, shall have:

(a) An active Washington state RN license, without sanctions or restrictions;

(b) Current certification from a certifying body as identified in WAC 246-840-302; and

(c) Thirty contact hours of continuing education obtained during the renewal period in each ARNP designation. An ARNP who has certification in more than one area of practice may count the continuing education hours for more than one certification when applicable to each area of practice.

(2) An applicant for ARNP licensure renewal shall comply with the requirements of chapter 246-12 WAC, Part 2 and submit:

(a) The renewal license fee as specified in WAC 246-840-990;

(b) Evidence of current certification by the commission approved certifying body for each designation;

(c) A written declaration, on forms provided by the commission attesting to: Completion of thirty contact hours of continuing education during the renewal period for each ARNP designation; and

(d) Evidence of completion of continuing education contact hours and advanced clinical practice hours when requested by the commission.

[Statutory Authority: RCW 18.79.010, 18.79.110, and 18.79.160. WSR 20-10-015, § 246-840-360, filed 4/24/20, effective 4/24/20. Statutory Authority: RCW 18.79.110. WSR 19-08-031, § 246-840-360, filed 3/27/19, effective 4/27/19. Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-360, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-360, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.110 and 18.79.050. WSR 00-21-119, § 246-840-360, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-360, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-360, filed 6/18/97, effective 7/19/97.]

WAC 246-840-361 Continuing education for ARNP license renewal. The thirty contact hours of continuing education required for the two-year renewal of ARNP licensure must:

(1) Be acceptable to the certifying body identified in WAC 246-840-302(3);

(2) Be obtained from courses in which the contact hour is at least fifty minutes;

(3) Not include the fifteen hours of continuing education required for an ARNP with prescriptive authority as identified in WAC 246-840-450 (1)(b); and

(4) Not include the same course taken more than once during the renewal cycle.

[Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-361, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-361, filed 12/11/08, effective 1/11/09.]

WAC 246-840-365 Inactive and reactivating an ARNP license. To apply for an inactive ARNP license, an ARNP shall comply with WAC 246-12-090 or 246-12-540, if military related.

(1) An ARNP may apply for an inactive license if he or she holds an active Washington state ARNP license without sanctions or restrictions.

(2) To return to active status the ARNP:

(a) Shall meet the requirements identified in chapter 246-12 WAC, Part 4;

(b) Must hold an active RN license under chapter 18.79 RCW without sanctions or restrictions;

(c) Shall submit the fee as identified under WAC 246-840-990;

(d) Shall submit evidence of current certification by the commission approved certifying body identified in WAC 246-840-302(1);

(e) Shall submit evidence of thirty contact hours of continuing education for each designation within the past two years; and

(f) Shall submit evidence of two hundred fifty hours of advanced clinical practice for each designation within the last two years.

(3) An ARNP applicant who does not have the required practice requirements, shall complete two hundred fifty hours of supervised advanced clinical practice for every two years the applicant may have been out of practice, not to exceed one thousand hours.

(4) The ARNP applicant needing to complete supervised advanced clinical practice shall obtain an ARNP interim permit consistent with the requirements for supervised practice defined in WAC 246-840-340 (4) and (5).

(5) To regain prescriptive authority after inactive status, the applicant must meet the prescriptive authority requirements identified in WAC 246-840-410.

[Statutory Authority: RCW 18.79.110. WSR 19-08-031, § 246-840-365, filed 3/27/19, effective 4/27/19. Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-365, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-365, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-365, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-365, filed 6/18/97, effective 7/19/97.]

WAC 246-840-367 Expired license. When an ARNP license is not renewed, it is placed in expired status and the nurse must not practice as an ARNP.

(1) To return to active status when the license has been expired for less than two years, the nurse shall:

(a) Meet the requirements of chapter 246-12 WAC, Part 2;

(b) Meet ARNP renewal requirements identified in WAC 246-840-360; and

(c) Meet the prescriptive authority requirements identified in WAC 246-840-450, if renewing prescriptive authority.

(2) Applicants who do not meet the required advanced clinical practice requirements must complete two hundred fifty hours of supervised advanced clinical practice for every two years the applicant may have been out of practice, not to exceed one thousand hours.

(3) The ARNP applicant needing to complete supervised advanced clinical practice shall obtain an ARNP interim permit consistent with the requirements for supervised practice defined in WAC 246-840-340 (4) and (5).

(4) If the ARNP license has expired for two years or more, the applicant shall:

(a) Meet the requirements of chapter 246-12 WAC, Part 2;

(b) Submit evidence of current certification by the commission approved certifying body identified in WAC 246-840-302(3);

(c) Submit evidence of thirty contact hours of continuing education for each designation within the prior two years;

(d) Submit evidence of two hundred fifty hours of advanced clinical practice completed within the prior two years; and

(e) Submit evidence of an additional thirty contact hours in pharmacology if requesting prescriptive authority, which may be granted once the ARNP license is returned to active status.

(5) If the applicant does not meet the required advanced clinical practice hours, the applicant shall obtain an ARNP interim permit consistent with the requirements for supervised advanced clinical practice as defined in WAC 246-840-340 (4) and (5).

[Statutory Authority: RCW 18.79.110. WSR 19-08-031, § 246-840-367, filed 3/27/19, effective 4/27/19. Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-367, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-367, filed 12/11/08, effective 1/11/09.]

WAC 246-840-400 ARNP prescriptive authority. (1) An ARNP licensed under chapter 18.79 RCW when authorized by the nursing commission may prescribe drugs and medical devices pursuant to applicable state and federal laws.

(2) The ARNP when exercising prescriptive authority is accountable for competency in:

(a) Problem identification through appropriate assessment;

(b) Medication and device selection;

(c) Patient education for use of therapeutics;

(d) Knowledge of interactions of therapeutics;

(e) Evaluation of outcome; and

(f) Recognition and management of side effects, adverse reactions, and complications.

[Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-400, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-400, filed 12/11/08, effective 1/11/09. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-400, filed 6/18/97, effective 7/19/97.]

WAC 246-840-410 Application requirements for ARNP prescriptive authority. (1) An ARNP who applies for prescriptive authority must:

(a) Hold an active Washington state ARNP license, without sanctions or restrictions, issued by the commission;

(b) Provide evidence of thirty contact hours of education in pharmacology, including didactic and clinical application, and consisting of pharmacodynamics, pharmacokinetics, pharmacotherapeutics, and pharmacological management of individual patients related to the applicant's scope of practice.

(2) Pharmacology education must be completed within a two-year time period immediately prior to the date of application for prescriptive authority unless the applicant has graduated within the past two years from an advanced nursing education program meeting requirements identified in WAC 246-840-455 (11)(e).

(3) If an ARNP applicant does not have advanced pharmacology education, the applicant must complete:

(a) Advanced pharmacology education of at least thirty contact hours, including pharmacodynamics, pharmacokinetics, pharmacotherapeutics and pharmacological management of individual patients, differential diagnosis, and applied pharmacological management of patients consistent with the applicant's area of certification.

(b) Supervised advanced clinical practice of no less than one hundred fifty hours that meets the requirements of WAC 246-840-340 (4) and (5). The clinical practice hours shall occur after completion of the thirty hours of advanced pharmacology education under the direct supervision of an ARNP with prescriptive authority, a physician as identified in chapter 18.71 RCW, an osteopathic physician as identified in chapter 18.57 RCW, or equivalent in other states or jurisdictions. The thirty contact hours of advanced pharmacology education is obtained from the following:

(i) Study within the advanced nursing education program; or

(ii) Continuing education programs accepted by a national credentialing body.

(4) The ARNP applying for prescriptive authority must submit:

(a) A completed application on a commission approved form;

(b) The fee as specified in WAC 246-840-990; and

(c) Evidence of completion of required advanced pharmacology education hours and supervised advanced clinical practice hours identified in subsection (3)(a) and (b) of this section.

(5) If an ARNP does not apply for prescriptive authority within two years of graduation from an advanced practice program, an additional thirty contact hours of advanced pharmacology education shall be required.

(6) An ARNP who applies for a new or additional ARNP designation must send proof of advanced pharmacology educational content appropriate to each designation.

(7) Applicants who hold prescriptive authority from another state at the time of application may request an exemption to subsection

(3)(a) and (b) of this section if he or she provides evidence of at least two hundred fifty hours of advanced clinical practice in an ARNP role with prescriptive authority in his or her scope of practice within the two years prior to application for prescriptive authority.

[Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-410, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-410, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.110 and 18.79.050. WSR 00-21-119, § 246-840-410, filed 10/18/00, effective 11/18/00. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-410, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-410, filed 6/18/97, effective 7/19/97.]

WAC 246-840-420 Authorized prescriptions by ARNP with prescriptive authority. Prescriptions for drugs and medical devices must comply with all applicable state and federal laws and be within the ARNP's scope of practice.

(1) An ARNP must sign prescriptions and include the initials ARNP or NP.

(2) An ARNP may not, under RCW 18.79.240(1) and chapter 69.50 RCW, prescribe controlled substances in Schedule I.

(3) An ARNP with prescriptive authority who prescribes controlled substances must be registered with the drug enforcement administration.

[Statutory Authority: RCW 18.79.050, 18.79.110, and 18.79.160. WSR 16-08-042, § 246-840-420, filed 3/30/16, effective 4/30/16. Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-420, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 18.79.240 and 2005 c 28. WSR 06-01-102, § 246-840-420, filed 12/21/05, effective 1/21/06. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-420, filed 6/18/97, effective 7/19/97.]

WAC 246-840-450 Renewal of ARNP prescriptive authority. (1) ARNP prescriptive authority must be renewed at the time of renewal of the ARNP license. For renewal of ARNP prescriptive authority, the licensee must:

(a) Meet the requirements of WAC 246-840-360; and

(b) Provide a written declaration on forms provided by the commission of fifteen contact hours of continuing education during the renewal period in pharmacotherapeutics related to the licensee's scope of practice that are in addition to the thirty contact hours of continuing education required for renewal of the ARNP license as identified in WAC 246-840-360 (1)(c) and (2)(c) and 246-840-361; and

(c) Submit evidence of completion of continuing education contact hours when requested by the commission.

(2) If the licensee fails to renew his or her prescriptive authority prior to the expiration date, then the individual may not prescribe until the prescriptive authority is renewed and is subject to the late renewal fee specified in WAC 246-840-990 and chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-450, filed 12/11/08, effective 1/11/09. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-840-450, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-450, filed 6/18/97, effective 7/19/97.]

WAC 246-840-451 Continuing education requirements for ARNP prescriptive authority. (1) The fifteen hours of pharmacotherapeutic continuing education must:

(a) Relate to the ARNP's scope of certification and scope of practice; and

(b) Be obtained from continuing education courses in which the contact hour time is not less than fifty minutes.

(2) The same course taken more than once during a reporting cycle shall be only counted once.

[Statutory Authority: RCW 18.79.010, [18.79.]050, [18.79.]110, and [18.79.]210. WSR 09-01-060, § 246-840-451, filed 12/11/08, effective 1/11/09.]

ADVANCED PRACTICE——PAIN MANAGEMENT

WAC 246-840-460 Pain management——Intent. WAC 246-840-460 through 246-840-4990 govern the use of opioids in the treatment of pain in the acute, perioperative, subacute, and chronic phases. Treatment modalities including opioid use can serve to improve the quality of life for those patients who suffer from pain, as well as reduce the morbidity and costs associated with undertreatment or inappropriate treatment of pain. For the purpose of these rules, the inappropriate treatment of pain includes nontreatment, undertreatment, overtreatment, and the continued use of ineffective treatments. In addition to these rules, the nursing commission recommends practitioners adhere to applicable state agency medical directors' group (AMDG) and federal Centers for Disease Control and Prevention (CDC) guidelines for the treatment of pain in all phases.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-460, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-460, filed 5/2/11, effective 7/1/11.]

WAC 246-840-463 Exclusions. WAC 246-840-460 through 246-840-4990 do not apply to:

(1) The treatment of patients with cancer-related pain;

(2) The provision of palliative, hospice, or other end-of-life care;

(3) The treatment of inpatient hospital patients; or

(4) Procedural premedications.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-463, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-463, filed 5/2/11, effective 7/1/11.]

WAC 246-840-465 Definitions. The following definitions apply in WAC 246-840-460 through 246-840-4990, unless the context clearly requires otherwise.

(1) "Aberrant behavior" means behavior that indicates misuse, diversion, or substance use disorder. This includes, but is not limited to, multiple early refills or renewals, or obtaining prescriptions for the same or similar drugs from more than one practitioner or other health care provider.

(2) "Acute pain" means the normal, predicted physiological response to a noxious chemical, thermal, or mechanical stimulus, and typically is associated with invasive procedures, trauma, and disease. Acute pain is considered to be six weeks or less in duration.

(3) "Biological specimen test" or "biological specimen testing" means testing of bodily fluids or other biological samples including, but not limited to, urine or hair for the presence of various drugs and metabolites.

(4) "Chronic pain" means a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process, that causes continuous or intermittent pain more than twelve weeks in duration, lasting months or years. Chronic pain includes pain resulting from cancer or treatment in a patient who is two years post completion of curative anti-cancer treatment with no current evidence of disease.

(5) "Comorbidities" means a preexisting or coexisting physical or psychiatric disease or condition.

(6) "Episodic care" means medical care provided by an advanced registered nurse practitioner other than the designated primary care practitioner in the acute care setting, for example, urgent care or emergency department.

(7) "High dose" means ninety milligram morphine equivalent dose (MED), or more, per day.

(8) "High-risk" means a category of patient at increased risk of morbidity or mortality, such as from comorbidities, polypharmacy, history of substance use disorder or abuse, aberrant behavior, high dose opioid prescription, or the use of any central nervous system depressant.

(9) "Hospice" means a model of care that focuses on relieving symptoms and supporting patients with a life expectancy of six months or less.

(10) "Hospital" means any institution, place, building, or agency licensed by the department under chapter 70.41 or 71.12 RCW or designated as a state hospital under chapter 72.23 RCW, to provide accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care of two or more individuals not related to the operator who are suffering from illness, injury, deformity, or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis.

(11) "Inpatient" means a person who has been admitted to a hospital for more than twenty-four hours.

(12) "Medication assisted treatment (MAT)" means the use of pharmacologic therapy, often in combination with counseling and behavioral therapies, for the treatment of substance use disorders.

(13) "Morphine equivalent dose (MED)" means a conversion of various opioids to a morphine equivalent dose by the use of accepted conversion tables or calculators.

(14) "Multidisciplinary pain clinic" means a facility that provides comprehensive pain management and includes care provided by multiple available disciplines, practitioners, or treatment modalities.

(15) "Nonoperative pain" means pain which does not occur as a result of surgery.

(16) "Opioid analgesic" or "opioid" means a drug that is either an opiate derived from the opium poppy, or opiate-like semi-synthetic or synthetic drugs. Examples include morphine, codeine, hydrocodone, oxycodone, fentanyl, meperidine, and methadone.

(17) "Palliative care" means care that maintains or improves the quality of life of patients and their families facing serious, advanced, or life-threatening illness. With palliative care, particular attention is given to the prevention, assessment, and treatment of pain and other symptoms, and to the provision of psychological, spiritual, and emotional support.

(18) "Pain" means an unpleasant sensory or emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

(19) "Pain management clinic" means a publicly or privately owned facility for which a majority of patients are receiving chronic pain treatment.

(20) "Perioperative pain" means acute pain that occurs as the result of surgery.

(21) "Prescription monitoring program" or "PMP" means the Washington state prescription monitoring program authorized under chapter 70.225 RCW.

(22) "Practitioner" means an advanced registered nurse practitioner licensed under chapter 18.79 RCW, a dentist licensed under chapter 18.32 RCW, a physician licensed under chapter 18.71 or 18.57 RCW, a physician assistant licensed under chapter 18.71A or 18.57A RCW, or a podiatric physician licensed under chapter 18.22 RCW.

(23) "Risk assessment tools" means validated tools or questionnaires appropriate for identifying a patient's level of risk for substance use or misuse.

(24) "Subacute pain" means a continuation of pain, of six to twelve weeks in duration.

(25) "Substance use disorder" means a primary, chronic, neurobiological disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. Substance use disorder is not the same as physical dependence or tolerance that are normal physiological consequences of extended opioid therapy for pain. It is characterized by behaviors that include, but are not limited to, impaired control over drug use, craving, compulsive use, or continued use despite harm.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-465, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-465, filed 5/2/11, effective 7/1/11.]

WAC 246-840-4651 Patient notification, secure storage, and disposal. (1) The practitioner shall provide information to the patient educating them of:

(a) Risks associated with the use of opioids as appropriate to the medical condition, the type of patient, and the phase of treatment;

(b) The safe and secure storage of opioid prescriptions;

(c) The proper disposal of unused opioid medications including, but not limited to, the availability of recognized drug take-back programs; and

(d) The patient's right to refuse an opioid prescription or order for any reason.

(2) The practitioner shall document such notification in the patient record. If the patient refuses an opioid prescription or order, the practitioner must document the patient's request and avoid prescribing or ordering opioids, unless the request is revoked by the patient.

(3) Patient notification must occur, at a minimum, at the following points of treatment:

(a) The first issuance of a prescription for an opioid; and

(b) The transition between phases of treatment, as follows:

(i) Acute nonoperative pain or acute perioperative pain to subacute pain; and

(ii) Subacute pain to chronic pain.

[Statutory Authority: RCW 18.79.110. 18.79.800, and 34.05.353. WSR 20-02-026, § 246-840-4651, filed 12/19/19, effective 1/19/20. Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4651, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4653 Use of alternative modalities for pain treatment. The practitioner shall consider multimodal pharmacologic and nonpharmacologic therapy for pain rather than defaulting to the use of opioid therapy alone whenever reasonable as evidence-based, clinically appropriate alternatives exist. A practitioner may combine opioids with other medications and treatments including, but not limited to, acetaminophen, acupuncture, chiropractic, cognitive behavior therapy, nonsteroidal anti-inflammatory drugs (NSAIDs), osteopathic manipulative treatment, physical therapy, massage, or sleep hygiene.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4653, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4655 Continuing education requirements for opioid prescribing. (1) In order to prescribe an opioid in Washington state, an advanced registered nurse practitioner licensed to prescribe opioids shall complete a one-time continuing education requirement regarding best practices in the prescribing of opioids. Additionally, a chronic pain management specialist must meet the continuing education requirements in WAC 246-840-493. The continuing education must be at least four hours in length.

(2) The advanced registered nurse practitioner shall complete the one-time continuing education requirement described in subsection (1) of this section by the end of the advanced registered nurse practitioner's first full continuing education reporting period after Janu-

ary 1, 2019, or during the first full continuing education reporting period after initial licensure, whichever is later. The four hour course may count toward any NCQAC required continuing education.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4655, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4657 Diagnosis identified on prescriptions. The advanced registered nurse practitioner shall include the diagnosis or the International Classification of Diseases (ICD) code on all opioid prescriptions.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4657, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4659 Patient evaluation and patient record—Acute. Prior to prescribing an opioid for acute nonoperative pain or acute perioperative pain, the advanced registered nurse practitioner shall:

(1) Conduct and document an appropriate history and physical examination including screening for risk factors for overdose and severe postoperative pain;

(2) Evaluate the nature and intensity of the pain or anticipated pain following surgery; and

(3) Inquire about any other medications the patient is prescribed or is taking including type, dosage, and quantity prescribed.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4659, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4661 Treatment plan—Acute nonoperative pain. The advanced registered nurse practitioner shall comply with the requirements in this section when prescribing opioid analgesics for acute nonoperative pain and shall document completion of these requirements in the patient record.

(1) The advanced registered nurse practitioner shall consider recommending or prescribing nonopioid analgesics as the first line of pain control in patients under the provisions of WAC 246-840-4653, unless not clinically appropriate.

(2) The advanced registered nurse practitioner, or practitioner's authorized designee as defined in WAC 246-470-050, shall conduct queries of the prescription monitoring program (PMP) in accordance with the provisions of WAC 246-840-4990 to identify any Schedule II-V medications or drugs of concern received by the patient, and document their review and any concerns.

(3) If the advanced registered nurse practitioner prescribes opioids for effective pain control, such prescription must not be in greater quantity than needed for the expected duration of pain severe enough to require opioids. A three-day supply or less will often be sufficient; more than a seven-day supply will rarely be needed. The advanced registered nurse practitioner shall not prescribe beyond a seven-day supply without clinical documentation in the patient record to justify the need for such a quantity.

(4) The advanced registered nurse practitioner shall reevaluate the patient who does not follow the expected course of recovery. If significant and documented improvement in function or pain control has not occurred, the advanced registered nurse practitioner shall reconsider the continued use of opioids, or whether tapering or discontinuing opioids is clinically indicated.

(5) Follow-up visits for pain control must include objectives or metrics to be used to determine treatment success if opioids are to be continued. This includes, at a minimum:

(a) Change in pain level;

(b) Change in physical function;

(c) Change in psychosocial function; and

(d) Additional planned diagnostic evaluations to investigate causes of continued acute nonoperative pain or other treatments.

(6) Long-acting or extended release opioids are not typically indicated for acute nonoperative pain. Should an advanced registered nurse practitioner need to prescribe a long-acting opioid for acute pain, that reason must be documented in the patient record.

(7) Medication assisted treatment (MAT) medications shall not be discontinued when treating acute pain, except as consistent with the provisions of WAC 246-840-4970.

(8) If the advanced registered nurse practitioner elects to treat a patient with opioids beyond the six-week time period of acute nonoperative pain, the advanced registered nurse practitioner shall document in the patient record that the patient is transitioning from acute pain to subacute pain. Rules governing the treatment of subacute pain, WAC 246-840-4665 and 246-840-4667, shall apply.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4661, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4663 Treatment plan—Acute perioperative pain. The advanced registered nurse practitioner shall comply with the requirements in this section when prescribing opioid analgesics for perioperative pain and shall document completion of these requirements in the patient's record.

(1) The advanced registered nurse practitioner shall consider prescribing nonopioid analgesics as the first line of pain control in patients under the provisions of WAC 246-840-4653, unless not clinically appropriate.

(2) The advanced registered nurse practitioner, or practitioner's authorized designee as defined in WAC 246-470-050, shall conduct queries of the prescription monitoring program (PMP) in accordance with the provisions of WAC 246-840-4990 to identify any Schedule II-V medications or drugs of concern received by the patient, and document in the patient record their review and any concerns.

(3) If the advanced registered nurse practitioner prescribes opioids for effective pain control, such prescription shall be in no greater quantity than needed for the expected duration of pain severe enough to require opioids. A three-day supply or less will often be sufficient; more than a fourteen-day supply will rarely be needed for perioperative pain. The advanced registered nurse practitioner shall not prescribe beyond a fourteen-day supply from the time of discharge without clinical documentation in the patient record to justify the need for such a quantity. For more specific best practices, the ad-

vanced registered nurse practitioner may refer to clinical practice guidelines including, but not limited to, those produced by the agency medical directors' group (AMDG), the Centers for Disease Control and Prevention (CDC), or the Bree Collaborative.

(4) The advanced registered nurse practitioner shall reevaluate a patient who does not follow the expected course of recovery. If significant and documented improvement in function or pain control has not occurred, the advanced registered nurse practitioner shall reconsider the continued use of opioids, or whether tapering or discontinuing opioids is clinically indicated.

(5) Follow-up visits for pain control should include objectives or metrics to be used to determine treatment success if opioids are to be continued. This includes, at a minimum:

(a) Change in pain level;

(b) Change in physical function;

(c) Change in psychosocial function; and

(d) Additional planned diagnostic evaluations or other treatments.

(6) If the advanced registered nurse practitioner elects to prescribe a combination of opioids with a medication listed in WAC 246-840-4960 or to a patient known to be receiving a medication listed in WAC 246-840-4960 from another practitioner, such prescribing must be in accordance with WAC 246-840-4960.

(7) If the advanced registered nurse practitioner elects to treat a patient with opioids beyond the six-week time period of acute perioperative pain, the advanced registered nurse practitioner shall document in the patient record that the patient is transitioning from acute pain to subacute pain. Rules governing the treatment of subacute pain, WAC 246-840-4665 and 246-840-4667, shall apply unless there is documented improvement in function or pain control, and there is a documented plan and timing for discontinuation of all opioid medications.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4663, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4665 Patient evaluation and patient record—Subacute pain. The advanced registered nurse practitioner shall comply with the requirements in this section when prescribing opioid analgesics for subacute pain and shall document completion of these requirements in the patient record.

(1) Prior to prescribing an opioid for subacute pain, the advanced registered nurse practitioner shall:

(a) Conduct an appropriate history and physical examination or review and update the patient's existing history and examination taken during the acute nonoperative or acute perioperative phase;

(b) Evaluate the nature and intensity of the pain;

(c) Inquire about other medications the patient is prescribed or taking including type, dosage, and quantity prescribed;

(d) Conduct, or cause the practitioner's authorized designee as defined in WAC 246-470-050 to conduct, a query of the prescription monitoring program (PMP) in accordance with the provisions of WAC 246-840-4990, to identify any Schedule II-V medications or drugs of concern received by the patient, and document their review and any concerns;

(e) Screen and document the patient's potential for high-risk behavior and adverse events related to opioid therapy. If the advanced registered nurse practitioner determines the patient is high-risk, consider lower dose therapy, shorter intervals between prescriptions, more frequent visits, increased biological specimen testing, and prescribing rescue naloxone;

(f) Obtain a biological specimen test if the patient's function is deteriorating or if pain is escalating; and

(g) Screen or refer the patient for further consultation for psychosocial factors that may be impairing recovery including, but not limited to, depression or anxiety.

(2) The advanced registered nurse practitioner treating a patient for subacute pain with opioids shall ensure that, at a minimum, the following are documented in the patient record:

(a) The presence of one or more recognized diagnoses or indications for the use of opioid pain medication;

(b) The observed significant and documented improvement in function or pain control forming the basis to continue prescribing opioid analgesics beyond the acute pain episode;

(c) The result of any queries of the PMP;

(d) All medications the patient is known to be prescribed or taking;

(e) An appropriate pain treatment plan, including the consideration of, or attempts to use, nonpharmacological modalities and nonopioid therapy;

(f) Results of any aberrant biological specimen testing results and the risk-benefit analysis if opioids are to be continued;

(g) Results of screening or referral for further consultation for psychosocial factors that may be impairing recovery including, but not limited to, depression or anxiety;

(h) Results of screening for the patient's level of risk for aberrant behavior and adverse events related to opioid therapy;

(i) The risk-benefit analysis of any combination of prescribed opioid and benzodiazepines or sedative-hypnotics, if applicable; and

(j) All other required components of the patient record, as established in statute or rule.

(3) Follow-up visits for pain control must include objectives or metrics to be used to determine treatment success if opioids are to be continued. This includes, at a minimum:

(a) Change in pain level;

(b) Change in physical function;

(c) Change in psychosocial function; and

(d) Additional planned diagnostic evaluations or other treatments.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4665, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4667 Treatment plan—Subacute pain. (1) The advanced registered nurse practitioner shall recognize the progression of a patient from the acute nonoperative or acute perioperative phase to the subacute phase and take into consideration the risks and benefits of continued opioid prescribing for the patient.

(2) If tapering has not begun prior to the six- to twelve-week subacute phase, the advanced registered nurse practitioner shall

reevaluate the patient who does not follow the expected course of recovery. If significant and documented improvement in function or pain control has not occurred, the advanced registered nurse practitioner shall reconsider the continued use of opioids, or whether tapering or discontinuing opioids is clinically indicated. The advanced registered nurse practitioner shall make reasonable attempts to discontinue the use of opioids prescribed for the acute pain event by no later than the twelve-week conclusion of the subacute phase.

(3) If the advanced registered nurse practitioner prescribes opioids for effective pain control, such prescription shall be in no greater quantity than needed for the expected duration of pain severe enough to require opioids. The advanced registered nurse practitioner shall not prescribe beyond a fourteen-day supply of opioids without clinical documentation to justify the need for such a quantity during the subacute phase.

(4) If the advanced registered nurse practitioner elects to prescribe a combination of opioids with a medication listed in WAC 246-840-4960 or prescribes opioids to a patient known to be receiving a medication listed in WAC 246-840-4960 from another practitioner, such prescribing must be in accordance with WAC 246-840-4960.

(5) If the advanced registered nurse practitioner elects to treat a patient with opioids beyond the six- to twelve-week subacute phase, the advanced registered nurse practitioner shall document in the patient record that the patient is transitioning from subacute pain to chronic pain. Rules governing the treatment of chronic pain, WAC 246-840-467 through 246-840-4940, shall apply.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4667, filed 10/1/18, effective 11/1/18.]

WAC 246-840-467 Patient evaluation and patient record. The advanced registered nurse practitioner shall evaluate and document the patient's health history and physical examination in the patient's health record prior to treating for chronic pain.

(1) The patient's health history shall include:

(a) The nature and intensity of the pain;

(b) The effect of pain on physical and psychosocial function;

(c) Current and past treatments for pain, including medications and their efficacy;

(d) Review of any significant comorbidities;

(e) Any current or historical substance use disorder;

(f) Current medications and, as related to treatment of the pain, the efficacy of medications tried; and

(g) Medication allergies.

(2) The patient evaluation prior to opioid prescribing must include:

(a) Appropriate physical examination;

(b) Consideration of the risks and benefits of chronic pain treatment for the patient;

(c) Medications the patient is taking including indication(s), type, dosage, quantity prescribed, and as related to treatment of the pain, efficacy of medications tried;

(d) Review of the prescription monitoring program (PMP) to identify any Schedule II-V medications or drugs of concern received by the patient in accordance with the provisions of WAC 246-840-4990;

(e) Any available diagnostic, therapeutic, and laboratory results;

(f) Use of a risk assessment tool and assignment of the patient to a high, moderate, or low risk category. The advanced registered nurse practitioner should use caution and shall monitor a patient more frequently when prescribing opioid analgesics to a patient identified as high risk;

(g) Any available consultations, particularly as related to the patient's pain;

(h) Pain related diagnosis, including documentation of the presence of one or more recognized indications for the use of pain medication;

(i) Written agreements, as described in WAC 246-840-475 for treatment between the patient and the advanced registered nurse practitioner;

(j) Patient counseling concerning risks, benefits, and alternatives to chronic opioid therapy;

(k) Treatment plan and objectives including:

(i) Documentation of any medication prescribed;

(ii) Biologic specimen testing ordered; and

(iii) Any labs or imaging ordered.

(3) The health record must be maintained in an accessible manner, readily available for review, and contain documentation of requirements in subsections (1) and (2) of this section, and all other required components of the patient record, as set out in statute or rule.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-467, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-467, filed 5/2/11, effective 7/1/11.]

WAC 246-840-470 Treatment plan. (1) When the patient enters the chronic pain phase, the advanced registered nurse shall reevaluate the patient by treating the situation as a new disease.

(2) The chronic pain treatment plan must state the objectives that will be used to determine treatment success and must include, at a minimum:

(a) Any change in pain relief;

(b) Any change in physical and psychosocial function; and

(c) Additional diagnostic evaluations or other planned treatments.

(3) After treatment begins, the advanced registered nurse practitioner shall adjust drug therapy to the individual health needs of the patient.

(4) The advanced registered nurse practitioners shall complete patient notification in accordance with the provisions of WAC 246-840-4651.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-470, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-470, filed 5/2/11, effective 7/1/11.]

WAC 246-840-475 Written agreement for treatment. The advanced registered nurse practitioner shall use a written agreement for treatment with the patient who requires long-term opioid therapy for chronic pain that outlines the patient's responsibilities. This written agreement for treatment must include:

(1) The patient's agreement to provide biological samples for biological specimen testing when requested by the advanced registered nurse practitioner;

(2) The patient's agreement to take medications at the dose and frequency prescribed, with a specific protocol for lost prescriptions and early refills or renewals;

(3) Reasons for which opioid therapy may be discontinued;

(4) The requirement that all chronic opioid prescriptions are provided by a single prescriber, a single clinic, or a multidisciplinary pain clinic;

(5) The requirement that all chronic opioid prescriptions are to be dispensed by a single pharmacy or pharmacy system whenever possible;

(6) The patient's agreement to not abuse substances that can put the patient at risk for adverse outcomes;

(7) A written authorization for:

(a) The advanced registered nurse practitioner to release the agreement for treatment to:

(i) Local emergency departments;

(ii) Urgent care facilities;

(iii) Other practitioners caring for the patient who might prescribe pain medications; and

(iv) Pharmacies.

(b) Other practitioners to report violations of the agreement to the advanced registered nurse practitioner treating the patient's chronic pain and to the prescription monitoring program (PMP).

(8) Acknowledgment that it is the patient's responsibility to safeguard all medications and keep them in a secure location; and

(9) Acknowledgment that, if the patient violates the terms of the agreement, the violation and the advanced registered nurse practitioner's response to the violation will be documented, as well as the rationale for changes in the treatment plan.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-475, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-475, filed 5/2/11, effective 7/1/11.]

WAC 246-840-477 Periodic review. (1) The advanced registered nurse practitioner shall periodically review the course of treatment for chronic pain. The frequency of visits, biological testing, and prescription monitoring program (PMP) queries are determined based on the patient's risk category:

(a) For a high-risk patient, at least quarterly;

(b) For a moderate-risk patient, at least semiannually;

(c) For a low-risk patient, at least annually;

(d) Immediately upon indication of concerning aberrant behavior; and

(e) More frequently at the advanced registered nurse practitioner's discretion.

(2) During the periodic review, the advanced registered nurse practitioner shall determine:

(a) Patient's compliance with any medication treatment plan;

(b) If pain, function, or quality of life have improved, diminished, or are maintained using objective evidence; and

(c) If continuation or modification of medications for pain management treatment is necessary based on the advanced registered nurse practitioner's evaluation of progress towards treatment objectives.

(3) Periodic or patient evaluations must also include:

(a) History and physical examination related to the pain;

(b) Use of validated tools to document either maintenance of function and pain control or improvement in function and pain level; and

(c) Review of the PMP to identify any Schedule II-V medications or drugs of concern received by the patient at a frequency determined by the patient's risk category, and otherwise in accordance with the provisions of WAC 246-840-4990 and subsection (1) of this section.

(4) The advanced registered nurse practitioner shall assess the appropriateness of continued use of the current treatment plan if the patient's progress or compliance with current treatment plan is unsatisfactory. The advanced registered nurse practitioner shall consider tapering, changing, or discontinuing treatment in accordance with the provisions of WAC 246-840-4935.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-477, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-477, filed 5/2/11, effective 7/1/11.]

WAC 246-840-485 Consultation—Recommendations and requirements. (1) The advanced registered nurse practitioner shall consider and document referring the patient for additional evaluation and treatment as needed to achieve treatment objectives. Special attention should be given to those chronic pain patients who are under eighteen years of age or who are potential high-risk patients. The management of pain in patients with a history of substance use or with comorbid psychiatric disorders may require extra care, monitoring, documentation, and consultation with, or referral to, an expert in the management of such patients.

(2) The mandatory consultation threshold is one hundred twenty milligrams morphine equivalent dose (MED). If an advanced registered nurse practitioner prescribes a dosage amount that meets or exceeds the mandatory consultation threshold of one hundred twenty milligrams MED per day, a consultation with a pain management specialist as described in WAC 246-840-493, 246-853-750, 246-854-330, 246-817-965, 246-918-880, 246-919-940, or 246-922-750 is required, unless the consultation is exempted under WAC 246-840-487 or 246-840-490. The mandatory consultation shall consist of at least one of the following:

(a) An office visit with the patient and the pain management specialist;

(b) A consultation between the pain management specialist and the advanced registered nurse practitioner;

(c) An audio-visual evaluation conducted by the pain management specialist remotely, where the patient is present with either the advanced registered nurse practitioner or with a licensed health care

practitioner designated by the advanced registered nurse practitioner or the pain management specialist; or

(d) Other chronic pain evaluation services as approved by the commission.

(3) The advanced registered nurse practitioner shall document each consultation with the pain management specialist. Any written record of a consultation by the pain management specialist shall be maintained as a patient record by the specialist. If the pain management specialist provides a written record of the consultation to the advanced registered nurse practitioner, the advanced registered nurse practitioner shall maintain it as part of the patient record.

(4) The advanced registered nurse practitioner shall use great caution when prescribing opioids to children and adolescents with chronic pain; appropriate referral to a specialist is encouraged.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-485, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-485, filed 5/2/11, effective 7/1/11.]

WAC 246-840-487 Consultation—Exemptions for exigent and special circumstances. An advanced registered nurse practitioner is not required to consult with a pain management specialist as defined in WAC 246-840-493 when the advanced registered nurse practitioner has documented adherence to all standards of practice as defined in WAC 246-840-460 through 246-840-493, and when any one or more of the following conditions apply:

(1) The patient is following a tapering schedule;

(2) The patient requires treatment for acute pain, which may or may not include hospitalization, requiring a temporary escalation in opioid dosage with expected return to their baseline dosage level or below;

(3) The advanced registered nurse practitioner documents reasonable attempts to obtain a consultation with a pain management specialist and the circumstances justifying prescribing above one hundred twenty milligrams morphine equivalency dosage (MED) per day without first obtaining a consultation; or

(4) The advanced registered nurse practitioner documents the patient's pain and function is stable, and the patient is on a nonescalating dosage of opioids.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-487, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-487, filed 5/2/11, effective 7/1/11.]

WAC 246-840-490 Consultation—Exemptions for the advanced registered nurse practitioner. The advanced registered nurse practitioner is exempt from the consultation requirement in WAC 246-840-485 if one or more of the following qualifications are met:

(1) The advanced registered nurse practitioner is a pain management specialist under WAC 246-840-493;

(2) The advanced registered nurse practitioner has successfully completed, within the last two years, a minimum of twelve continuing

education hours on chronic pain management approved by a continuing education accrediting organization. At least two of these hours must be dedicated to substance use disorder;

(3) The advanced registered nurse practitioner is a pain management practitioner working in a multidisciplinary chronic pain clinic or a multidisciplinary academic research facility; or

(4) The advanced registered nurse practitioner has a minimum three years of clinical experience in a chronic pain management clinic, and at least thirty percent of the advanced registered nurse practitioners' current practice is the direct provision of pain management care.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-490, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-490, filed 5/2/11, effective 7/1/11.]

WAC 246-840-493 Pain management specialist. An advanced registered nurse practitioner pain management specialist, functioning as a consultant for the prescribing of chronic opioid therapy, shall meet the following qualifications:

(1) Credentialed in pain management by a Washington state nursing care quality assurance commission-approved certifying or credentialing entity; or

(2) Meet all of the following:

(a) A minimum of three years of clinical experience in a chronic pain management care setting;

(b) Successful completion of a minimum of at least eighteen continuing education hours in pain management during the past two years; and

(c) At least thirty percent of the advanced registered nurse practitioner's current practice is the direct provision of pain management care or is in a multidisciplinary pain clinic.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-493, filed 10/1/18, effective 11/1/18. Statutory Authority: RCW 18.79.400. WSR 11-10-064, § 246-840-493, filed 5/2/11, effective 7/1/11.]

WAC 246-840-4935 Assessment of treatment plan. The advanced registered nurse practitioner shall assess and document the appropriateness of continued use of the current treatment plan if the patient's response to, or compliance with, the current treatment plan is unsatisfactory. The advanced registered nurse practitioner shall consider tapering, changing, discontinuing treatment, or referral for a substance use disorder evaluation when:

(1) The patient requests;

(2) The patient experiences a deterioration in function or pain;

(3) The patient is noncompliant with the written agreement;

(4) Other treatment modalities are indicated;

(5) There is evidence of misuse, abuse, substance use disorder, or diversion;

(6) The patient experiences a severe adverse event or overdose;

(7) There is unauthorized escalation of doses; or

(8) There is continued dose escalation with no improvement in pain, function, or quality of life.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4935, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4940 Patients with chronic pain, including those on high doses, establishing a relationship with a new practitioner. (1) When a patient receiving chronic opioid pain medication(s) changes to a new advanced registered nurse practitioner, the advanced registered nurse practitioner shall query the prescription monitoring program (PMP). It is normally appropriate for the new advanced registered nurse practitioner to initially maintain the patient's current opioid doses. Over time, the advanced registered nurse practitioner may evaluate if any tapering or other adjustments in the treatment plan can or should be done.

(2) An advanced registered nurse practitioner's treatment of a new high dose chronic pain patient is exempt from the mandatory consultation requirements of WAC 246-840-485 and the tapering requirements of WAC 246-840-4935 if:

(a) The patient was previously being treated with a dosage of opioids in excess of one hundred twenty milligram MED for chronic pain under an established written agreement for treatment of the same chronic condition or conditions;

(b) The patient's dose is stable and nonescalating;

(c) The patient has a demonstrated history in their record of compliance with treatment plans and written agreements as documented by medical records and PMP queries; and

(d) The patient has documented functional stability, pain control, or improvements in function or pain control, at the dose in excess to one hundred twenty milligram MED.

(3) With respect to the treatment of a new patient under subsection (1) or (2) of this section, this exemption applies for the first three months of newly established care, after which the requirements of WAC 246-840-485 and 246-840-4935 shall apply.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4940, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4950 Special populations—Patients twenty-five years of age or under, pregnant patients, and aging populations. (1) Patients twenty-five years of age or under. In the treatment of pain for patients twenty-five years of age or under, the advanced registered nurse practitioner shall treat pain in a manner equal to that of an adult but must account for the weight of the patient and adjust the dosage prescribed accordingly.

(2) Pregnant patients. Use of medication assisted treatment (MAT) opioids, such as methadone or buprenorphine, by a pregnant patient shall not be discontinued without oversight by the MAT prescribing practitioner. The advanced registered nurse practitioner shall weigh carefully the risks and benefits of opioid detoxification during pregnancy.

(3) Aging populations. As people age, their tolerance and metabolizing of opioids may change. The advanced registered nurse practi-

tioner shall consider the distinctive needs of patients who are sixty-five years of age or older and who have been on chronic opioid therapy or who are initiating opioid treatment.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4950, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4955 Episodic care of chronic opioid patients. (1) When providing episodic care for a patient who the advanced registered nurse practitioner knows is being treated with opioids for chronic pain, such as for emergency or urgent care, the advanced registered nurse practitioner shall review the prescription monitoring program (PMP) to identify any Schedule II-V or drugs of concern received by the patient and document in the patient record their review and any concerns.

(2) An advanced registered nurse practitioner providing episodic care to a patient who the advanced registered nurse practitioner knows is being treated with opioids for chronic pain should provide additional opioids to be equal to the severity of the acute pain. If opioids are provided, the advanced registered nurse practitioner shall limit the use of opioids to the minimum amount necessary to control the acute nonoperative pain, acute perioperative pain, or similar acute exacerbation of pain until the patient can receive care from the practitioner who is managing the patient's chronic pain treatment.

(3) The episodic care advanced registered nurse practitioner shall report known violations of the patient's written agreement to the patient's treatment practitioner who provided the agreement for treatment.

(4) The episodic care advanced registered nurse practitioner shall coordinate care with the patient's chronic pain treatment practitioner if that person is known to the episodic care advanced registered nurse practitioner, when practicable.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4955, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4960 Coprescribing with certain medications. (1) The advanced registered nurse practitioner shall not knowingly prescribe opioids in combination with the following Schedule II-IV medications without documentation in the patient record of clinical judgment and discussion of risks with the patient:

(a) Benzodiazepines;

(b) Barbiturates;

(c) Sedatives;

(d) Carisoprodol; or

(e) Nonbenzodiazepine hypnotics also known as Z drugs.

(2) If a patient receiving an opioid prescription is known to be concurrently prescribed one or more of the medications listed in subsection (1) of this section, the advanced registered nurse practitioner prescribing opioids shall consult with the other prescriber(s) to establish a patient care plan for the use of the medications concurrently or consider whether one of the medications should be tapered.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4960, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4970 Coprescribing of opioids for patients receiving medication assisted treatment (MAT). (1) Where practicable, the advanced registered nurse practitioner providing acute nonoperative pain or acute perioperative pain treatment to a patient known to be receiving medication assisted treatment (MAT) shall prescribe opioids for pain relief either in consultation with the MAT prescribing practitioner or a pain specialist.

(2) The advanced registered nurse practitioner shall not discontinue MAT medications when treating acute nonoperative pain or acute perioperative pain without documentation of the reason for doing so, nor shall use of these medications be used to deny necessary operative intervention.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4970, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4980 Coprescribing of naloxone. (1) The advanced registered nurse practitioner shall confirm or provide a current prescription for naloxone when fifty milligrams MED or above, or when prescribed to a high-risk patient.

(2) The advanced registered nurse practitioner should counsel and provide an option for a current prescription for naloxone to patients being prescribed opioids as clinically indicated.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4980, filed 10/1/18, effective 11/1/18.]

WAC 246-840-4990 Prescription monitoring program—Required registration, queries, and documentation. (1) The advanced registered nurse practitioner shall register to access the prescription monitoring program (PMP) or demonstrate proof of having registered to access the PMP if they prescribe opioids in Washington state.

(2) The advanced registered nurse practitioner is permitted to delegate performance of a required PMP query to an authorized designee, as defined in WAC 246-470-050.

(3) At a minimum, the advanced registered nurse practitioner shall ensure a PMP query is performed prior to the prescription of an opioid at the following times:

(a) First opioid prescription for acute pain unless clinical exception is documented; such exceptions should be rare, occurring in less than ten percent of the first prescriptions;

(b) First refill for acute pain if not checked with initial prescription due to documented clinical exception;

(c) Time of transition from acute to subacute pain;

(d) Time of transition from subacute to chronic pain; and

(e) Time of preoperative assessment for any elective surgery or prior to discharge for nonelective surgery.

(4) For chronic pain management, the advanced registered nurse practitioner shall ensure a PMP query is performed at a minimum frequency determined by the patient's risk assessment, as follows:

(a) For a high-risk patient, a PMP query shall be completed at least quarterly.

(b) For a moderate-risk patient, a PMP query shall be completed at least semiannually.

(c) For a low-risk patient, a PMP query shall be completed at least annually.

(5) The advanced registered nurse practitioner shall ensure a PMP query is performed for any chronic pain patient immediately upon identification of aberrant behavior.

(6) The advanced registered nurse practitioner shall ensure a PMP query is performed when providing episodic care to a patient who the advanced registered nurse practitioner knows to be receiving opioids for chronic pain, in accordance with WAC 246-840-4955.

(7) For the purposes of this section, the requirement to consult the PMP does not apply when the PMP or the electronic medical record (EMR) cannot be accessed by the advanced registered nurse practitioner due to a temporary technological or electrical failure. The query shall be completed as soon as technically feasible.

(8) Pertinent concerns discovered in the PMP shall be documented in the patient record.

[Statutory Authority: RCW 18.79.800 and 2017 c 297. WSR 18-20-086, § 246-840-4990, filed 10/1/18, effective 11/1/18.]

NURSING EDUCATION PROGRAMS

WAC 246-840-500 Philosophy governing approval of nursing education programs. The commission believes that quality nursing education provides the foundation for safe and effective nursing practice. Nursing education shall be accessible and promote student and faculty diversity. While the commission has established minimum standards for approved nursing education programs, it believes that each nursing education program should have flexibility in developing and implementing its philosophy, purposes, and objectives. Such development and implementation should be based not only upon the minimum standards for approved nursing education programs, but also upon sound educational and professional principles for the preparation of registered nurses, practical nurses, advanced registered nurse practitioners, and other nurses who pursue graduate nursing degrees and postgraduate degrees and certifications to meet current and future nursing needs of the public. The commission believes that there must be congruence between the total program activities of the nursing education program and its stated philosophy, purpose and objectives.

The commission further believes that the standards for approved nursing education programs are useful for promoting self-evaluation and peer evaluation, which may lead to further program development and ongoing continuous quality improvement.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-500, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-500, filed 10/16/95, effective 11/16/95.]

WAC 246-840-505 Purposes of commission approval of nursing education programs. The commission approves nursing education programs to:

(1) Assure preparation for the safe and effective practice of nursing by setting minimum standards for nursing education programs

preparing persons for licensure as registered nurses, practical nurses, advanced registered nurse practitioners, or for preparing nurses for additional graduate education or higher levels of nursing practice.

(2) Provide criteria for the approval, development, evaluation, and improvement of new and established nursing education programs.

(3) Assure graduates of nursing education programs are educationally prepared for licensure at the appropriate level of nursing practice.

(4) Facilitate interstate endorsement of graduates of commission approved nursing education programs.

(5) Assure nursing education standards for out-of-state distance learning nursing education programs placing students in Washington state for clinical or other practice experiences are equivalent to in-state nursing education programs.

(6) Assure internationally educated nurses' educational preparation is equivalent to that of in-state nursing education programs.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-505, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-505, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-505, filed 10/16/95, effective 11/16/95.]

WAC 246-840-510 Approval of initial (new) in-state nursing education programs. (1) New nursing education programs must submit a commission approved application for approval to operate a new undergraduate, post-licensure, or graduate nursing education program in Washington state.

(2) Graduate programs changing from a master's degree in nursing to a doctoral of nursing practice degree must submit a substantive change request identified in WAC 246-840-554(3).

(3) The commission shall consider the need, size, type, and geographic location when approving a program.

Phase I: Submission of application and feasibility study

(4) A postsecondary educational institution wishing to establish a nursing education program or additional program in nursing shall submit an application and feasibility study as follows:

(a) Submit to the commission a statement of intent to establish a nursing education program or additional program on a form provided by the commission and a completed feasibility study that includes the following information:

(i) Studies documenting the current and future supply and demand needs for nurses in the area of the proposed nursing education program;

(ii) Purposes and classification of the proposed nursing education program;

(iii) Availability of qualified candidates for the nurse administrator and faculty positions;

(iv) Budgeted nurse administrator and faculty positions over the course of five years;

(v) Source and description of adequate and acceptable clinical or practice facilities for the nursing education program;

(vi) Description of adequate and acceptable academic facilities for the nursing education program;

(vii) Potential effect on other nursing programs within a sixty mile radius of the proposed nursing education program location;

(viii) Evidence of financial resources adequate and acceptable for the planning, implementation, and continuation of the nursing education program for the next five years;

(ix) Anticipated student population;

(x) Tentative time schedule for planning and initiating the nursing education program; and

(xi) Accreditation status of the parent institution.

(b) Respond to the commission's request(s) for additional information.

Phase II: Nursing education program development

(5) Only after receiving commission approval for nursing education program development, the educational institution shall:

(a) Appoint a qualified nurse administrator;

(b) Provide appropriate resources, consultants, and faculty to develop the proposed nursing education program; and

(c) At least three months prior to advertising and admitting students, submit the proposed program plan including the following:

(i) Program purpose and outcomes;

(ii) Organization and administration within the educational institution and within the nursing unit or department including the nurse administrator, faculty, and nursing support staff;

(iii) Resources, facilities, and services for students and faculty;

(iv) Policies and procedures as identified in WAC 246-840-519 (3)(a) through (e);

(v) A plan for hiring and retaining faculty, including qualifications, responsibilities, organizational structure, and faculty/student ratio in classroom, clinical, and practice experiences;

(vi) Curriculum, including course descriptions, course outcomes, and course topical outlines;

(vii) Initial year and five-year sustaining budget;

(viii) Projected plans for the orderly expansion and ongoing evaluation of the program.

(d) If required by the commission, arrange a site visit to the campus to clarify and augment materials included in the written proposed program plan. The visit may be conducted by a representative of the commission before a decision regarding approval is made.

Phase III: Initial approval

(6) The nursing education program may only admit students if it has received initial approval by the commission.

(a) The nursing education program shall submit progress reports as requested by the commission.

(b) Site visits shall be scheduled as deemed necessary by the commission during the period of initial approval. A site survey, conducted by the commission, will determine whether graduates may test for the national council licensing examination (NCLEX) as identified in WAC 246-840-050 or graduate certification exams as identified in WAC 246-840-302 (3)(a), (b), (c) and (d) for advanced registered nurse practice.

Phase IV: Full approval

(7) A self-evaluation report of compliance with the standards for nursing education as identified in WAC 246-840-511 through 246-840-556, shall be submitted to the nursing commission within six months following graduation of the first class.

(a) The commission may conduct a site visit to determine full approval of the nursing education program.

(b) The commission will review the self-evaluation report, survey reports and program outcome data in order to grant or deny full approval of the nursing education program under WAC 246-840-558(1).

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-510, filed 8/17/16, effective 9/17/16. Statutory Authority: RCW 18.79.110 and 18.79.150. WSR 05-12-058, § 246-840-510, filed 5/26/05, effective 6/26/05. Statutory Authority: RCW 18.79.110. WSR 95-21-072, § 246-840-510, filed 10/16/95, effective 11/16/95.]

WAC 246-840-511 Accreditation requirements for all nursing education programs located in Washington state. (1)(a) A nursing education program must be located in a postsecondary educational institution with approval from either the Washington state student achievement council or state board of technical and community colleges to grant the appropriate degree or certificate; and

(b) A nursing education program must be located in an institution accredited by a United States Department of Education approved regional accrediting body or national institutional accrediting body.

(2) All nursing education programs having received full commission approval on or before the effective date of this rule, must become accredited or achieve candidacy status granted by a national nursing education accrediting body recognized by the United States Department of Education on or before January 1, 2020.

(3) New nursing education programs receiving full commission approval after the effective date of this rule, must obtain national nursing education accreditation within four years of receiving full commission approval.

(4) The commission may take action as identified in WAC 246-840-557 against a nursing education program that does not maintain national nursing education accreditation status.

(5) Any nursing education program not having national nursing education accreditation must disclose to students in all publications describing the program that it lacks national nursing education accreditation and this may limit future educational and career options for the students.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-511, filed 8/17/16, effective 9/17/16.]

WAC 246-840-512 Standards and evaluation of nursing education programs. (1) The nursing education program shall meet minimum standards established by the commission as detailed in WAC 246-840-511 through 246-840-556.

(2) The nursing education program shall implement a written, comprehensive, systematic plan for ongoing evaluation that is based on

program outcomes data and input from faculty, students, health care partners and consumers, and that incorporates continuing improvement goals and measures.

(a) The plan must include evaluative criteria, methods used to evaluate, frequency of evaluation, assignment of responsibility, and measurable indicators or benchmarks of effectiveness for the nursing education program and instruction.

(b) The nursing education program shall document analysis of the data collected and actions taken as a result of use of the systematic program evaluation plan.

(c) Major changes in the professional nursing education program must be evidence-based.

(d) The nursing education program shall review and analyze the evaluative methods and instruments used to measure program outcomes for appropriateness according to the timeline specified in the plan.

(e) The nursing education program shall evaluate didactic and clinical course effectiveness each time a course is taught.

(f) Implementation of the plan for systematic program evaluation and ongoing quality improvements must be documented in faculty or faculty-related minutes.

(g) The following items must be included in the systematic program evaluation: Faculty, student and graduate satisfaction surveys, facility, resource and services surveys of faculty and students, faculty workload surveys and evaluations, national council licensing examination (NCLEX) pass rates, post licensure certification examination pass rates, student attrition and completion rates, employment rates after graduation, employer satisfaction, and program and student learning outcomes.

(h) Faculty and students shall participate in program planning, implementation, evaluation, and continuous quality improvement.

(3) Program information communicated by the nursing education program must be accurate, complete, and consistent.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-512, filed 8/17/16, effective 9/17/16.]

WAC 246-840-513 Reporting and recordkeeping requirements for nursing education programs. (1) Within two business days, nursing education programs shall report to the commission, on forms provided by the commission, events involving a student or faculty member that the program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, or diversion of legend drugs or controlled substances.

(2) The nursing education program shall keep a log of all events reported by a patient, family member, student, faculty or a health care provider resulting in patient harm, an unreasonable risk of patient harm, or allegations of diversion, and medication errors. The log must include:

(a) The date and nature of the event;

(b) The name of the student or faculty member involved;

(c) The name of the clinical faculty member responsible for the student's clinical experience;

(d) Assessment of findings and suspected causes related to the incident or root cause analysis;

(e) Nursing education program corrective action; and

(f) Remediation plan, if applicable.

(3) The nursing education program shall use the principles of just culture, fairness, and accountability in the implementation and use of all incident reporting logs with the intent of:

(a) Determining the cause and contributing factors of the incident;

(b) Preventing future occurrences;

(c) Facilitating student learning; and

(d) Using the results of incident assessments for on-going program improvement.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-513, filed 8/17/16, effective 9/17/16.]

WAC 246-840-514 Purpose and outcomes for approved nursing education programs. (1) The purpose and expected outcomes of the nursing education program shall be stated clearly and must be available to the public in written form.

(2) The purpose and expected outcomes shall be consistent with nursing practice as outlined in chapters 18.79 RCW and 246-840 WAC.

(3) The nursing education program shall have a purpose statement and expected outcomes consistent with the parent institution and with generally accepted standards of nursing practice appropriate for graduates of the type of nursing program offered.

(4) The input of stakeholders including, but not limited to, health care partners and community members shall be considered in developing and evaluating the purpose and expected outcomes of the program.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-514, filed 8/17/16, effective 9/17/16.]

WAC 246-840-516 Organization and administration for all nursing education programs. (1) The nursing education program must be an integral part of the accredited parent institution.

(2) The relationship of the nursing education program to the parent institution and other units within the parent institution must be clearly delineated and included in an organizational chart, which indicates lines of responsibility and authority.

(3) The parent institution shall provide financial support and resources needed to operate a professional nursing education program, which meets the requirements of this chapter and fosters achievement of program goals and expected outcomes.

The financial resources must support adequate educational facilities, equipment, technology, and qualified administrative and instructional personnel sufficient to achieve program goals and outcomes.

(4) The nursing education program shall involve nursing faculty in determining academic policies and procedures.

(5) The nursing education program shall provide opportunity for student participation in the development and evaluation of program policies and procedures, curriculum planning and evaluation.

(6) The nursing education program shall provide accurate information to students and the public.

(7) The governing entity shall employ a qualified nurse administrator with clear institutional authority and administrative responsibility for the nursing program.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-516, filed 8/17/16, effective 9/17/16.]

WAC 246-840-517 Nurse administrator qualification requirements in nursing education programs located in Washington state. (1) The nursing education program administrator must be a professionally and academically qualified registered nurse with an active, unencumbered Washington nursing license.

Practical or Associate Degree Nursing Education Programs

(2) In a nursing education program offering practical or associate degree nursing education, the nurse administrator must have a minimum of:

(a) A bachelor of science in nursing (BSN) from a nursing education program accredited by a national nursing education accrediting body recognized by the United States Department of Education and a graduate degree; or

(b) A graduate degree from a nursing education program accredited by a national nursing education accrediting body recognized by the United States Department of Education; and

(c) Preparation in education that includes teaching adults, adult learning theory, teaching methods, curriculum development, and curriculum evaluation, or two years of teaching experience in nursing education that demonstrates this type of preparation;

(d) Curriculum development and administration experience;

(e) Five years of experience as a registered nurse including two years of experience in nursing education; and

(f) Current knowledge of nursing practice at the practical nurse or associate degree program level as appropriate.

Baccalaureate and Graduate Nursing Education Programs

(3) In a nursing education program offering baccalaureate or graduate degrees in nursing, the nurse administer must have:

(a) A minimum of a graduate degree with a major in nursing, from a nursing education program accredited by a national nursing education accreditation body recognized by the United States Department of Education and a doctoral degree either in nursing or a health or related educational field from a college or university accredited by a national accrediting body recognized by the United States Department of Education; or

(b) A doctoral degree in nursing from a college or university accredited by a national nursing accrediting body recognized by the United States Department of Education; and

(c) Preparation in education that includes teaching adults, adult learning theory, teaching methods, curriculum development, and curriculum evaluation, or two years of teaching experience in nursing education that demonstrates this type of preparation;

(d) Preparation or experience in nursing administration or educational administration; and

(e) At least five years of experience as a registered nurse including two years of experience in nursing education at or above the

highest level of the nursing education program the nurse administrator will be administering.

The commission may grant an exception to the experience in nursing education requirement if the program can demonstrate that two academic years of ongoing educational consultation is provided to the nurse administrator by a person who meets or exceeds nurse administrator qualifications identified in this subsection.

(4) The nurse administrator shall be responsible for creation and maintenance of an environment conducive to teaching and learning through:

(a) Facilitation of the development, implementation, and evaluation of the curriculum.

(b) Communication and decision making regarding program needs, budget preparation and monitoring, and ongoing involvement with central administration and other units of the parent institution.

(c) Facilitation of faculty development and performance review for full-time and part-time faculty consistent with the policies of the institution and standards of professional nursing practice, and encouragement of faculty to seek ways of improving clinical skills and methods of demonstrating continued educational and clinical competence.

Evaluation of clinical performance of nursing faculty in practice situations must be performed by a qualified licensed nurse as appropriate to the level of practice being taught.

(d) Facilitation of faculty recruitment and appointment. The nurse administrator of the nursing education program shall establish a goal for acquiring faculty with diversity in ethnicity, gender, clinical specialty and experience.

(e) Recommendation of faculty for appointment, promotion, tenure, and retention consistent with the policies of the institution and standards in this chapter.

(f) Facilitation of the development of long-range goals and objectives for the nursing program.

(g) Facilitation of recruitment, selection, and advisement of students.

(h) Assurance that the rules of the commission are effectively implemented.

(i) Notification to the commission of events as identified in WAC 246-840-513 and 246-840-554(3).

(5) The nurse administrator must have sufficient time provided to fulfill relevant administrative duties and responsibilities.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-517, filed 8/17/16, effective 9/17/16.]

WAC 246-840-518 Resources, facilities and services for approved nursing education programs. (1) A nursing education program shall have the fiscal, human, physical, technological, clinical and learning resources adequate to support program processes and outcomes.

(2) Classrooms, laboratories, and conference rooms must be available and adequate in size, number, and type according to the number of students and the educational purposes for, which the rooms are to be used.

(3) Offices must be available and adequate in size, number, and type to provide faculty with opportunity for uninterrupted work and

privacy for conferences with students. Adequate space must be provided for clerical staff, records, files, and other equipment.

(4) An office allowing for private consultation with students and faculty, and support for administrative responsibilities must be available to the nurse administrator.

(5) Library facilities and computer access must be provided for use by the faculty and students. Physical facilities, hours, and scope and currency of learning resources must be appropriate for the purpose of the program and for the number of faculty and students.

(6) The nursing education program shall conduct annual evaluations of resources, facilities, and services based on input from faculty and students. The schedule and results of these evaluations must be available to the commission upon request.

(7) The nursing education program shall demonstrate adequate financial support for faculty, support personnel, equipment, technology, supplies, and services.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-518, filed 8/17/16, effective 9/17/16.]

WAC 246-840-519 Student requirements in all approved nursing education programs. (1) The nursing education program shall hold students accountable for professional behavior as identified in chapters 18.79, 18.130 RCW, and 246-840 WAC, including, academic honesty and integrity.

(2) Written policies and procedures for students must be available and communicated in a fair, accurate, inclusive, and consistent manner.

(3) The approved nursing education program shall:

(a) Develop and implement written policies and procedures specific to nursing students including, but not limited to, the following:

(i) Student selection, admission, progression, remediation, graduation, withdrawal, and dismissal of students;

(ii) Student recordkeeping and systems;

(iii) ADA accommodations for students;

(iv) Student rights and responsibilities;

(v) Grievances and complaint processes;

(vi) Incident reports and tracking of reports;

(vii) Medication administration or selection by students and faculty role in supervising students during medication administration or selection processes;

(viii) Reporting and logging of events involving a student and faculty member that the nursing education program has reason to believe resulted in patient harm, unreasonable risk of patient harm, or diversion of legend drugs;

(ix) Documenting student near miss errors incidents;

(x) Student professional dress;

(xi) Professional behavior;

(xii) Background check requirements;

(xiii) Immunization requirements;

(xiv) Clinical practice expectations;

(xv) Student performance evaluations; and

(xvi) Other expectations of nursing students, including providing direction to students on how to apply for national council licensing examination (NCLEX) testing and licensure.

(b) Maintain a system of student records in accordance with institutional requirements. Student records shall be available to the commission staff during on-site surveys or investigations.

(c) Provide a written statement to nursing students of student rights and responsibilities.

(d) Require and assure that students seeking admission by transfer from another approved nursing education program, or readmission for completion of the program, shall meet the equivalent of the program's current standards.

(e) Encourage admission of students from diverse populations.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-519, filed 8/17/16, effective 9/17/16.]

WAC 246-840-521 Additional student requirements for prelicensure registered nurse nursing education programs located in the state of Washington. The nursing education program shall provide the student in a prelicensure registered nursing program with written information on the legal role of the nursing technician as defined in WAC 246-840-010 and 246-840-840. The information must be provided prior to the time of completion of the first clinical course and shall clearly advise the student of his or her responsibilities, if he or she chooses to be employed as a nursing technician.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-521, filed 8/17/16, effective 9/17/16.]

WAC 246-840-522 Additional student requirements for RN to BSN and graduate nursing education programs. (1) The nursing education program shall ensure nursing students in RN to BSN and graduate nursing education programs are licensed as a registered nurse in each state or United States territory where practice or clinical experiences occur.

(2) The nursing education program shall provide the student in a graduate nursing program with written or electronic information on the requirements for national certification as appropriate to the level of educational degree and specialty.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-522, filed 8/17/16, effective 9/17/16.]

WAC 246-840-523 Faculty requirements for nursing education programs. (1) Each nursing education program shall have a sufficient number of professionally and academically qualified faculty with adequate diversity of expertise in nursing to meet the nursing education program purpose, outcomes, and identified quality improvement processes.

(2) The nursing education program shall provide new faculty with sufficient orientation to achieve program purpose and outcomes, and to assure safe clinical and practice experiences for students.

(3) The program shall make available ongoing faculty development opportunities to assure faculty members are prepared, experienced, and current in subject matter taught.

(4) Nursing faculty shall have an active, unencumbered Washington state registered nurse license.

(5) Interdisciplinary faculty teaching in the nursing education program shall have academic and professional education and experience in their field of specialization.

(6) Adjunct clinical faculty employed solely to supervise clinical nursing experiences or practice experiences shall meet all the faculty qualifications for the program level they are teaching.

(7) Nursing faculty shall be responsible for:

(a) Developing, implementing, and evaluating the purpose and outcomes of the nursing education program;

(b) Designing, implementing, and evaluating the curriculum;

(c) Developing and evaluating nursing education policies as identified in WAC 246-840-519 (3)(a) through (e) within the framework of the policies of the parent institution;

(d) Participating in or providing for academic advising and guidance of students;

(e) Evaluating student achievement, in terms of curricular objectives as related to both nursing knowledge and practice, including preceptorship or mentored experiences;

(f) Selecting, guiding, and evaluating student learning activities;

(g) Participating in activities to improve their own nursing competency in area(s) of responsibility and to demonstrate current clinical competency; and

(h) Developing criteria for the selection and evaluation of clinical and practice experiences in clinical facilities or clinical practice settings, which address safety and the need for students to achieve the program outcomes and course objectives.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-523, filed 8/17/16, effective 9/17/16.]

WAC 246-840-524 Degree requirements for faculty teaching in practical nursing education programs. In a nursing education program preparing practical nurses only, nursing faculty teaching nursing must have a minimum of a baccalaureate degree with a major in nursing from a nursing education program that is accredited by a nursing education accrediting body approved by the United States Department of Education.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-524, filed 8/17/16, effective 9/17/16.]

WAC 246-840-526 Degree requirements for nursing faculty teaching in prelicensure registered nurse or for RN to BSN education programs. In a nursing education program preparing registered nurses for licensure or for RN to BSN degree, nursing faculty teaching nursing shall:

(1) Have a minimum of a graduate degree in nursing from an accredited college or university and from a nursing education program

that is accredited by a nursing education accreditation body recognized by the United States Department of Education; or

(2) A bachelor's degree in nursing from an accredited college or university and from a nursing education program that is accredited by a nursing education accreditation body recognized by the United States Department of Education, and a graduate degree in a health or education related field from an accredited college or university.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-526, filed 8/17/16, effective 9/17/16.]

WAC 246-840-527 Degree and licensing requirements for nursing faculty teaching in a nursing education program leading to licensure as an advanced registered nurse practitioner. In a nursing education program preparing students for licensure as advanced registered nurse practitioners, nursing faculty teaching nursing must meet the following qualifications:

(1) An active, unencumbered Washington state ARNP license;

(2) A minimum of a graduate degree in nursing from an accredited college or university and from a nursing education program that is accredited by a nursing education accreditation body recognized by the United States Department of Education;

(3) Two years of clinical experience as a nurse practitioner, nurse midwife, nurse anesthetist, or clinical nurse specialist; and

(4) Current knowledge, competence, and certification in the role and population foci consistent with teaching responsibilities.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-527, filed 8/17/16, effective 9/17/16.]

WAC 246-840-528 Degree requirements for nursing faculty teaching in a graduate nursing education program not leading to licensure as an advanced registered nurse practitioner. For graduate nursing programs preparing nurses in advanced degrees, nursing faculty teaching nursing must meet the following qualifications:

(1) A graduate degree in nursing from an accredited college or university and nursing education program that is accredited by a nursing education accrediting body recognized by the United States Department of Education and is at or above the program level being taught; or a bachelor's degree in nursing from a nursing education program that is accredited by a nursing education accrediting body and graduate degree in a health or education related field from an accredited college or university; and

(2) Demonstrated specialization, expertise, or preparation and experience for the courses being taught.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-528, filed 8/17/16, effective 9/17/16.]

WAC 246-840-529 Exceptions to nursing faculty degree requirements in prelicensure registered nurse nursing education programs.

The commission may grant exceptions to faculty degree requirements in prelicensure registered nurse nursing education programs under the following conditions:

(1) For faculty teaching in the classroom or laboratory, the nursing program shall provide documentation to the commission prior to employment that:

(a) Despite aggressive recruitment efforts, it has been unable to attract properly qualified faculty; and

(b) The individual will either teach one year or less, or be currently enrolled in a nursing, health-related, or education-related graduate degree program.

(2) For clinical faculty who will directly supervise registered nursing students at a clinical facility, the nursing education program shall provide documentation to the commission prior to employment that the individual has:

(a) A minimum of a baccalaureate degree with a major in nursing from an accredited college or university and from a nursing education program that is accredited by a nursing education accrediting body recognized by the United States Department of Education; and

(b) Current clinical experience of at least three years in the clinical subject area taught.

(3) For faculty teaching registered nursing students in the classroom, laboratory or clinical setting, the individual is nursing faculty tenured prior to November 3, 1995.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-529, filed 8/17/16, effective 9/17/16.]

WAC 246-840-531 Clinical and practice experiences for students in approved nursing education programs. (1) All nursing programs preparing students for licensure shall provide faculty planned clinical or direct patient care experiences based on program outcomes and goals.

(a) The number of clinical or direct patient care experience hours must be:

(i) At least three hundred hours for licensed practical nursing education programs;

(ii) At least five hundred hours for associate degree nursing education programs;

(iii) At least six hundred hours for bachelors of science in nursing education programs;

(iv) At least five hundred hours for masters level nurse practitioner nursing education programs;

(v) At least one thousand hours for doctoral of nursing practice nurse practitioner programs.

(b) Observation of licensed or qualified health care professionals practicing a technical skill or therapy may be included in the calculation of student clinical hours. Observation is reserved for care or therapy situations, which students are not qualified to deliver;

(c) Skill practice labs must not be counted towards clinical practice hours.

(2)(a) All postlicensure nursing education programs shall have faculty planned practice experiences for students based on program outcomes and goals. Practice experience examples include, but are not

limited to: Indirect and direct patient care, patient or population teaching, population interventions, student nurse teaching or the teaching of nursing students, leadership and change projects, research, accessing client or population data for the purpose of doing quality assurance or improvement projects, informatics, thesis or dissertation development and defense.

(b) The number of practice hours must be equivalent to programs of similar type:

(i) At least one hundred hours for registered nurse to bachelor's degree programs; and

(ii) At least one hundred hours for graduate nursing education programs.

(3) Faculty shall organize clinical and practice experiences based on the educational preparation and skill level of the student.

(4) Faculty shall plan, oversee, and evaluate student clinical and practice experiences.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-531, filed 8/17/16, effective 9/17/16.]

WAC 246-840-532 Faculty to student ratios for clinical and practice experience in nursing education programs. (1) Practical and prelicensure registered nursing education programs shall have a maximum faculty to student ratio of one faculty member to ten students in clinical settings involving direct patient care, and one faculty member to fifteen students at one time in practice settings that are observational, involve student precepted experiences, or are skills practice labs.

(2) Registered nurse to bachelor nursing education programs shall have a maximum faculty to student ratio of one faculty member to fifteen students at one time in clinical and practice settings.

(3) Advanced registered nurse practitioner nursing education programs shall have a maximum faculty to student ratio of one faculty member to six students in clinical and practice settings.

(4) Graduate nursing education programs (not leading to licensure as an advanced registered nurse practitioner) shall have a maximum faculty to student ratio of one faculty member to fifteen students in clinical and practice settings.

(5) A lower ratio of faculty to students may be required for students in initial or highly complex learning situations, or when student or patient safety warrant.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-532, filed 8/17/16, effective 9/17/16.]

WAC 246-840-533 Nursing preceptors, interdisciplinary preceptors, and proctors in clinical or practice settings for nursing students located in Washington state. (1) Nursing preceptors, interdisciplinary preceptors, and proctors may be used to enhance clinical or practice learning experiences after a student has received instruction and orientation from program faculty who confirm the student is adequately prepared for the clinical or practice experience. For the purpose of this section:

(a) A nursing preceptor means a practicing licensed nurse who provides personal instruction, training, and supervision to any nursing student, and meets all requirements of subsection (4) of this section.

(b) An interdisciplinary preceptor means a practicing health care provider who is not a licensed nurse, but provides personal instruction, training, and supervision to any nursing student, and meets all requirements of subsection (5) of this section.

(c) A proctor means an individual who holds an active credential in one of the professions identified in RCW 18.130.040 who monitors students during an examination, skill, or practice delivery, and meets all requirements of subsection (6) of this section.

(2) Nursing education faculty are responsible for the overall supervision and evaluation of the student and must confer with each primary nursing and interdisciplinary preceptor, and student at least once during each phase of the student learning experience:

(a) Beginning;

(b) Midpoint; and

(c) End.

(3) A nursing preceptor or an interdisciplinary preceptor shall not precept more than two students at any one time.

(4) A nursing preceptor may be used in nursing education programs when the nursing preceptor:

(a) Has an active, unencumbered nursing license at or above the level for which the student is preparing;

(b) Has at least one year of clinical or practice experience as a licensed nurse at or above the level for which the student is preparing;

(c) Is oriented to the written course and student learning objectives prior to beginning the preceptorship;

(d) Is oriented to the written role expectations of faculty, preceptor, and student prior to beginning the preceptorship; and

(e) Is not a member of the student's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse.

(5) An interdisciplinary preceptor may be used in nursing education programs when the interdisciplinary preceptor:

(a) Has an active, unencumbered license in the area of practice appropriate to the nursing education faculty planned student learning objectives;

(b) Has the educational preparation and at least one year of clinical or practice experience appropriate to the nursing education faculty planned student learning objectives;

(c) Is oriented to the written course and student learning objectives prior to beginning the preceptorship;

(d) Is oriented to the written role expectations of faculty, preceptor, and student prior to beginning the preceptorship; and

(e) Is not a member of the student's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse.

(6) A proctor who monitors, teaches, and supervises students during the performance of a task or skill must:

(a) Have the educational and experiential preparation for the task or skill being proctored;

(b) Have an active, unencumbered credential in one of the professions identified in RCW 18.130.040;

(c) Only be used on rare, short-term occasions to proctor students when a faculty member has determined that it is safe for a student to receive direct supervision from the proctor for the performance of a particular task or skill that is within the scope of practice for the nursing student; and

(d) Is not a member of the student's immediate family, as defined in RCW 42.17A.005(27); or have a financial, business, or professional relationship that is in conflict with the proper discharge of the preceptor's duties to impartially supervise and evaluate the nurse.

(7) A practice/academic partnership model may be used to permit practice hours as a nursing technician, as defined in WAC 246-840-010(30), to be credited toward direct care nursing program clinical hours, and academic credit. Use of this model must include:

(a) Endorsement by the nurse administrator placed in the student's file that:

(i) Traditional clinical experiences in a required area of study are limited or not available to the program; or

(ii) Circumstances are present in which the student will gain greater educational benefit from the nursing student-employee role;

(b) A nursing preceptor or nursing supervisor who has experience and educational preparation appropriate to the faculty-planned student learning experience. The nursing preceptor or nursing supervisor must be responsible for ensuring the requirements of WAC 246-840-880 are met;

(c) Nursing program faculty that work with health care facility representatives to align clinical skills and competencies with the nursing student-employee work role/responsibilities;

(d) Nursing student-employees with faculty-planned clinical practice experiences that enable the student to attain new knowledge, develop clinical reasoning/judgment abilities, and demonstrate achievement of clinical objectives and final learning outcomes of the nursing program if the nursing student-employee is in the final nursing course;

(e) The nursing student-employee use of reflection on the development or achievement of clinical objectives and final learning outcomes as designed by nursing education faculty;

(f) Nursing education faculty responsible for the overall supervision and evaluation of the nursing student-employee on a weekly basis;

(g) Evaluation by nursing education faculty to include documentation of the nursing student-employee achievement of clinical objectives and final learning outcomes and competencies of the nursing program; and

(h) Nursing technicians be enrolled in a commission-approved nursing program and be in good standing to receive academic credit.

[Statutory Authority: RCW 18.79.010, 18.79.110, and 18.79.260. WSR 22-12-026, § 246-840-533, filed 5/23/22, effective 9/9/22. Statutory Authority: RCW 18.79.110. WSR 19-08-026, § 246-840-533, filed 3/27/19, effective 4/27/19. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-533, filed 8/17/16, effective 9/17/16.]

WAC 246-840-534 Use of simulation for clinical experiences in LPN, RN, or RN to BSN nursing education programs located in Washington state. (1) An LPN, RN, or RN to BSN nursing education program may use simulation as a substitute for traditional clinical experiences, after approval by the commission, not to exceed fifty percent of its clinical hours for a particular course.

(a) Simulation as used in this section means a technique to replace or amplify real experiences with guided experiences evoking or replicating substantial aspects of the real world in a fully interactive manner.

(b) The nursing education program shall have an organizing framework providing adequate fiscal, human, technological, and material resources to support the simulation activities.

(c) Simulation activities must be managed by an individual who is academically and experientially qualified and who demonstrates currency and competency in the use of simulation while managing the simulation program.

(d) The nursing education program shall have a budget sustaining simulation activities and training of the faculty.

(e) The nursing education program shall have appropriate facilities, educational and technological resources and equipment to meet the intended objectives of the simulation.

(f) All faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation and shall engage in ongoing professional development in the use of simulation.

(g) Faculty to student ratios in the simulation lab must be in the same ratio as identified in WAC 246-840-532 for clinical learning experiences.

(2) Faculty shall organize clinical and practice experiences based on the educational preparation and skill level of the student.

(3) Qualified simulation faculty must supervise and evaluate student clinical and practice experiences.

(a) The nursing education program shall demonstrate that simulation activities are linked to programmatic outcomes.

(b) The nursing education program shall have written policies and procedures on the following:

(i) Short-term and long-term plans for integrating simulation into the curriculum;

(ii) An identified method of debriefing each simulated activity; and

(iii) A plan for orienting faculty to simulation.

(c) Debriefing as used in this section means an activity following a simulation experience that is led by a facilitator, encourages reflective thinking, and provides feedback regarding the participant's performance.

(d) The nursing education program shall develop criteria to evaluate simulation activities.

(e) Students shall evaluate the simulation experience on an ongoing basis.

(f) The program shall include information about use of simulation in its annual report to the commission.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-534, filed 8/17/16, effective 9/17/16.]

WAC 246-840-536 Dedicated education units for practical nurse or registered nurse nursing education programs. (1) Nursing education programs in collaboration with a health care facility may use dedicated education units as identified in WAC 246-840-010 to provide clinical education and practice experiences for nursing students.

(2) A nursing education program using a dedicated education unit shall have an affiliation agreement identifying the roles and responsibilities of health care staff, nursing education program faculty, and nursing students.

(3) Nursing education programs using dedicated education units shall use licensed nurses as preceptors as identified in WAC 246-840-533 (4)(a), (b), (c), (d), and (e) for practical and registered nurse programs, or WAC 246-840-533 (5)(a), (b), (c), (d), and (e) for programs leading to advanced registered nurse practitioner licensure.

(4) Nursing education program faculty shall only assign students to a licensed nurse preceptor as identified in subsection (3) of this section, based upon the nurse's knowledge, experience, and willingness to work with students.

(5) Nursing education faculty shall not assign more than two students to each licensed nurse preceptor.

(6) Nursing education faculty with the assistance from the preceptor shall be responsible for the evaluation of student clinical performance.

(7) Nursing education faculty shall be responsible for student learning in the dedicated education unit.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-536, filed 8/17/16, effective 9/17/16.]

WAC 246-840-537 Curriculum for approved nursing education programs. (1) The curriculum of the nursing education program must enable the student to develop the nursing knowledge, skills, and professional identity necessary for the level, scope, and standards of competent nursing practice expected at the level of educational preparation.

(2) The curriculum will be revised as necessary to maintain a program reflecting advances in health care and its delivery.

(3) The curriculum, as defined by nursing education, professional and practice standards, shall include evidence-based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.

(4) Clinical and practice experiences must include opportunities to learn and provide care to clients from diverse ethnic and cultural backgrounds. The emphasis placed on these areas and the scope encompassed shall be in keeping with the purpose and outcomes of the program.

(5) The length, organization, content, methods of instruction, and placement of courses must be consistent with the purpose and outcomes of the program.

(6) All nursing programs delivering curriculum through distance learning methods must ensure that students receive curriculum comparable to in-person teaching and the clinical and practice learning experiences are evaluated by faculty through formative and summative evaluations.

(7) Nursing programs shall not use external nursing examinations as the sole basis for program progression or graduation. External nursing exams for the purpose of this section, means examinations created by people or organizations outside a student's own nursing education program.

(8) Competency based testing for progression in nursing programs must be based on valid and reliable tools measuring the knowledge and skills expected at an identified level of student or nursing practice.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-537, filed 8/17/16, effective 9/17/16.]

WAC 246-840-539 Curriculum for practical nurse nursing education programs. The practical nurse nursing education program of study must include both didactic and clinical learning experiences and must be:

(1) Effective September 1, 2017, designed to include prerequisite classes in the physical, biological, social and behavior sciences that are transferable to colleges and universities in the state of Washington;

(2) Planned, implemented, and evaluated by the faculty;

(3) Based on the philosophy, mission, objectives, and outcomes of the program and consistent with chapters 18.79 RCW and this chapter;

(4) Organized by subject and content to meet program outcomes;

(5) Designed to teach students to use a systematic approach to clinical decision making and safe patient care;

(6) Designed to teach students:

(a) Professional relationships and communication;

(b) Nursing ethics;

(c) Nursing history and trends;

(d) Commission approved scope of practice decision tree;

(e) Standards of practice;

(f) Licensure and legal aspects of nursing including the disciplinary process, substance abuse and professional values;

(g) Concepts and clinical practice experiences in geriatric nursing, and medical, surgical, and mental health nursing for clients throughout the life span;

(h) Concepts of antepartum, intrapartum, postpartum and newborn nursing with only an assisting role in the care of clients during labor and delivery and those with complications; and

(i) Concepts and practice in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the life span and from diverse cultural, ethnic, social, and economic backgrounds.

(7) Designed to prepare graduates for licensure and to practice practical nursing as identified in WAC 246-840-700 and 246-840-705; and

(8) Designed to prepare graduates to practice according to competencies recognized by professional nursing organizations.

(a) Practical nursing courses shall include:

(i) Components of: Client needs; safe, effective care environment; health promotion and maintenance; interdisciplinary communication and collaboration; discharge planning; basics of multicultural health; psychosocial integrity; and physiological integrity.

(ii) Skills laboratory and clinical practice in the functions of the practical nurse including, but not limited to, administration of

medications, implementing and monitoring client care, and promoting psychosocial and physiological health.

(iii) Concepts of coordinated care, delegation and supervision.

(b) Practical nurse programs teaching intravenous infusion therapy shall prepare graduates for national certification by a nursing professional practical nurse certifying body.

[Statutory Authority: RCW 18.79.110, 18.88A.060 and 2020 c 76. WSR 21-04-016, § 246-840-539, filed 1/22/21, effective 2/22/21. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-539, filed 8/17/16, effective 9/17/16.]

WAC 246-840-541 Curriculum for prelicensure registered nursing education programs. (1) The program of study for a registered nursing education program must include both didactic and clinical learning experiences and must be:

(a) Effective September 1, 2017, designed so that all prerequisite nonnursing course credits and nursing credits are transferable to the bachelor's in nursing programs as identified in the statewide associate in nursing direct transfer agreement between community colleges, colleges, and universities, or the statewide associate of applied science transfer degree;

(b) Designed to include instruction in the physical, biological, social and behavioral sciences. Content is required from the areas of anatomy and physiology (equivalent to two quarter credit terms with laboratory), chemistry, microbiology, pharmacology, nutrition, communication, and computations;

(c) Designed to include theory and clinical experiences in the areas of medical surgical nursing and mental health nursing across the life span, teaching students to use a systematic approach to clinical decision making and preparing students to safely practice professional nursing through the promotion, prevention, rehabilitation, maintenance, restoration of health, and palliative and end of life care for individuals of all ages across the life span;

(d) Designed to include nursing history, health care trends, legal and ethical issues such as professional values, substance abuse and the disciplinary process, scope of practice and commission approved scope of practice decision tree, and licensure and professional responsibility pertaining to the registered nurse role. Content may be integrated, combined, or presented as separate courses;

(e) Designed to include opportunities for the student to learn assessment and analysis of client and family needs, planning, implementation, evaluation, and delegation of nursing care for diverse individuals and groups;

(f) Planned, implemented, and evaluated by faculty;

(g) Based on the philosophy, mission, objectives and outcomes of the program;

(h) Organized logically with scope and sequence of courses demonstrating student learning progression;

(i) Based on sound educational principles and standards of educational practice;

(j) Designed so articulation or dual enrollment agreements between associate and bachelor's degree nursing programs or associate and master's degree nursing programs exists to facilitate higher levels of nursing education in a timely manner;

(k) Designed to prepare graduates for licensure and to practice as registered nurses as identified in WAC 246-840-700 and 246-840-705; and

(l) Designed to prepare graduates to practice as associate degree or bachelor degree nurses as identified by professional nursing organizations.

(2) Baccalaureate and entry-level master's degree programs shall also include:

(a) Theory and clinical experiences in community and public health nursing;

(b) The study of research principles and application of statistics to health care practice and intervention; and

(c) The study and practice of leadership, interdisciplinary team coordination, quality assurance and improvement, care coordination and case management.

(3) Registered nursing curricula shall include:

(a) Comprehensive content on: Client needs; safe practice; effective care environment; discharge planning; health promotion, prevention and maintenance; psychosocial integrity and physiological integrity.

(b) Clinical experiences in the care of persons at each stage of the human life cycle, with opportunities for the student to learn and have direct involvement in and responsibility and accountability for the provision of basic nursing care and comfort for clients with acute and chronic illnesses, pharmacological and parenteral therapies, and pain management.

(c) Opportunities for management of care, delegation, supervision, working within a health care team, and interdisciplinary care coordination.

[Statutory Authority: RCW 18.79.110, 18.88A.060 and 2020 c 76. WSR 21-04-016, § 246-840-541, filed 1/22/21, effective 2/22/21. Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-541, filed 8/17/16, effective 9/17/16.]

WAC 246-840-542 Curriculum for registered nurse to bachelor's or master's in nursing education programs. Registered nurse to bachelor's or master's in nursing education programs must:

(1) Develop curriculum to ensure the courses or content completed at the diploma or associate degree levels of nursing are not duplicated;

(2) Design curriculum to ensure student sufficient exposure to content in science and liberal arts;

(3) Design curriculum to allow students the exposure to apply new concepts to practice at the level of the bachelor's or entry level master's in nursing including, but not limited to, practice experiences identified in WAC 246-840-541(2);

(4) Design curriculum to include critical thinking, problem solving, and clinical reasoning skills at the level of preparation;

(5) Design curriculum including a specific course or content directly related to role differences and effective role transition strategies at the level of preparation;

(6) Design curriculum including competencies in the following areas:

(a) The study and practice of leadership, interdisciplinary team coordination and collaboration, quality assurance and improvement, and care coordination and case management;

(b) The study and practice of community and public health; and

(c) The theory and application of research and evidence-based practice concepts and processes.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-542, filed 8/17/16, effective 9/17/16.]

WAC 246-840-543 Curriculum for nursing education programs preparing students for licensure as advanced registered nurse practitioners (ARNP). (1) Nursing education programs preparing students for licensure as advanced registered nurse practitioners shall include content culminating in a graduate degree with a concentration in advanced nursing practice as defined in RCW 18.79.059, WAC 246-840-010(2), and 246-840-300.

(2) The nursing education program preparing students for licensure as advanced registered nurse practitioners shall have as its primary purpose the preparation of advanced practice nurses for roles as defined in WAC 246-840-300 and 246-840-302.

(3) Post-master's nursing education programs preparing nurses for licensure as advanced registered nurse practitioners shall teach all competencies designated for the ARNP role including clinical practice. Post-master's students must meet the same ARNP outcome competencies as master's advanced registered nurse practitioner students.

(4) The curriculum of the nursing education program preparing nurses for licensure as advanced registered nurse practitioners shall prepare the graduates to practice in one of the four ARNP roles: Certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialist, or certified nurse practitioner. The curriculum must include:

(a) Clinical and didactic course work preparing the graduate to practice in the role of the ARNP consistent with the designation being sought for licensure;

(b) Advanced physiology/pathophysiology, including general principles applied across the life span;

(c) Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches;

(d) Diagnostic theory and management of health care problems including diseases representative of all systems;

(e) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, pharmacotherapeutics of all broad categories of agent, and pharmacological management of individual patients;

(f) Preparation providing a basic understanding of the principles for decision making in the identified ARNP role;

(g) Role preparation in one of the six population foci of practice, which includes family or individual across the life span, adult gerontology, neonatal, pediatrics, women's health gender-related, and psychiatric mental health;

(h) Advanced practice nursing core, including legal, ethical and professional responsibilities of the ARNP; and

(i) At least five hundred hours in direct patient care in the ARNP role with clinical preceptor supervision and faculty oversight.

(5) Advanced registered nurse practitioner nursing education programs preparing students for two population foci or combined nurse practitioner-clinical nurse specialist shall include content and clinical experience in both functional roles and population foci.

(6) Each student enrolled in an advanced registered nurse practitioner nursing education program shall have an active, unencumbered RN license in each state or United States territory where the clinical practice occurs.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-543, filed 8/17/16, effective 9/17/16.]

WAC 246-840-544 Curriculum for graduate nursing education programs. (1) Graduate nursing education programs shall meet the standards established by the national nursing or nursing-related education accrediting body.

(2) The curriculum of graduate nursing education program shall be congruent with national standards for graduate level nursing education.

(3) The curriculum and practice experiences shall be consistent with the competencies of the specific area of practice, stated program outcomes, and established national standards by a nursing education accrediting body approved by the United States Department of Education.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-544, filed 8/17/16, effective 9/17/16.]

WAC 246-840-546 Distance-learning nursing education course or courses offered by approved nursing programs. Nursing education programs offering distance-learning courses shall:

(1) Ensure distance-learning courses meet established quality and security standards for online and distance learning education;

(2) Develop written policies and procedures ensuring quality assurance controls, security, maintenance, and service support for students and faculty who use the system;

(3) Ensure students receive curriculum comparable to in-person teaching;

(4) Complete ongoing student and faculty evaluations of distance learning courses; and

(5) Provide access to distance-learning courses when requested by the commission.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-546, filed 8/17/16, effective 9/17/16.]

WAC 246-840-547 Extended or satellite nursing campus of nursing education programs approved in Washington state. (1) An approved nursing education program shall obtain commission approval prior to advertising or admitting students in an extended or satellite nursing education campus.

(2) An approved nursing education program wishing to initiate an extended or satellite nursing program off the main campus of the university but located in the state of Washington, must submit an initial plan three to six months prior to the expected date of operations. The initial plan must identify:

(a) The impact on existing nursing education programs in a sixty mile radius from the location of the proposed extended or satellite campus;

(b) Faculty staffing for the extended or satellite program;

(c) How the nursing education program shall meet curriculum and academic standards of the main campus nursing education program;

(d) Adequate clinical or practice facilities for the satellite or extended nursing program;

(e) Academic facilities and resources that meet the requirements identified in WAC 246-840-518; and

(f) Nursing and institutional administration of the extended or satellite program and how the extended or satellite campus meets administration requirements as identified in WAC 246-840-516.

(3) The extended or satellite campus program shall coordinate annual reports and site survey evaluations with administration at the main campus.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-547, filed 8/17/16, effective 9/17/16.]

WAC 246-840-549 Internationally educated nurse program approval criteria for nursing education programs approved in Washington state. (1) A commission approved nursing education program may apply on the forms provided by the commission to offer a nursing education program for internationally educated nurses who do not meet educational requirements for licensure.

(2) All nursing education programs for internationally educated nurses shall:

(a) Have identified theory and clinical student learning objectives and program outcomes.

(b) Include evaluation methods to measure student achievement of the stated theory and clinical objectives.

(c) Be regularly evaluated by faculty and students.

(d) Have written policies and procedures for student admission, withdrawal, dismissal, progression, remediation, and completion of the course.

(e) Maintain student records for at least five years.

(f) Submit certification of successful completion of the program to the commission office on forms provided by the commission.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-549, filed 8/17/16, effective 9/17/16.]

WAC 246-840-551 Internationally educated practical nurse program in an approved nursing education program. For internationally educated practical nurses who do not meet educational requirements for licensure, the nursing education program shall offer the following:

(1) A minimum of sixty hours of core theory content and one hundred twenty hours of simulated competency-based practice experiences.

(2) The theory course content must include, but not be limited to, a minimum of sixty hours in current basic concepts of:

(a) Nursing process;

(b) Pharmacology;

(c) Practical nursing today including legal expectations, the commission approved scope of practice decision tree, the Washington Nurse Practice Act as identified in chapter 18.79 RCW, and the Uniform Disciplinary Act identified in chapter 18.130 RCW;

(d) Basic communications and observational practices needed for identification, reporting, and recording patient needs;

(e) Basic physical, biological, and social sciences necessary for practice; and

(f) Practical nursing knowledge, skills, and professional identity to include, but not be limited to: Concepts of fundamentals, medical, surgical, and mental health nursing across the life span. These concepts must address diverse cultural, ethnic, social, and economic backgrounds of patients and populations.

(3) The practice course content must include a minimum of one hundred twenty hours of competency-based simulation practice in the area(s) listed in subsection (2)(f) of this section. Exceptions may be approved by the commission after adequate rationale is provided by the nursing education program.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-551, filed 8/17/16, effective 9/17/16.]

WAC 246-840-552 Internationally educated registered nurse program in an approved nursing education program. For internationally educated registered nurses who do not meet educational requirements for licensure, the nursing education program must offer the following:

(1) A minimum of eighty hours core theory content and one hundred sixty hours of simulated competency-based practice in medical surgical nursing, mental health, family, child, and obstetrical nursing.

(2) The core course content shall include, but not be limited to, a minimum of eighty hours of theory in current concepts of:

(a) Nursing process;

(b) Pharmacology;

(c) Professional nursing today including legal expectations, the commission approved scope of practice decision tree, the Washington State Nursing Practice Act as identified in chapter 18.79 RCW, and the Uniform Disciplinary Act identified in chapter 18.130 RCW;

(d) Communications and observational practices needed for identification, reporting, and recording patient needs;

(e) Basic physical, biological and social sciences necessary for practice; and

(f) Registered nursing knowledge, skills, and abilities to include, but not be limited to, concepts of fundamentals, medical, surgical, parent, child, geriatric, family, community, and mental health nursing.

(3) The competency-based simulated practice experiences must include a minimum of one hundred sixty hours of practice in the area(s) listed in subsection (2)(f) of this section. Exceptions must be justified to and approved by the commission.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-552, filed 8/17/16, effective 9/17/16.]

WAC 246-840-553 Innovation projects or program approach for approved nursing education programs located in Washington state. (1) A nursing education program may apply to implement an innovative program approach or project by complying with the provisions of this section.

(2) Nursing education programs approved to implement innovative approaches or programs shall continue to provide quality nursing education preparing graduates to practice safely, competently, and ethically within the scope of practice as defined in chapter 18.79 RCW and chapter 246-840 WAC.

(3) The purpose of innovations in nursing education program approval is to:

(a) Foster innovative models of nursing education to address the changing needs in health care;

(b) Assure innovative approaches or programs protect the public; and

(c) Assure innovative approaches or programs maintain quality outcome standards.

(4) A nursing education program that holds full commission approval may be eligible to implement an innovative approach or program.

(5) The following information shall be provided to the commission at least three months in advance of requested implementation date:

(a) Identifying information to include name of nursing program, address, responsible party and contact information;

(b) A brief description of the current program;

(c) Identification of the regulation(s) affected by the proposed innovative approach;

(d) Length of time for, which the innovative approach is requested;

(e) Description of the innovative approach, including objective(s);

(f) Brief explanation of why the nursing education program wants to implement an innovative approach at this time;

(g) Explanation of how the proposed innovation differs from approaches in the current program;

(h) Rationale with available evidence supporting the innovative approach;

(i) Identification of resources supporting the proposed innovative approach;

(j) Expected impact innovative approach will have on the program, including administration, students, faculty, and other program resources;

(k) Plan for implementation, including timeline;

(l) Plan for evaluation of the proposed innovation, including measurable criteria/outcomes, method of evaluation, and frequency of evaluation; and

(m) Additional application information as requested by the commission.

(6) The following are the standards for approval:

(a) Eligibility and application criteria in subsections (4) and (5) of this section are met;

(b) The innovative approach or program will not compromise the quality of education or safe practice of students;

(c) Resources are sufficient to support the innovative approach or program;

(d) Rationale with available evidence supports the implementation of the innovative approach or program;

(e) Implementation plan is reasonable to achieve the desired outcomes of the innovative approach or program;

(f) Timeline provides for a sufficient period to implement and evaluate the innovative approach or program; and

(g) Plan for periodic evaluation is comprehensive and supported by appropriate methods of evaluation.

(7) If the application meets the standards, the commission may:

(a) Approve the application; or

(b) Approve the application with modifications as agreed between the commission and the nursing education program.

(8) If the submitted application does not meet the criteria in subsections (4) and (5) of this section, the commission may deny approval or ask for more information.

(9) The commission may rescind the approval or require the nursing education program to make modifications if:

(a) The commission receives evidence, which substantiates adverse impact; or

(b) The nursing education program fails to implement the innovative approach or program as presented and approved.

(10) The nursing education program shall provide the commission with progress reports conforming to the evaluation plan as requested by the commission.

(a) If any report indicates patients or students were adversely impacted by the innovation, the nursing education program shall provide documentation of corrective measures and their effectiveness; and

(b) The final evaluation report shall conform to the evaluation plan, detailing and analyzing the outcomes data.

(11) If the innovative approach or program achieves the desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria, the nursing education program may request the innovative approach or program be continued.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-553, filed 8/17/16, effective 9/17/16.]

WAC 246-840-554 Ongoing evaluation and approval of nursing education programs located in Washington state. (1) Nursing education programs meeting the requirements of WAC 246-840-511 through 246-840-556 may be approved by the commission for a maximum of ten years.

(2) To ensure continuing compliance with nursing education standards, nursing education programs may be required to participate in self-studies, self-evaluations and commission site visits at various times in the approval cycle depending on program outcomes and complaints received by the commission and as deemed necessary by the commission.

(3) Any proposed substantive nursing education program change must be presented to the commission for approval at least three months prior to implementation.

(a) Substantive changes include the following:

(i) Changes in legal status, control, ownership, or resources of the institution;

(ii) Faculty numbers below the required staff for clinical as found in WAC 246-840-532 or clinical simulation sections identified in WAC 246-840-534 (1)(g);

(iii) Changes in faculty composition when their expertise or experiences are not adequate to teach those areas of nursing described in WAC 246-840-523, 246-840-539, 246-840-541, 246-840-542, 246-840-543, and 246-840-544;

(iv) Changes in the number of students admitted requiring one or more additional clinical or practice groups, or changing the required faculty to student ratios of 1:10 for prelicensure programs and 1:6 for nursing education programs preparing students for advanced practice registered nurse licensure; or

(v) Major curriculum revision or changes in the length of the program.

(A) Major curriculum revisions include:

(I) Changes in curricular delivery method;

(II) Changes in nursing model or conceptual framework;

(III) Changes in curriculum meaning or direction of the curriculum such as philosophy, program goals, program terminal objectives, course objectives and descriptions;

(IV) Changes in total program credits; or

(V) Addition or deletion of a satellite or extended campus.

(B) The following changes do not require commission approval:

(I) Movement of content from one course to another; or

(II) Formatting changes in syllabi.

(b) The nurse administrator of the program shall submit the following when requesting approval for substantive changes:

(i) A letter explaining the substantive change request;

(ii) The rationale for the proposed change and anticipated effect on the program including faculty workload, students, resources, clinical or practice experiences, and facilities;

(iii) A summary or grid that explains the difference between the current practice and proposed change;

(iv) A timeline for implementation of the change; and

(v) The methods of evaluation to be used to determine the effect of the change.

(4) The program shall submit annual reports on forms provided by the commission and on the date specified.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-554, filed 8/17/16, effective 9/17/16.]

WAC 246-840-556 Ongoing approval, accreditation and commission reviews. (1) The commission may accept accreditation by a commission-recognized national nursing education accreditation body approved by the United States Department of Education as evidence of compliance with the standards of nursing education programs.

(a) The nursing education program shall submit to the commission a copy of any self-study submitted to the national nursing education accrediting body at the time the report is sent to the national nursing education accrediting body.

(b) The nursing education program shall submit to the commission within thirty days of receiving any report or accreditation letter from the national nursing education accreditation body to include, but not limited to: Continuous improvement progress reports, substantive change notification and accreditation action letters, site visit reports and program response letters, final site visit report and letter.

(c) The nursing education program shall submit notice of any change in program or institution accreditation status with the commission within thirty days of receipt of notice from the national accreditation body.

(d) Failure to submit notice of accreditation survey results within thirty days may result in a site visit or other sanctions as described in WAC 246-840-558.

(e) Programs holding approval based upon national nursing education accreditation must comply with WAC 246-840-511 through 246-840-556.

(f) The commission may grant approval for a continuing period, not to exceed ten years, to nursing education programs with maximum continuing national accreditation.

(g) If the nursing program is accredited for less than maximum accreditation, the program must provide the commission with a copy of the report and a plan of correction for the items of noncompliance within thirty days of receipt from the accreditation body. The commission may require an additional report regarding noncompliance, or may conduct a site visit.

Evaluation of a Nursing Program by the Commission

(2) Programs not nationally accredited by a commission-recognized national nursing accreditation body are subject to a site visit made by representative(s) of the commission on dates mutually agreeable to the commission and the nursing education program.

(a) Prior to the site visit, a nursing education program shall submit a self-evaluation report at least thirty days before the visit providing evidence of compliance with the standards of nursing education as identified in WAC 246-840-511 through 246-840-556.

(b) Prior to commission consideration, a draft of the commission site visit report will be made available to the school for review for corrections in statistical data.

(c) Following the commission's review and decision, the commission will send the program nurse administrator, the president and vice president of instruction or provost written notification regarding approval of the program.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-556, filed 8/17/16, effective 9/17/16.]

WAC 246-840-557 Commission action following commission site visit, complaint investigation, or national accreditation visits of nursing education programs located in Washington state. (1) When a matter directly concerning a nursing education program is being considered by the commission, any commission member associated with the program shall not participate in the deliberation or decision-making action of the commission.

(2) The commission shall evaluate each program in terms of its conformance to the nursing education standards in this chapter.

(3) Within thirty days of the commission's decision, the commission shall give written notice to the educational institution regarding its decision on the nursing education program's approval status, including the nurse administrator, the president and provost or vice president of instruction.

(4) The commission shall grant continuing full approval to a nursing education program meeting the requirements of the law and this chapter. Full approval may carry recommendations for improvement and for correcting deficiencies.

(5) If the commission determines an approved nursing education program is not maintaining the education standards required for approval, the commission shall give written notice specifying the deficiencies and shall designate the period of time in which the deficiencies must be corrected.

(6) The commission may require the program to submit a plan of correction, or the commission may issue a directed plan of correction.

(7) The commission may limit student numbers or deny admission of new students if the program has insufficient resources, including faculty or program administration.

(8) The commission may withdraw program approval if the program fails to correct the deficiencies within the specified period of time.

(9) The commission may summarily suspend approval of a program if circumstances constituting an immediate threat to public safety are present.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-557, filed 8/17/16, effective 9/17/16.]

WAC 246-840-558 Denial, statement of deficiencies, conditional approval or withdrawal of approval of nursing education programs located in Washington state. (1) The commission may deny full approval to new or existing nursing education programs if it determines a nursing education program fails substantially to meet the standards for nursing education as contained in WAC 246-840-511 through 246-840-556.

(2) The commission may issue a statement of deficiencies and request a plan of correction or directed plan of correction requiring compliance within a designated time period.

(3) The commission may grant conditional approval to a nursing education program failing to meet the minimum standards contained in the law and this chapter.

(a) Conditions must be met within a designated time period and shall be specified in writing.

(b) A conditionally approved program shall be reviewed at the end of the designated time period. The review will result in one of the following actions:

(i) Restoration of full approval to existing programs;

(ii) Issuance of full approval to a new program;

(iii) Continuation of conditional approval; or

(iv) Issuance of intent to withdraw approval.

(4) The following situations may be cause for review, investigation, and a site visit by the commission to determine if the minimum standards for education nursing programs are being met:

(a) Complaints relating to violations of WAC 246-840-511 through 246-840-556;

(b) Denial, withdrawal, or change of program accreditation status by a commission-recognized national nursing accreditation agency or general academic accreditation agency;

(c) Failure to obtain commission approval of changes requiring commission approval under WAC 246-840-554 and 246-840-556;

(d) Providing false or misleading information to students or the public concerning the nursing program;

(e) Violation of the rules or policies of the commission;

(f) Inability to secure or retain a qualified nurse administrator;

(g) Inability to secure or retain faculty resulting in substandard supervision and teaching of students;

(h) Noncompliance with the program's stated purpose, objectives, policies, and curriculum resulting in unsatisfactory student achievement or negative program outcomes;

(i) Failure to provide clinical or practice experiences necessary to meet the objectives of the nursing program;

(j) Faculty student ratio in direct patient care is greater than 1:10 in prelicensure programs or 1:6 in nursing education programs preparing nurses for advanced registered nurse practitioner licensure; and

(k) Failure to maintain an average national council licensing examination (NCLEX) annual passing rate or average advanced practice certification annual passing rate of eighty percent.

(5) If a program:

(a) Fails to maintain an average NCLEX passing or advanced practice certification rate of eighty percent of first time test takers for one year, the program must complete an assessment of the problem. The program may request technical assistance from the commission.

(b) Fails to maintain an average NCLEX passing or advanced practice certification rate of eighty percent of first time writers for two consecutive years, the program must complete an assessment of possible contributing factors and submit a plan of correction to the commission. The commission may place the program on conditional approval status. The program may request technical assistance from the commission.

(c) Fails to maintain an average NCLEX passing or advanced practice certification rate of eighty percent of first time writers for three consecutive years, the program must complete an assessment of possible contributing factors, submit a plan of correction, and the commission may conduct a site visit. The program may request technical assistance from the commission. The commission shall place the program on conditional approval status.

(d) Fails to maintain a NLCEX [NCLEX] passing or advanced practice certification rate of eighty percent for four out of five consecutive years, the commission shall continue the program on conditional approval, require a full evaluation site visit, and may withdraw program approval following the site visit.

(6) The commission may withdraw approval from existing nursing education programs if it determines that a nursing education program fails to meet substantially the standards for nursing education as contained in WAC 246-840-511 through 246-840-556.

(7) All these actions shall be taken in accordance with the Administrative Procedure Act, chapter 34.05 RCW, and any applicable rules of the commission.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-558, filed 8/17/16, effective 9/17/16.]

WAC 246-840-559 Closing of an approved nursing education program located in Washington state.

Voluntary Closure

(1) When a governing institution decides to close a nursing education program it shall immediately notify the commission in writing, stating the reason, plan, and date of intended closing. The governing institution may choose one of the following closing procedures:

(a) The nursing education program may continue until the last class enrolled is graduated if:

(i) The nursing education program continues to meet the standards for approval, WAC 246-840-511 through 246-840-556 until all of the enrolled students have graduated;

(ii) The date of closure is the date on the degree, diploma, or certificate of the last graduate; and

(iii) The governing institution notifies the commission in writing of the closing date; or

(b) The program may close after assisting in the transfer of students to other approved programs if:

(i) The program continues to meet the standards required for approval, WAC 246-840-511 through 246-840-556 until all students are transferred;

(ii) The governing institution submits to the commission a list of the names of students who have been transferred to approved programs and the date on which the last student was transferred; and

(iii) The date on which the last student was transferred shall be the closing date of the program.

Closing as a Result of Withdrawal of Approval

(2) When the commission withdraws approval of a nursing education program, the governing institution shall comply with the following procedures:

(a) Students of the nursing education program shall be notified in writing of their status and options for transfer to an approved program.

(b) The nursing education program shall close after assisting in the transfer of students to other approved programs. The commission must establish a period for the transfer process.

(c) The governing institution shall submit to the commission a list of the names of students who have transferred to approved programs and the date on which the last student was transferred.

Requirements for All Nursing Education Programs That Close

(3) Nursing education programs, regardless of type of closure, shall submit to the commission a plan for the secure storage and access to academic records and transcripts at the time of the decision to close the program.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-559, filed 8/17/16, effective 9/17/16.]

WAC 246-840-561 Reinstatement of approval for nursing programs located in Washington state. The commission may consider reinstatement of withdrawn approval of a nursing education program after one year and upon submission of satisfactory evidence that the program will meet the standards of nursing education, WAC 246-840-511 through 246-840-556. The commission may conduct a site visit to verify the evidence provided by the nursing education program.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-561, filed 8/17/16, effective 9/17/16.]

WAC 246-840-562 Appeal of commission decisions. A nursing education program wishing to contest a decision by the commission that affects the program's approval status shall have the right to appeal the commission's decision in accordance with the provisions of chapter 18.79 RCW, chapter 34.05 RCW, the Administrative Procedure Act, and chapter 246-11 WAC.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-562, filed 8/17/16, effective 9/17/16.]

WAC 246-840-563 Criteria for approval of LPN and RN refresher course program located in Washington state. (1) A program making application to the commission for approval of a refresher course for LPNs and RNs in Washington state shall submit a commission approved application at least three months before expected date of implementation.

(2) For in-state refresher course programs, the refresher program shall have a designated nurse administrator who is responsible for the overall operation and evaluation of the refresher program meeting the following qualifications:

(a) Active, unencumbered Washington state RN license; and

(b) Bachelor's degree in nursing with a graduate degree in nursing from a nursing accredited nursing education program, or bachelor's degree in nursing from a nursing education accredited program and a graduate degree from a health-related field from an accredited university.

(3) The philosophy, purpose and objectives of the refresher course must be clearly stated and available in written form. They must be consistent with the definition of nursing as outlined in chapter 18.79 RCW and WAC 246-840-700 and 246-840-705.

Objectives reflecting the philosophy must be stated in behavioral terms and describe the capabilities and competencies of the graduate.

(4) All nurse faculty shall:

(a) Hold an unencumbered, active license to practice as a registered nurse in the state of Washington;

(b) Be qualified academically and professionally for their respective areas of responsibility.

(i) Faculty in a practical nurse education refresher course program shall hold a minimum of a bachelor's degree in nursing from a nursing accredited nursing program;

(ii) Faculty in a registered nurse refresher course education program shall hold a bachelor's degree in nursing and a graduate de-

gree in nursing from a nursing education accredited program or a bachelor's degree in nursing from a nursing accredited program and a graduate degree in a health-related field from an accredited university.

(c) Be qualified to develop and implement the program of study with at least two years of teaching experience;

(d) Plan, develop, oversee, and evaluate clinical experiences;

(e) Be sufficient in number to achieve the stated program objectives based on patient safety concerns.

The faculty to student ratio in the clinical area and simulation lab must be at least one faculty member to every twelve students. Exceptions shall be justified to and approved by the commission.

(5) The course content, length, methods of instruction and learning experiences shall be consistent with the philosophy and objectives of the course. Outlines and descriptions of all learning experiences shall be available in writing.

(6) The refresher program shall have written policies to include, but are not limited to:

(a) Admission requirements;

(b) Progression requirements and grading criteria;

(c) Dismissal criteria;

(d) Clinical and practice requirements;

(e) Grievance process;

(f) Student expectations and responsibilities; and

(g) Program costs and length of program.

(7) The program shall submit substantive change requests to the commission including changes in:

(a) Program name, mailing address, electronic address, website address, or phone number;

(b) Curriculum;

(c) Clinical, simulation or didactic hours;

(d) Program instruction methods; or

(e) Ownership including adding or deleting an owner.

(8) Evidence-based methods shall be used to measure the student's achievement of the stated theory and clinical objectives.

(9) The refresher course shall be evaluated by faculty and students regularly.

(10) The refresher course shall ensure that prior to clinical practice experiences, the enrolled student holds either a limited education authorization from the commission, or an active nursing license in Washington state.

(11) The refresher course shall ensure all students have clinical practice experiences.

(12) Refresher course faculty or qualified preceptors may be used to teach in the clinical setting.

(a) Preceptors shall be licensed at same level of licensure as the student's refresher course type;

(b) Preceptors shall not be related to, or friends of the student;

(c) Preceptors shall receive the goals and objectives of the clinical practice course from the refresher program prior to the student's clinical experience; and

(d) Preceptors may assist faculty in the evaluation of the student's clinical learning experience.

(13) The refresher course shall not place students in the clinical setting without first validating student skills and knowledge to perform in the clinical setting.

(14) The refresher course shall maintain student records demonstrating the students have successfully completed the course and met the stated objectives for at least five years from date of course completion.

(15) The refresher course shall provide a certificate of successful completion of the course to the student. The certificate shall contain the following:

(a) Name of participant;

(b) Name of program;

(c) Number of didactic and clinical hours successfully completed; and

(d) Date of participant's completion of the program.

(16) The refresher course program shall submit an annual report to the commission on commission designated forms.

(17) The refresher course program shall apply for renewal of approval every five years by submitting a commission approved renewal application no later than three months before expiration of the approval.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-563, filed 8/17/16, effective 9/17/16.]

WAC 246-840-564 Curriculum for LPN nurse refresher course. For practical nurse refresher course programs, the course content must consist of a minimum of sixty hours of theory content and one hundred twenty hours of clinical practice.

(1) The theory course content must include, but not be limited to, a minimum of sixty hours in current basic concepts of:

(a) Nursing process and patient centered care;

(b) Cultural competence across the life span;

(c) Pharmacology, medication calculation, administration, safety, and the mitigation and reporting of medication errors;

(d) Review of the concepts in the areas of:

(i) Current practical nursing practice, including legal expectations as identified in chapters 18.79 and 18.130 RCW, and nursing scope of practice, including the commission approved scope of practice decision tree;

(ii) Therapeutic and basic communications and observational practices needed for identification, reporting, and recording patient needs; and

(iii) Basic physical, biological, and social sciences necessary for practice.

(e) Review and updating of practical nursing knowledge and skills to include, but not be limited to, concepts of delegation, leadership, fundamentals, medical, surgical, geriatric, and mental health nursing.

(2) The clinical course content shall include a minimum of one hundred twenty hours of clinical practice in the area(s) listed in subsection (1)(e) of this section.

(a) Sixty hours of clinical practice may be obtained through lab simulation if the program has adequate lab space and equipment to accommodate student learning and is approved by the commission.

(b) Exceptions shall be justified to and approved by the commission.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-564, filed 8/17/16, effective 9/17/16.]

WAC 246-840-566 Curriculum for registered nurse refresher course. For registered nurse refresher course programs, the course content must consist of a minimum of forty hours core course content, forty hours of specialty course content, and one hundred sixty hours of clinical practice in the specialty area.

(1) The core course content must include, but not be limited to, a minimum of forty hours of theory in current basic concepts of:

(a) Nursing process and patient centered care;

(b) Cultural competence across the life span;

(c) Pharmacology, major drug classifications, medication calculations and administration, side effects, adverse reactions, associated lab tests and mitigation and reporting of medication errors;

(d) Critical thinking, clinical reasoning, and evidence-based practice;

(e) Review of the concepts in the areas of:

(i) Current professional nursing practice, including legal expectations as found in chapters 18.79 and 18.130 RCW, and nursing scope of practice, including the commission approved scope of practice decision tree;

(ii) Therapeutic and clinical communication skills and observational practices needed for identification, reporting, and recording patient needs; and

(iii) Basic physical, biological and social sciences necessary for practice.

(f) Review and updating of registered nursing knowledge and skills, including delegation, leadership, interdisciplinary team coordination and care management.

(2) The specialty course content shall include, but not be limited to, a minimum of forty hours of theory in current specialty nursing practice concepts of basic nursing related to the special area of interest such as surgical, pediatrics, obstetrics, psychiatric, acute, intensive, extended care, or community health nursing.

(3) The clinical course content shall include a minimum of one hundred sixty hours of clinical practice in the specialty area(s) of interest as listed in subsection (2) of this section.

(a) Eighty hours of clinical practice may be obtained through lab simulation if the program has adequate lab space and equipment to accommodate student learning and is approved by the commission.

(b) Exceptions shall be justified to and approved by the commission.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-566, filed 8/17/16, effective 9/17/16.]

WAC 246-840-567 Refresher course program for advanced registered nurse practice nurses. (1) A college or university approved by the commission and located in the state of Washington to offer a graduate level nursing education program preparing students for advanced regis-

tered nurse licensure may apply to offer an ARNP refresher course program on a commission approved form.

(2) The nurse administrator or qualified designee of an approved ARNP program shall be responsible for the ARNP refresher course program. The designee shall meet the same qualification requirements as identified in WAC 246-840-517(3).

(3) The faculty teaching in the ARNP refresher program shall meet the requirements of WAC 246-840-523 and 246-840-527.

(4) The ARNP refresher course will provide didactic and clinical instruction in the full scope of practice of ARNP role and population foci as allowed in chapter 18.79 RCW and this chapter.

(5) At a minimum, the ARNP refresher program will include instruction and two hundred fifty hours of associated clinical practice and may offer more hours if required for licensure in:

(a) Advanced physiology/pathophysiology;

(b) Advanced health assessment;

(c) Pharmacotherapeutics;

(d) Diagnosis and management of diseases or conditions consistent with current standards of care;

(e) Ordering and interpreting diagnostic and laboratory tests;

(f) Safe and competent performance of procedures;

(g) ARNP scope of practice as defined in chapters 18.79 RCW and 246-840 WAC;

(h) Accepted standards of practice for ARNP.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-567, filed 8/17/16, effective 9/17/16.]

WAC 246-840-568 Criteria for approval of refresher course program located outside Washington state. (1) Refresher courses located outside the state of Washington shall be reviewed individually for approval by the commission and must meet curriculum and clinical practice standards identified in WAC 246-840-563 and 246-840-564, or 246-840-566.

(2) The nurse administrator shall hold an active, unencumbered RN license in the state of the program's domicile location and have a bachelor's degree in nursing with a graduate degree in nursing from a nursing accredited nursing education program, or bachelor's degree in nursing from a nursing education accredited program and a graduate degree from a health-related field from an accredited university.

(3) The commission may:

(a) Approve a refresher program for no longer than five years;

(b) Deny approval of a refresher program;

(c) Withdraw approval of a refresher program;

(d) Place a program on warning or conditional approval status;

(e) Make on-site visits to determine compliance with commission requirements for initial or ongoing approval, or to investigate a complaint;

(f) Require a program to submit a plan of correction; or

(g) Issue a directed plan of correction.

(4) A refresher program wishing to contest a decision of the commission affecting its approval status shall have the right to appeal the commission's decision in accordance with the provisions of chapter 18.79 RCW, chapter 34.05 RCW, the Administrative Procedure Act, and chapter 246-11 WAC.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-568, filed 8/17/16, effective 9/17/16.]

WAC 246-840-569 Commission action regarding refresher course programs. (1) The commission may:

(a) Approve a refresher program for no longer than five years;

(b) Deny approval of a refresher program;

(c) Withdraw approval of a refresher program;

(d) Place a program on warning or conditional approval status;

(e) Make on-site visits to determine compliance with commission requirements for initial or ongoing approval, or to investigate a complaint;

(f) Require a program to submit a plan of correction; or

(g) Issue a directed plan of correction.

(2) A refresher course program wishing to contest a decision of the commission affecting its approval status shall have the right to appeal the commission's decision in accordance with the provisions of chapter 18.79 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-569, filed 8/17/16, effective 9/17/16.]

WAC 246-840-571 Out-of-state distance learning nursing program approval for practice experiences in Washington state. (1) The commission may approve out-of-state distance learning nursing education programs for the purpose of placing student in clinical or practice experiences in the state of Washington. The out-of-state distance learning nursing education program shall:

(a) Complete and submit a commission approved application and demonstrate equivalency to requirements for in-state Washington nursing programs;

(b) Provide clinical and practice supervision and evaluation of students in Washington state;

(c) Ensure the faculty, preceptors and others who teach, supervise, or evaluate clinical or practice experiences in the state of Washington hold an active, unencumbered nursing license appropriate to the level of student teaching. Faculty must be licensed in the state of Washington as an ARNP if teaching advanced registered nurse practitioner practice;

(d) Preceptors for students in a nursing education program preparing nurses for advanced registered nurse practitioner licensure shall not be related to the student or personal friends, and shall have an active, unencumbered license as an ARNP under chapter 18.79 RCW, a physician under chapter 18.71 RCW, an osteopathic physician under chapter 18.57 RCW, or equivalent in other states or jurisdictions;

(e) Ensure the faculty who teach didactic distance learning nursing courses hold a current and active, unencumbered nursing license in the state where the nursing program has legal domicile;

(f) Be accredited by a nursing education accrediting body approved by the United States Department of Education;

(g) Maintain accreditation status by the nursing education accrediting body;

(h) Report to the commission within thirty days of notice from the nursing education accrediting body if the accreditation status has changed; and

(i) Submit an annual report to the commission as identified in commission approved survey.

(2) The commission may conduct site visits or complaint investigations to clinical or practice locations to ensure compliance with commission requirements.

(3) The commission may withdraw clinical placement approval if it determines a nursing education distance learning program fails to meet the standards for nursing education as contained in WAC 246-840-511 through 246-840-556.

(4) The commission may refer complaints regarding the distance learning nursing education program to the home state board of nursing and appropriate nursing education accreditation body.

(5) A distance learning nursing education program wishing to contest a decision of the commission affecting its approval status for clinical or practice experiences shall have the right to a brief adjudicative proceeding under the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.79.150, 18.79.190, and 18.79.240. WSR 16-17-082, § 246-840-571, filed 8/17/16, effective 9/17/16.]

WAC 246-840-581 Early remediation program purpose. WAC 246-840-582 and 246-840-583 establish the early remediation program and its eligibility criteria and procedures. The intent of this program is to effectively and efficiently protect patients by resolving allegations of practice deficiencies of a less serious nature through a plan of remedial education, training, and supervision. Such allegations may not include substance abuse or drug diversions. The nursing care quality assurance commission may resolve allegations of practice deficiencies through early remediation during an investigation.

[Statutory Authority: RCW 18.79.110 and 18.130.050. WSR 10-17-107, § 246-840-581, filed 8/17/10, effective 9/17/10.]

WAC 246-840-582 Early remediation program definitions. The definitions in this section apply throughout WAC 246-840-581 and 246-840-583 unless the context clearly requires otherwise.

(1) "Action plan" means a documented agreement between the nurse named in the complaint(s) and the commission listing remedial steps to be taken by the nurse to resolve the identified practice deficiencies. Action plans may require remedial education, on-the-job training, and follow-up monitoring of the nurse's clinical practice by the current employer or other practice monitor.

(2) "Commission" means the Washington state nursing care quality assurance commission.

(3) "Complaint" means a documented report of a possible violation of the Uniform Disciplinary Act which the commission shall assess and may subsequently authorize an investigation.

(4) "Early remediation program" means a process in which a complaint alleging practice deficiencies is resolved through an action plan without initiating disciplinary procedures.

(5) "Practice deficiencies" include, but are not limited to:

(a) Substandard nursing practice;

(b) Failure to properly conduct a patient assessment, document treatment, or administer medications; and

(c) Failure to comply with scope of practice requirements or delegation laws and regulations.

(d) Practice deficiencies do not include drug diversion, patient abuse, fraud, theft, deceit or other willful misconduct, or conduct resulting in more than minor patient harm.

[Statutory Authority: RCW 18.79.110 and 18.130.050. WSR 10-17-107, § 246-840-582, filed 8/17/10, effective 9/17/10.]

WAC 246-840-583 Early remediation program criteria. (1) In any complaint where the commission identifies practice deficiencies, the commission may resolve the matter through the early remediation program.

(2) The commission shall use the following criteria to determine eligibility for early remediation:

(a) The identified practice deficiencies could be corrected by remedial education, on-the-job training and practice monitoring within six months or less, and patient protection does not require significant long-term practice limits;

(b) The nurse is willing and able to participate in the early remediation program;

(c) The nurse's current employer agrees to participate in the action plan;

(d) The nurse has no current charges or disciplinary history of unprofessional conduct and has not previously participated in an action plan; and

(e) The degree of patient harm suffered as a result of the nurse's substandard practice is minor, if any.

(3) The commission shall use the following process to implement the early remediation program:

(a) After a preliminary investigation identifies the practice deficiencies the commission will apply criteria in subsection (2)(a) through (e) of this section to determine eligibility for early remediation;

(b) If all of the criteria are met, and if the commission determines the nurse is eligible for participation in the early remediation program the commission shall propose an action plan to the nurse and employer.

(c) If the nurse complies with the agreed action plan, the commission may consider the nurse's completion of the action plan as grounds to close the matter without further action.

(d) The commission shall evaluate whether the practice deficiencies have been corrected and are unlikely to recur; and

(e) The commission may decide to conduct a full investigation and consider disciplinary action if additional facts become known or circumstances change such that the nurse is no longer eligible based on the criteria in subsection (2)(a) through (e) of this section.

[Statutory Authority: RCW 18.79.110 and 18.130.050. WSR 10-17-107, § 246-840-583, filed 8/17/10, effective 9/17/10.]

PRACTICE STANDARDS

WAC 246-840-700 Standards of nursing conduct or practice. (1) The purpose of defining standards of nursing conduct or practice through WAC 246-840-700 and 246-840-710 is to identify responsibilities of the professional registered nurse and the licensed practical nurse in health care settings and as provided in the Nursing Practice Act, chapter 18.79 RCW. Violation of these standards may be grounds for disciplinary action under chapter 18.130 RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the professional and ethical standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. The standards of nursing conduct or practice include, but are not limited to the following;

(2) The nursing process is defined as a systematic problem solving approach to nursing care which has the goal of facilitating an optimal level of functioning and health for the client, recognizing diversity. It consists of a series of phases: Assessment and planning, intervention and evaluation with each phase building upon the preceding phases.

(a) **Registered Nurse:**	(b) **Licensed Practical Nurse:**
Minimum standards for registered nurses include the following:	Minimum standards for licensed practical nurses include the following:
(i) **Standard I Initiating the Nursing Process:**	(i) **Standard I - Implementing the Nursing Process:** The practical nurse assists in implementing the nursing process;
(A) **Assessment and Analysis:** The registered nurse initiates data collection and analysis that includes pertinent objective and subjective data regarding the health status of the clients. The registered nurse is responsible for ongoing client assessment, including assimilation of data gathered from licensed practical nurses and other members of the health care team;	(A) **Assessment:** The licensed practical nurse makes basic observations, gathers data and assists in identification of needs and problems relevant to the clients, collects specific data as directed, and, communicates outcomes of the data collection process in a timely fashion to the appropriate supervising person;

(B) **Nursing Diagnosis/ Problem Identification:** The registered nurse uses client data and nursing scientific principles to develop nursing diagnosis and to identify client problems in order to deliver effective nursing care;	(B) **Nursing Diagnosis/ Problem Identification:** The licensed practical nurse provides data to assist in the development of nursing diagnoses which are central to the plan of care;
(C) **Planning:** The registered nurse shall plan nursing care which will assist clients and families with maintaining or restoring health and wellness or supporting a dignified death;	(C) **Planning:** The licensed practical nurse contributes to the development of approaches to meet the needs of clients and families, and, develops client care plans utilizing a standardized nursing care plan and assists in setting priorities for care;
(D) **Implementation:** The registered nurse implements the plan of care by initiating nursing interventions through giving direct care and supervising other members of the care team; and	(D) **Implementation:** The licensed practical nurse carries out planned approaches to client care and performs common therapeutic nursing techniques; and
(E) **Evaluation:** The registered nurse evaluates the responses of individuals to nursing interventions and is responsible for the analysis and modification of the nursing care plan consistent with intended outcomes;	(E) **Evaluation:** The licensed practical nurse, in collaboration with the registered nurse, assists with making adjustments in the care plan. The licensed practical nurse reports outcomes of care to the registered nurse or supervising health care provider;
(ii) **Standard II Delegation and Supervision:** The registered nurse is accountable for the safety of clients receiving nursing service by:	(ii) **Standard II Delegation and Supervision:** Under direction, the practical nurse is accountable for the safety of clients receiving nursing care:
(A) Delegating selected nursing functions to others in accordance with their education, credentials, and demonstrated competence as defined in WAC 246-840-010(10);	(A) The practical nurse may delegate selected nursing tasks to competent individuals in selected situations, in accordance with their education, credentials and competence as defined in WAC 246-840-010(10);
(B) Supervising others to whom they have delegated nursing functions as defined in WAC 246-840-010(10);	(B) The licensed practical nurse in delegating functions shall supervise the persons to whom the functions have been delegated;

(C) Evaluating the outcomes of care provided by licensed and other paraprofessional staff;	(C) The licensed practical nurse reports outcomes of delegated nursing care tasks to the RN or supervising health care provider; and
(D) The registered nurse may delegate certain additional acts to certain individuals in community-based long-term care and in-home settings as provided by WAC 246-840-910 through 246-840-970 and WAC 246-841-405; and	(D) In community based long-term care and in-home settings as provided by WAC 246-840-910 through 246-840-970 and WAC 246-841-405, the practical nurse may delegate only personal care tasks to qualified care givers;
(E) In a home health or hospice agency regulated under chapter 70.127 RCW, a registered nurse may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care pursuant to chapter 246-335 WAC;	
(iii) **Standard III Health Teaching.** The registered nurse assesses learning needs including learning readiness for patients and families, develops plans to meet those learning needs, implements the teaching plan and evaluates the outcome.	(iii) **Standard III Health Teaching.** The practical nurse assists in health teaching of clients and provides routine health information and instruction recognizing individual differences.

(3) The following standards apply to registered nurses and licensed practical nurses:

(a) The registered nurse and licensed practical nurse shall communicate significant changes in the client's status to appropriate members of the health care team. This communication shall take place in a time period consistent with the client's need for care. Communication is defined as a process by which information is exchanged between individuals through a common system of speech, symbols, signs, and written communication or behaviors that serves as both a means of gathering information and of influencing the behavior, actions, attitudes, and feelings of others; and

(b) The registered nurse and licensed practical nurse shall document, on essential client records, the nursing care given and the client's response to that care; and

(c) The registered nurse and licensed practical nurse act as client advocates in health maintenance and clinical care.

(4) Other responsibilities:

(a) The registered nurse and the licensed practical nurse shall have knowledge and understanding of the laws and rules regulating nursing and shall function within the legal scope of nursing practice;

(b) The registered nurse and the licensed practical nurse shall be responsible and accountable for his or her practice based upon and limited to the scope of their education, demonstrated competence, and

nursing experience consistent with the scope of practice set forth in this document; and

(c) The registered nurse and the licensed practical nurse shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or procedures which are in their scope of practice.

(d) The registered nurse and the licensed practical nurse shall be responsible for maintaining current knowledge in their field of practice; and

(e) The registered nurse and the licensed practical nurse shall respect the client's right to privacy by protecting confidential information and shall not use confidential health care information for other than legitimate patient care purposes or as otherwise provided in the Health Care Information Act, chapter 70.02 RCW.

[Statutory Authority: RCW 18.79.010, 18.79.110, and 18.79.250. WSR 22-23-130, § 246-840-700, filed 11/21/22, effective 12/22/22. Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.210, 2003 c 140. WSR 04-14-065, § 246-840-700, filed 7/2/04, effective 7/2/04. Statutory Authority: RCW 18.79.110. WSR 02-06-117, § 246-840-700, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-700, filed 6/18/97, effective 7/19/97.]

WAC 246-840-705 Functions of a registered nurse and a licensed practical nurse.

(1) **Registered Nurses:**	(2) **Licensed Practical Nurses:**

The registered nurse performs acts that require substantial knowledge, judgment and skill based on the principles of biological, behavioral, health, and nursing sciences. Such acts are grounded in the elements of the nursing process which includes, but is not limited to, the assessment, analysis, diagnosis, planning, implementation and evaluation of nursing care and health teaching in the maintenance and the promotion of health or prevention of illness of others and the support of a dignified death. The registered nurse using specialized knowledge can perform the activities of administration, supervision, delegation and evaluation of nursing practice; and	The licensed practical nurse performs services requiring knowledge, skill and judgment necessary for carrying out selected aspects of the designated nursing regimen. The licensed practical nurse recognizes and is able to meet the basic needs of the client, and gives nursing care under the direction and supervision, to clients in **routine** nursing situations. A routine nursing situation is one that is relatively free of complexity, and the clinical and behavioral state of the client is relatively stable, requires care based upon a comparatively fixed and limited body of knowledge. In **complex** nursing care situations the licensed practical nurse functions as an assistant to the registered nurse and facilitates client care by carrying out selected aspects of the designated nursing regimen to assist the registered nurse in the performance of nursing care; and
(3) **Registered Nurses:**	(4) **Licensed Practical Nurses:**
The registered nurse functions in an **independent role** when utilizing the nursing process as defined in WAC 246-840-700(2) to meet the complex needs of the client.	The licensed practical nurse functions in an **interdependent** role to deliver care as directed and assists in the revision of care plans in collaboration with the registered nurse. The licensed practical nurse functions in a **dependent** role when executing a medical regimen under the direction and supervision of an advanced registered nurse practitioner, licensed physician and/or surgeon, dentist, osteopathic physician and/or surgeon, physician assistant, osteopathic physician assistant, podiatric physician and/or surgeon, or naturopathic physician. A licensed practical nurse may not accept delegation of acts not within his or her scope of practice.

In an interdependent role as a member of a health care team, the registered nurse functions to coordinate and evaluate the care of the client and independently revises the plan and delivery of nursing care.	
The registered nurse functions in an interdependent **role** when executing a medical regimen under the direction of an advanced registered nurse practitioner, licensed physician and/or surgeon, dentist, osteopathic physician and/or surgeon, physician assistant, osteopathic physician assistant, podiatric physician and/or surgeon, or naturopathic physician. A registered nurse may not accept delegation of acts not within his or her scope of practice.	This shall not be construed as authorizing an independent role for the LPN.

[Statutory Authority: RCW 18.79.110. WSR 02-06-117, § 246-840-705, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-705, filed 6/18/97, effective 7/19/97.]

WAC 246-840-710 Violations of standards of nursing conduct or practice. The following conduct may subject a nurse to disciplinary action under the Uniform Disciplinary Act, chapter 18.130 RCW:

(1) Engaging in conduct described in RCW 18.130.180;

(2) Failure to adhere to the standards in WAC 246-840-700 which may include, but are not limited to:

(a) Failing to assess and evaluate a client's status or failing to institute nursing intervention as required by the client's condition;

(b) Willfully or repeatedly failing to report or document a client's symptoms, responses, progress, medication, or other nursing care accurately and legibly;

(c) Willfully or repeatedly failing to make entries, altering entries, destroying entries, making incorrect or illegible entries and making false entries in employer or employee records or client records pertaining to the giving of medication, treatments, or other nursing care;

(d) Willfully or repeatedly failing to administer medications and treatments in accordance with nursing standards;

(e) Willfully or repeatedly failing to follow the policy and procedure for the wastage of medications where the nurse is employed or working;

(f) Nurses shall not sign any record attesting to the wastage of controlled substances unless the wastage was personally witnessed;

(g) Willfully causing or contributing to physical or emotional abuse to the client;

(h) Engaging in sexual misconduct with a client as defined in WAC 246-840-740; or

(i) Failure to protect clients from unsafe practices or conditions, abusive acts, and neglect;

(3) Failure to adhere to the standards in WAC 246-840-700(2) which may include:

(a) Delegating nursing care function or responsibilities to a person the nurse knows or has reason to know lacks the ability or knowledge to perform the function or responsibility, or delegating to unlicensed persons those functions or responsibilities the nurse knows or has reason to know are to be performed only by licensed persons. This section should not be construed as prohibiting delegation to family members and other caregivers exempted by RCW 18.79.040(3), 18.79.050, 18.79.060 or 18.79.240; or

(b) Failure to supervise those to whom nursing activities have been delegated. Such supervision shall be adequate to prevent an unreasonable risk of harm to clients;

(4)(a) Performing or attempting to perform nursing techniques and procedures for which the nurse lacks the appropriate knowledge, experience, and education and failing to obtain instruction, supervision and consultation for client safety;

(b) Violating the confidentiality of information or knowledge concerning the client, except where required by law or for the protection of the client; or

(c) Writing prescriptions for drugs unless authorized to do so by the commission;

(5) Other violations:

(a) Appropriating for personal use medication, supplies, equipment, or personal items of the client, agency, or institution. The nurse shall not solicit or borrow money, materials or property from clients;

(b) Practicing nursing while affected by alcohol or drugs, or by a mental, physical or emotional condition to the extent that there is an undue risk that they, as a nurse, would cause harm to themself or other persons; or

(c) Willfully abandoning clients by leaving a nursing assignment, when continued nursing care is required by the condition of the client(s), without transferring responsibilities to appropriate personnel or caregiver;

(d) Conviction of a crime involving physical abuse or sexual abuse including convictions of any crime or plea of guilty, including crimes against persons as defined in RCW 43.43.830 and crimes involving the personal property of a patient, whether or not the crime relates to the practice of nursing; or

(e) Failure to make mandatory reports to the Nursing Care Quality Assurance Commission concerning unsafe or unprofessional conduct as required in WAC 246-840-730;

(6) The nurse shall only practice nursing in the state of Washington with a current Washington license;

(7) The licensed nurse shall not permit their license to be used by another person;

(8) The nurse shall have knowledge of the statutes and rules governing nursing practice and shall function within the legal scope of nursing practice;

(9) The nurse shall not aid, abet or assist any other person in violating or circumventing the laws or rules pertaining to the conduct and practice of professional registered nursing and licensed practical nursing; or

(10) The nurse shall not disclose the contents of any licensing examination or solicit, accept or compile information regarding the contents of any examination before, during or after its administration.

[Statutory Authority: RCW 18.79.010, 18.79.110, and 18.79.250. WSR 22-23-130, § 246-840-710, filed 11/21/22, effective 12/22/22. Statutory Authority: RCW 18.79.110. WSR 02-06-117, § 246-840-710, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-710, filed 6/18/97, effective 7/19/97.]

WAC 246-840-720 Mitigating circumstances. The commission recognizes that there may be circumstances inherent to various practice settings that may affect the commission's decision whether to issue a statement of charges, to make a finding of unprofessional conduct, or to determine a sanction.

[Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-720, filed 6/18/97, effective 7/19/97.]

WAC 246-840-730 Mandatory reporting. Any person including, but not limited to, a registered nurse, a licensed practical nurse, advanced registered nurse practitioner, health care facility, or governmental agency shall always report in compliance with the uniform mandatory reporting rules found in WAC 246-16-200 through 246-16-270.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.130.070, and 18.130.175. WSR 17-11-132, § 246-840-730, filed 5/24/17, effective 6/24/17. Statutory Authority: RCW 18.79.110. WSR 00-01-186, § 246-840-730, filed 12/22/99, effective 1/22/00. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-730, filed 6/18/97, effective 7/19/97.]

WAC 246-840-740 Sexual misconduct prohibited. (1) Sexual misconduct. A nurse or nursing technician shall not engage, or attempt to engage, in sexual misconduct with a current patient, client, or key party, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes, but is not limited to:

(a) Sexual intercourse;

(b) Touching the breasts, genitals, anus, or any sexualized body part except as consistent with accepted standards of practice for examination, diagnosis, and treatment and within the nurse or nursing technician's scope of practice;

(c) Rubbing against a patient or client or key party for other than a legitimate health care purpose;

(d) Kissing, hugging, touching, fondling, or caressing of a romantic or sexual nature;

(e) Examination of or touching genitals without using gloves;

(f) Not allowing a patient or client privacy to dress or undress except as may be necessary in emergencies or custodial situations;

(g) Not providing the patient or client a gown or draping except as may be necessary in emergencies;

(h) Dressing or undressing in the presence of the patient, client, or key party;

(i) Removing patient or client's clothing or gown or draping without consent, emergent medical necessity or being in a custodial setting;

(j) Encouraging masturbation or other sex act in the presence of the nurse or nursing technician;

(k) Masturbation or other sex act by the nurse or nursing technician in the presence of the patient, client, or key party;

(l) Suggesting or initiating a discussion of the possibility of a dating, sexual, or romantic relationship after the professional relationship ends;

(m) Terminating a professional relationship for the purpose of dating or pursuing a romantic or sexual relationship;

(n) Soliciting, accepting, or going on a date with an individual the nurse or nursing technician knows, or reasonably should know, to be a patient, client, or key party;

(o) Discussing the sexual history, acts, or fantasies of the nurse or nursing technician;

(p) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;

(q) Making statements regarding the patient, client, or key party's body, appearance, sexual history, or sexual orientation for other than legitimate health care purposes;

(r) Any behavior including any verbal or physical contact which may reasonably be interpreted as sexually demeaning, humiliating, embarrassing, threatening, or harming a patient, client or key party;

(s) Photographing or filming the body or any body part or pose of a patient, client, or key party, for other than legitimate health care purposes or at the request of and for the benefit of, the patient, client, or key party; and

(t) Showing a patient, client, or key party sexually explicit photographs, for other than legitimate health care purposes.

(2) A nurse or nursing technician shall not:

(a) Offer to provide health care services in exchange for sexual favors;

(b) Use health care information or access to health care information to contact the patient, client or key party for other than legitimate health care.

(3) A nurse or nursing technician shall not engage, or attempt to engage, in sexual misconduct defined in subsection (1) of this section with a person he or she knows or should know is a former patient, client, or key party within two years after the provider-patient/client relationship ends, except as specified in subsection (5) of this section.

(4) After the two-year period of time described in subsection (3) of this section, a nurse or nursing technician shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section if:

(a) The patient, client, or key party will seek or require additional services from the nurse or nursing technician.

(b) There is an imbalance of power, influence, opportunity, and/or special knowledge of the professional relationship.

(5) A nurse who has provided psychological or psychiatric diagnostic or therapeutic services to a patient shall never engage, or attempt to engage, in sexual misconduct as defined in subsection (1) of this section with a former patient, former client, or former key party.

(6) When evaluating whether a nurse or nursing technician is prohibited from engaging, or attempting to engage, in sexual misconduct, the commission will consider factors including, but not limited to:

(a) Documentation of a formal termination and the circumstances of termination of the provider-patient relationship;

(b) Transfer of care to another nurse or nursing technician;

(c) Duration of the provider-patient relationship;

(d) Amount of time that has passed since the last health care services to the patient or client;

(e) Communication between the nurse or nursing technician and the patient or client during the time between the last health care services rendered and commencement of the personal relationship;

(f) Extent to which the patient's or client's personal or private information was shared with the nurse or nursing technician;

(g) Nature of the patient or client's health condition during and since the professional relationship;

(h) The patient or client's emotional dependence and vulnerability;

(i) Normal revisit cycle for the profession and service; and

(j) Imbalance of power in the nurse-patient relationship.

(7) Patient, client, or key party initiation or consent does not excuse or negate the nurse or nursing technician's responsibility.

(8) These rules do not prohibit:

(a) Providing health care services in case of emergency where the services cannot or will not be provided by another nurse or nursing technician;

(b) Contact that is necessary for a legitimate health care purpose and that meets the standard of care appropriate to the nursing and nursing technician professions; or

(c) Providing health care services for a legitimate health care purpose to a person who is in a preexisting, established personal relationship with the nurse or nursing technician where there is no evidence of, or potential for, exploiting the patient or client, unless prohibited by another statute or rule.

(9) Sexual misconduct also includes sexual contact with any person involving force, intimidation, or lack of consent; or a conviction of a sex offense listed in RCW 9.94A.030.

(10) Definitions. For the purposes of this section, these terms shall have the following meaning:

(a) "Health care information" means any information, whether oral or recorded in any form or medium that identifies or can readily be associated with the identity of, and relates to the health care of, a patient or client.

(b) "Key party" means immediate family members and others who would be reasonably expected to play a significant role in the health care decisions of the patient or client and includes, but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian, and person authorized to make health care decisions for the patient or client.

(c) "Legitimate health care purpose" means activities for examination, diagnosis, treatment, and personal care of patients or clients, including palliative care, as consistent with standards of prac-

tice for the nursing and nursing technician professions. The activity must be within the scope of practice of the nurse or nursing technician.

(d) "Nurse" means a registered nurse, licensed practical nurse, or advanced registered nurse practitioner licensed under chapter 18.79 RCW.

(e) "Nursing technician" means a nursing student, registered under chapter 18.79 RCW and preparing for registered nurse licensure, who is employed in a hospital licensed under chapter 70.41 RCW, a nursing home licensed under chapter 18.51 RCW, or a clinic.

(f) "Patient" or "client" means an individual who receives health care from a nurse or nursing technician.

[Statutory Authority: RCW 18.79.110 and 18.130.050. WSR 14-21-112, § 246-840-740, filed 10/16/14, effective 11/16/14; WSR 07-19-131, § 246-840-740, filed 9/19/07, effective 10/20/07. Statutory Authority: RCW 18.130.180(24). WSR 99-04-051, § 246-840-740, filed 1/28/99, effective 2/28/99.]

WAC 246-840-745 Adjudicative proceedings. The commission adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-745, filed 6/18/97, effective 7/19/97.]

WAC 246-840-747 Appearance and practice before agency—Standards of ethical conduct. All persons appearing in proceedings before the commission in a representative capacity shall conform to the standards of ethical conduct required of attorneys before the courts of Washington. If any such person does not conform to such standards, the commission may decline to permit such person to appear in a representative capacity in any proceeding before it.

[Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-747, filed 6/18/97, effective 7/19/97.]

WAC 246-840-750 Philosophy governing voluntary substance abuse monitoring programs. The nursing care quality assurance commission (commission) recognizes the need to establish a means of providing early recognition and treatment options for licensed practical nurses or registered nurses whose competency may be impaired due to the abuse of drugs or alcohol. The commission intends that such nurses be treated and their treatment monitored so that they can return to or continue to practice their profession in a manner, that safeguards the public. The Washington health professional services (WHPS) program is the commission's approved substance abuse monitoring program under RCW 18.130.175. The commission may refer licensed practical nurses or registered nurses to WHPS as either an alternative to or in connection with disciplinary actions under RCW 18.130.160.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.130.070, and 18.130.175. WSR 17-11-132, § 246-840-750, filed 5/24/17, effective 6/24/17. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-750, filed 6/18/97, effective 7/19/97.]

WAC 246-840-760 Definitions of terms used in WAC 246-840-750 through 246-840-780. The definitions in this section apply throughout WAC 246-840-750 through 246-840-780 unless the text clearly requires otherwise.

(1) "Approved treatment facility" is a facility certified by the division of behavioral health and recovery (DBHR) department of social and health services, according to chapters 388-877 through 388-877B WAC that meets the defined standards. Drug and alcohol treatment facilities located out-of-state must have substantially equivalent standards.

(2) "Continuing care" means the phase of treatment following acute treatment. Common elements of continuing care include relapse prevention and self-help group participation.

(3) "Monitoring contract" is a comprehensive, structured agreement between the recovering nurse and WHPS defining the requirements of the nurse's program participation.

(4) "Peer support group" is a professionally facilitated support group designed to support recovery and re-entry into practice.

(5) "Random drug screens" means laboratory tests to detect the presence of drugs of abuse in body fluids and other biologic specimens that are performed at irregular intervals not known in advance by the person to be tested.

(6) "Referral contract" is a formal agreement between the commission and the nurse to comply with the requirements of the WHPS program in lieu of discipline.

(7) "Self-help groups" means groups or fellowships providing support for people with substance use disorder to support their sobriety and recovery.

(8) "Substance abuse" or "substance use disorder" means a chronic progressive illness that involves the use of alcohol or other drugs to a degree that it interferes with the functional life of the registrant/licensee, as manifested by health, family, job (professional services), legal, financial, or emotional problems.

(9) "Washington health professional services (WHPS)" is the approved substance abuse monitoring program as described in RCW 18.130.175 that meets criteria established by the commission. WHPS does not provide evaluation or treatment services.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.130.070, and 18.130.175. WSR 17-11-132, § 246-840-760, filed 5/24/17, effective 6/24/17. Statutory Authority: RCW 18.79.110. WSR 08-11-019, § 246-840-760, filed 5/12/08, effective 6/12/08. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-760, filed 6/18/97, effective 7/19/97.]

WAC 246-840-770 Approval of substance abuse monitoring programs. The commission uses WHPS as the approved monitoring program.

(1) WHPS will:

(a) Employ staff with the qualifications and knowledge of both substance abuse and the practice of nursing as defined in this chapter to be able to evaluate:

(i) Clinical laboratories;

(ii) Laboratory results;

(iii) Providers of substance abuse treatment, both individuals and facilities;

(iv) Peer support groups;

(v) The nursing work environment; and

(vi) The ability of the nurse to practice with reasonable skill and safety.

(b) Enter into a monitoring contract with the nurse to oversee the nurse's required recovery activities. Exceptions may be made to individual components of the contract as needed.

(c) Determine, on an individual basis, whether a nurse will be prohibited from engaging in the practice of nursing for a period of time and restrictions, if any, on the nurse's access to controlled substances in the workplace.

(d) Maintain case records on participating nurses.

(e) Report to the commission any nurse who fails to comply with the requirements of the monitoring program as defined by the commission.

(f) Provide the commission with an annual statistical report.

(2) The commission approves WHPS's procedures on treatment, monitoring, and limitations on the practice of nursing for those participating in the program.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.130.070, and 18.130.175. WSR 17-11-132, § 246-840-770, filed 5/24/17, effective 6/24/17. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-770, filed 6/18/97, effective 7/19/97.]

WAC 246-840-780 Conditions for participants entering the approved substance abuse monitoring program. (1) Any nurse participating in the substance abuse monitoring program must:

(a) Undergo a complete substance use disorder evaluation. This evaluation will be performed by health care professional(s) with expertise in chemical dependency.

(b) Enter into a monitoring contract with WHPS which includes, but is not limited to, the following terms, which require the nurse to:

(i) Undergo any recommended level of treatment in an approved treatment facility, including continuing care;

(ii) Abstain from all mind-altering substances including alcohol and cannabis except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101;

(iii) Cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals;

(iv) Attend peer support group, or self-help group meetings, or both as specified by WHPS;

(v) Complete random or for-cause drug screening as specified by WHPS;

(vi) Comply with specified employment conditions and restrictions as defined by the monitoring contract;

(vii) Agree in writing to allow WHPS to release information to the commission if the nurse does not comply with any contract requirements or is unable to practice with reasonable skill and safety;

(viii) Pay the costs of any required evaluations, substance abuse treatment, peer support group, random drug screens, and other personal expenses incurred in relation to the monitoring program;

(ix) Sign any requested release of information authorizations.

(2) When referred to WHPS in lieu of discipline, the nurse must enter into a referral contract with the commission. The commission may take disciplinary action against the nurse's license under RCW 18.130.160 based on any violation by the nurse of the referral contract.

(3) A nurse may voluntarily participate in WHPS in accordance with RCW 18.130.175(2) without first being referred to WHPS by the commission.

[Statutory Authority: RCW 18.79.010, 18.79.110, 18.130.070, and 18.130.175. WSR 17-11-132, § 246-840-780, filed 5/24/17, effective 6/24/17. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-780, filed 6/18/97, effective 7/19/97.]

WAC 246-840-800 Scope of practice—Advisory opinions. (1) The commission may issue advisory opinions in response to questions put to it by professional health associations, nursing practitioners and consumers concerning the authority of various categories of nursing personnel to perform particular acts. Such questions must be presented in writing to the department staff.

(2) Questions may be referred to a committee of the commission. Upon such referral, the committee shall develop a draft response which shall be presented to the full commission at a public meeting for ratification, rejection or modification. The committee may, at its discretion, consult with health care practitioners for assistance in developing its draft response.

(3) If the commission issues an opinion on a given issue, such opinion shall be provided to the requesting party and shall be included in the commission minutes.

(4) Each opinion issued shall include a clear statement to the effect that:

(a) The opinion is advisory and intended for the guidance of the requesting party only; and

(b) The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the commission.

(5) In no event shall this section be construed to supersede the authority of the commission to adopt rules related to the scope of practice nor shall it be construed to restrict the ability of any person to propose a rule or to seek a declaratory judgment from the commission.

[Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-800, filed 6/18/97, effective 7/19/97.]

WAC 246-840-810 Provision for continuity of drug therapy for residents. When a resident of a long-term care facility has the op-

portunity for an unscheduled therapeutic leave that would be precluded by the lack of an available pharmacist to dispense drugs prescribed by an authorized practitioner, a registered nurse designated by the facility and its consultant or staff pharmacist and who agrees to such designation, may provide the resident or a responsible person with up to a seventy-two-hour supply of a prescribed drug or drugs for use during that leave from the resident's previously dispensed package of such drugs. The drugs shall only be provided in accordance with protocols developed by the pharmaceutical services committee and shall be available for inspection. These protocols shall include the following:

(1) Criteria as to what constitutes an unscheduled therapeutic leave requiring the provision of drugs by the registered nurse;

(2) Procedures for repackaging and labeling the limited supply of previously dispensed drugs by the designated registered nurse that comply with all state and federal laws concerning the packaging and labeling of drugs;

(3) Provision to assure that none of the medication provided to the resident or responsible person may be returned to the resident's previously dispensed package of such drug or to the facility's stock.

(4) Assurance that the RN informs the resident or responsible person of:

(a) The name, strength and quantity of drug provided;

(b) The proper administration of the drug;

(c) Potential adverse responses to the drug; and

(d) What actions to take should adverse responses occur.

(5) Provision for documenting by the RN in the resident's health record:

(a) Date and time of unscheduled leave;

(b) Name, strength and quantity of drug provided;

(c) Name of person to whom the drug was given and by whom it was given; and

(d) Confirmation that information described in subsection (2) of this section was provided.

See WAC 246-865-070 for related regulations regarding this practice.

[Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-810, filed 6/18/97, effective 7/19/97.]

WAC 246-840-820 Provision for clean, intermittent catheterization in schools. Public school districts and private schools that offer classes for any of the grades kindergarten through twelve may provide for clean, intermittent catheterization of students or assisted self-catheterization of students who are in the custody of the school district at the time in accordance with the following rules:

(1) The student's file shall contain a written request from the parent(s) or guardian for the clean, intermittent catheterization of the student.

(2) The student's file shall contain written permission from the parent(s) or guardian for the performance of the clean, intermittent catheterization procedure by the nonlicensed school employee.

(3) The student's file shall contain a current written order for clean, intermittent catheterization from the student's physician and shall include written instructions for the procedure. The order shall be reviewed and/or revised each school year.

(4) The student's file shall contain written, current, and unexpired instructions from a registered nurse licensed under chapter 18.79 RCW regarding catheterization which include:

(a) A designation of the school district or private school employee or employees who may provide for the catheterization; and

(b) A description of the nature and extent of any required supervision.

(5) The service shall be offered to all handicapped students and may be offered to the nonhandicapped students, at the discretion of the school board.

(6) The registered nurse shall develop instructions specific to the needs of the student. These shall be made available to the nonlicensed school employee and shall be updated each school year.

(7) The supervision of the self-catheterizing student shall be based on the needs of the student and the skill of the nonlicensed school employee.

(8) The registered nurse, designated by the school board, shall be responsible for the training of the nonlicensed school employees who are assigned to perform clean, intermittent catheterization of the students.

(9) The training of the nonlicensed school employee shall include but not be limited to:

(a) An initial in-service training, length determined by the registered nurse.

(b) An update of the instructions and a review of the procedure each school year.

(c) Anatomy, physiology, and pathophysiology of the urinary system including common anomalies for the appropriate age group served.

(d) Techniques common to the urinary catheterization procedure.

(e) Identification and care of the required equipment.

(f) Common signs and symptoms of infection and recommended procedures to prevent the development of infections.

(g) Identification of the psychosocial needs of the parent/guardian and the students with emphasis on the needs for privacy and confidentiality.

(h) Documentation requirements.

(i) Communication skills including the requirements for reporting to the registered nurse or the physician.

(j) Medications commonly prescribed for the clean, intermittent catheterization patient and their side effects.

(k) Contraindications for clean, intermittent catheterization and the procedure to be followed if the nonlicensed school employee is unable to catheterize the student.

(l) Training in catheterization specific to the student's needs.

(m) Developmental growth patterns of the appropriate age group served.

(n) Utilization of a teaching model to demonstrate catheterization techniques with return demonstration performed by the nonlicensed school employee, if a model is available.

(10) The training of the nonlicensed school employee shall be documented in the employee's permanent file.

[Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-820, filed 6/18/97, effective 7/19/97.]

WAC 246-840-830 Determination and pronouncement of death by a licensed registered nurse. A registered nurse may determine and pronounce death, but shall not certify death as defined in RCW 70.58.160 unless the registered nurse is a licensed ARNP as defined in WAC 246-840-300.

(1) A registered nurse may assume responsibility for the determination and pronouncement of death only if there are written policies and procedures relating to the determination and pronouncement of death in the organization with which the registered nurse is associated as an employee or by contract, provided:

(a) The decedent was under the care of a health care practitioner qualified to certify cause of death; and

(b) The decedent was a patient of the organization with which the registered nurse is associated; and

(c) There is a "do not resuscitate order" in the patient's record when the decedent was assisted by mechanical life support systems at the time of determination and pronouncement of death.

(2) A registered nurse who assumes responsibility for the determination and pronouncement of death shall be knowledgeable of the laws and regulations regarding death and human remains which affect the registered nurse's practice of this responsibility.

(3) A registered nurse who assumes responsibility for the determination and pronouncement of death shall:

(a) Perform a physical assessment of the patient's condition;

(b) Insure that family and physician and other caregivers are notified of the death; and

(c) Document the findings of the assessment and notification in all appropriate records.

[Statutory Authority: RCW 70.58.170, 70.58.180 and 2000 c 133. WSR 00-17-179, § 246-840-830, filed 8/23/00, effective 9/23/00. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-830, filed 6/18/97, effective 7/19/97.]

NURSING TECHNICIANS

WAC 246-840-840 Nursing technician. The purpose of the nursing technician credential is to provide additional work related opportunities for students enrolled in an LPN, ADN, or BSN program, within the limits of their education, to gain valuable judgment and knowledge through expanded work opportunities.

(1) The nursing technician is as defined in WAC 246-840-010(30).

(2) The nursing technician shall have knowledge and understanding of the laws and rules regulating the nursing technician and shall function within the legal scope of their authorization under chapter 18.79 RCW and shall be responsible and accountable for the specific nursing functions which they can safely perform as verified by their nursing program.

(3) The nursing technician shall work directly for the hospital, clinic or nursing home and may not be employed in these facilities through a temporary agency.

[Statutory Authority: RCW 18.79.010, 18.79.110, and 18.79.340. WSR 22-04-082, § 246-840-840, filed 1/31/22, effective 5/13/22. Statutory Authority: RCW 18.79.110 and 2012 c 153. WSR 13-15-064, § 246-840-840,

filed 7/15/13, effective 8/15/13. Statutory Authority: Chapter 18.79 RCW and 2003 c 258. WSR 04-13-053, § 246-840-840, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-840, filed 6/18/97, effective 7/19/97.]

WAC 246-840-850 Use of nomenclature. (1) Any person who meets the definition of nursing technician under WAC 246-840-010(30) shall use the title nursing technician.

(2) No person may practice or represent oneself as a nursing technician by use of any title or description of services without being registered under chapter 18.79 RCW, unless otherwise exempted by chapter 18.79 RCW.

[Statutory Authority: RCW 18.79.010, 18.79.110, and 18.79.340. WSR 22-04-082, § 246-840-850, filed 1/31/22, effective 5/13/22. Statutory Authority: Chapter 18.79 RCW and 2003 c 258. WSR 04-13-053, § 246-840-850, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-850, filed 6/18/97, effective 7/19/97.]

WAC 246-840-860 Nursing technician criteria. To be eligible for employment as a nursing technician a student must meet the following criteria:

(1) Satisfactory completion of at least one academic term (quarter or semester) of a nursing program approved by the commission. The term must have included a clinical component.

(2) Currently enrolled in a nursing commission approved program will be considered to include:

(a) All periods of regularly planned educational programs and all school scheduled vacations and holidays;

(b) Thirty days after graduation from an approved program; or

(c) Sixty days after graduation if the student has received a determination from the secretary that there is good cause to continue the registration period.

(d) Current enrollment does not include:

(i) Leaves of absence or withdrawal, temporary or permanent, from the nursing educational program.

(ii) Students who are awaiting the opportunity to reenroll in nursing courses.

[Statutory Authority: RCW 18.79.110, 18.88A.060 and 2020 c 76. WSR 21-04-016, § 246-840-860, filed 1/22/21, effective 2/22/21. Statutory Authority: Chapter 18.79 RCW and 2003 c 258. WSR 04-13-053, § 246-840-860, filed 6/11/04, effective 6/11/04. Statutory Authority: RCW 18.79.160. WSR 97-17-049, § 246-840-860, filed 8/15/97, effective 9/15/97.]

WAC 246-840-870 Functions of the nursing technician. The nursing technician is authorized only to perform specific nursing functions within the limits of their education, up to their skills and knowledge, as verified by their nursing program. The nursing technician:

(1) May function only under the direct supervision of a registered nurse who has agreed to act as supervisor and is immediately available.

(2) May gather information about patients and administer care to patients.

(3) May not assume ongoing responsibility for assessments, planning, implementation, or evaluation of the care of patients. The nursing technician may participate in all aspects of the nursing care process under the guidance of the registered nurse and within the scope of the nursing technician's education.

(4) May never function independently, act as a supervisor, or delegate tasks to licensed practical nurses, nursing assistants, or unlicensed personnel.

(5) May not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.

(6) May not perform any task or function that does not appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled. This document verifies that the nursing technician has demonstrated the ability and is safe to perform these tasks and functions. If the nursing technician is requested to perform any task not verified by the nursing program, the nursing technician must inform their supervisor that the task or function is not within their scope and must not perform the task.

[Statutory Authority: Chapter 18.79 RCW and 2003 c 258. WSR 04-13-053, § 246-840-870, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-870, filed 6/18/97, effective 7/19/97.]

WAC 246-840-880 Functions of the registered nurse supervising the nursing technician. The registered nurse who is responsible for supervising the nursing technician:

(1) Is accountable at all times for the client's safety and well-being.

(2) Is responsible at all times for the nursing process as delineated in WAC 246-840-700 and this responsibility cannot be delegated.

(3) Shall maintain at all times an awareness of the care activities of the nursing technician and of the current assessment of the patient/resident.

(4) Shall be immediately available at all times to the nursing technician.

(5) Shall have knowledge of the specific nursing functions the nursing technician is authorized to perform. The authorized functions appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled.

[Statutory Authority: Chapter 18.79 RCW and 2003 c 258. WSR 04-13-053, § 246-840-880, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-880, filed 6/18/97, effective 7/19/97.]

WAC 246-840-890 Functions of the employing facility. In addition to the responsibilities required by RCW 18.79.360 (4)(e), the employer of the nursing technician shall:

(1) Verify the nursing technician's enrollment in a nursing program approved by the commission.

(2) Verify that the nursing technician continues to qualify as a nursing technician and continues to be in good standing within three weeks of completion of each academic term (semester or quarter).

(3) Obtain and maintain written documentation of the specific nursing functions that the nursing technician may perform from the approved nursing program.

(4) Follow their own guidelines, policies, principles and procedures relating to nursing technicians.

(5) Identify the student nurse as a "nursing technician."

(6) Advise the department and nursing program of any practice-related action taken against the nursing technician. The employing facility shall notify the department at P.O. Box 47864, Olympia, Washington, 98504-7864.

(7) Provide training regarding the provisions of RCW 18.79.330 through 18.79.370 as specified in RCW 18.79.360 (4)(e).

[Statutory Authority: Chapter 18.79 RCW and 2003 c 258. WSR 04-13-053, § 246-840-890, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-890, filed 6/18/97, effective 7/19/97.]

WAC 246-840-900 Functions of the nursing program. The nursing program in which the nursing technician is enrolled should:

(1) Provide to the employer written documentation of specific nursing functions the nursing technician may perform. This documentation should be based upon, and limited to, the nursing technician's education and demonstrated ability to safely perform the functions listed.

(2) Provide to the employer and the commission written documentation when a nursing technician is no longer considered to be in good standing as defined in WAC 246-840-010(16). The nursing program should notify the employer and the commission immediately if the nursing technician is no longer in good standing. Notification to the commission should be sent to P.O. Box 47864, Olympia, Washington, 98504-7864.

[Statutory Authority: Chapter 18.79 RCW and 2003 c 258. WSR 04-13-053, § 246-840-900, filed 6/11/04, effective 6/11/04. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-900, filed 6/18/97, effective 7/19/97.]

WAC 246-840-905 How to register as a nursing technician. (1) An individual shall complete an application for registration on an application form prepared and provided by the secretary of the department of health. This application shall be submitted to P.O. Box 47864, Olympia, Washington 98504-7864.

(2) Every applicant shall provide:

(a) The application fee under WAC 246-840-990.

(b) A signed statement from the applicant's nursing program verifying enrollment in, or graduation from, the nursing program. If the

applicant has not yet graduated, this statement will include the anticipated graduation date.

(c) A signed statement from the applicant's employer or prospective employer certifying that the employer understands the role of the nursing technician and agrees to meet the requirements of RCW 18.79.360(4).

[Statutory Authority: RCW 18.79.110, 18.88A.060 and 2020 c 76. WSR 21-04-016, § 246-840-905, filed 1/22/21, effective 2/22/21. Statutory Authority: Chapter 18.79 RCW and 2003 c 258. WSR 04-13-053, § 246-840-905, filed 6/11/04, effective 6/11/04.]

DELEGATION OF NURSING CARE TASKS IN COMMUNITY-BASED AND IN-HOME CARE SETTINGS

WAC 246-840-910 Purpose. This rule defines a consistent standard of nursing care with the delegation of nursing tasks to nursing assistants or home care aides. The registered nurse delegator makes independent professional decisions of the delegation of a nursing task. A licensed registered nurse may delegate specific nursing care tasks to nursing assistants or home care aides meeting certain requirements and providing care to individuals in a community-based care setting defined by RCW 18.79.260 (3)(e)(i) and to individuals in an in-home care setting defined by RCW 18.79.260 (3)(e)(ii). Before delegating a task, the registered nurse delegator determines that specific criteria are met and the patient is in a stable and predictable condition. Registered nurses delegating tasks are accountable to the Washington state nursing care quality assurance commission. The registered nurse delegator, home care aide and nursing assistant are each accountable for their own individual actions in the delegation process. No person may coerce a registered nurse into compromising patient safety by requiring the registered nurse to delegate. Registered nurse delegators shall not delegate the following care tasks:

(1) Administration of medications by injection (by intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) with the exception of insulin injections.

(2) Sterile procedures.

(3) Central line maintenance.

(4) Acts that require nursing judgment.

[Statutory Authority: RCW 18.79.110, 18.79.260, 2012 c 164, and 2012 c 10. WSR 13-15-063, § 246-840-910, filed 7/15/13, effective 8/15/13. Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.060], and 18.88A.210. WSR 09-06-006, § 246-840-910, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.210, 2003 c 140. WSR 04-14-065, § 246-840-910, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapters 18.79 and 18.88A RCW. WSR 02-02-047, § 246-840-910, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. WSR 96-05-060, § 246-840-910, filed 2/19/96, effective 3/21/96.]

WAC 246-840-920 Definitions. The following definitions apply to WAC 246-840-910 through 246-840-970.

(1) "Authorized representative" means a person allowed to provide written consent for health care on behalf of a patient who is not competent to consent. Such person shall be a member of one of the classes of persons as directed in RCW 7.70.065.

(2) "Coercion" means to force or compel another, by authority, to do something that he/she would not otherwise choose to do.

(3) "Complex task" means that a nursing task may become more complicated because of:

(a) The patient's condition;

(b) The setting;

(c) The nursing care task(s) and involved risks; and

(d) The skill level required to perform the task.

The registered nurse delegator identifies and facilitates additional training of the nursing assistant or home care aide prior to delegation in these situations. The registered nurse delegator decides if the task is not delegable. In no case, may administration of medications by injection with the exception of insulin injections, sterile procedures and central line maintenance be delegated.

(4) "Direct supervision" means the registered nurse delegator on the premises, quickly and easily available and the patient assessment by the registered nurse delegator occurs prior to the delegation of the duties to any care giver.

(5) "Home care aide" means a person certified under chapter 18.88B RCW.

(6) "Immediate supervision" means the registered nurse delegator is on the premises, within audible and visual range of the patient and the patient assessment by the registered nurse delegator occurs prior to the delegation of duties to any care giver.

(7) "Indirect supervision" means the registered nurse delegator is not on the premises. The registered nurse delegator previously provided written instructions for the care and treatment of the patient. The registered nurse delegator documents in the patient record the instruction to the nursing assistant or home care aide, observation of the delegated task, and confirmation of the nursing assistant's or home care aide's understanding the directions.

(8) "Medication assistance" as defined in chapter 246-888 WAC does not require delegation by a licensed nurse.

(9) "Nursing assistant" means a nursing assistant-registered under chapter 18.88A RCW or a nursing assistant-certified under chapter 18.88A RCW, providing support and care to individuals served by certified community residential programs for the developmentally disabled, to individuals residing in licensed adult family homes, to in-home care and to individuals residing in assisted living facilities.

(10) "Outcome" means the end result or consequence of an action after following a plan of care.

(11) "Patient" means the individual receiving nursing care tasks. In the community residential settings, the patient may be a client, consumer, or resident.

(12) "Personal care services" as defined in WAC 388-106-0010 do not require delegation by a licensed nurse.

(13) "Procedure" means a series of steps with a desired result; a particular course of action or way of doing something.

(14) "Registered nurse delegation" means the registered nurse transfers the performance of selected nursing tasks to competent nursing assistants or home care aides in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the patient.

(15) "Stable and predictable condition" means the registered nurse delegator determines the patient's clinical and behavioral status is nonfluctuating and consistent. Stable and predictable may include a terminally ill patient whose deteriorating condition is expected. Stable and predictable may include a patient with sliding scale insulin orders. The registered nurse delegator determines the patient does not require frequent nursing presence and evaluation.

(16) "Supervision" means the guidance and evaluation by a registered nurse delegator for the accomplishment of a nursing task or activity, including the initial direction of the task or activity; periodic inspection at least every ninety days of the actual act of accomplishing the task or activity; and the authority to require corrective action.

[Statutory Authority: RCW 18.79.110, 18.79.260, 2012 c 164, and 2012 c 10. WSR 13-15-063, § 246-840-920, filed 7/15/13, effective 8/15/13. Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.060], and 18.88A.210. WSR 09-06-006, § 246-840-920, filed 2/18/09, effective 3/21/09. Statutory Authority: Chapters 18.79 and 18.88A RCW. WSR 02-02-047, § 246-840-920, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. WSR 96-05-060, § 246-840-920, filed 2/19/96, effective 3/21/96.]

WAC 246-840-930 Criteria for delegation. (1) Before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

ASSESS

(2) The setting allows delegation because it is a community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).

(3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.

(4) Determine the task to be delegated is within the delegating nurse's area of responsibility.

(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. The registered nurse delegator assesses the potential risk of harm for the individual patient.

(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant or home care aide to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant or home care aide needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant or home care aide.

(7) Assess the level of interaction required. Consider language or cultural diversity affecting communication or the ability to accomplish the task and to facilitate the interaction.

(8) Verify that the nursing assistant or home care aide:

(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;

(b) Has completed both the basic caregiver training and core delegation training before performing any delegated task;

(c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training;

(d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; and

(e) Is willing and able to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.

(9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.

(10) If the registered nurse delegator determines delegation is appropriate, the nurse:

(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care.

(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.

PLAN

(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.

(12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:

(a) The rationale for delegating the nursing task;

(b) The delegated nursing task is specific to one patient and is not transferable to another patient;

(c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide;

(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;

(e) A clear description of the procedure or steps to follow to perform the task;

(f) The predictable outcomes of the nursing task and how to effectively deal with them;

(g) The risks of the treatment;

(h) The interactions of prescribed medications;

(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;

(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:

(i) How to notify the registered nurse delegator of the change;

(ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and

(iii) The process to notify the nursing assistant or home care aide of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;

(k) How to document the task in the patient's record;

(l) Document teaching done and a return demonstration, or other method for verification of competency; and

(m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least weekly for the first four weeks, and may be more frequent.

(13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant or home care aide written directions specific to an individual patient.

IMPLEMENT

(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).

EVALUATE

(16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care.

(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.

(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

[Statutory Authority: RCW 18.79.010, 18.79.110, and 18.79.260. WSR 22-12-026, § 246-840-930, filed 5/23/22, effective 9/9/22. Statutory Authority: RCW 18.79.110, 18.79.260, 2012 c 164, and 2012 c 10. WSR 13-15-063, § 246-840-930, filed 7/15/13, effective 8/15/13. Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.060], and

18.88A.210. WSR 09-06-006, § 246-840-930, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.210, 2003 c 140. WSR 04-14-065, § 246-840-930, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapters 18.79 and 18.88A RCW. WSR 02-02-047, § 246-840-930, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-930, filed 6/18/97, effective 7/19/97; WSR 96-05-060, § 246-840-930, filed 2/19/96, effective 3/21/96.]

WAC 246-840-940 Washington state nursing care quality assurance commission community-based and in-home care setting delegation decision tree.

(1)	Does the patient reside in one of the following settings? A community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).	No →	Do not delegate
Yes ↓			
(2)	Has the patient or authorized representative given consent to the delegation?	No →	Obtain the written, informed consent
Yes ↓		No →	
(3)	Is RN assessment of patient's nursing care needs completed?	No →	Do assessment, then proceed with a consideration of delegation
Yes ↓			
(4)	Does the patient have a stable and predictable condition?	No →	Do not delegate
Yes ↓			
(5)	Is the task within the registered nurse's scope of practice?	No →	Do not delegate
Yes ↓			
(6)	Is the nursing assistant or home care aide, registered or certified and properly trained in the nurse delegation for nursing assistants or home care aides? Is the nursing assistant or home care aide trained in diabetes care and insulin injections when delegating insulin?	No →	Do not delegate
Yes ↓			
(7)	Does the delegation exclude the administration of medications by injection other than insulin, sterile procedures or central line maintenance?	No →	Do not delegate
Yes ↓			
(8)	Can the task be performed without requiring judgment based on nursing knowledge?	No →	Do not delegate
Yes ↓			

(9)	Are the results of the task reasonably predictable?	No →	Do not delegate
Yes ↓			
(10)	Can the task be safely performed according to exact, unchanging directions?	No →	Do not delegate
Yes ↓			
(11)	Can the task be performed without a need for complex observations or critical decisions?	No →	Do not delegate
Yes ↓			
(12)	Can the task be performed without repeated nursing assessments?	No →	Do not delegate
Yes ↓			
(13)	Can the task be performed properly?	No →	Do not delegate
Yes ↓			
(14)	Is appropriate supervision available? With insulin injections, the supervision occurs at least weekly for the first four weeks.	No →	Do not delegate
Yes ↓			
(15)	There are no specific laws or rules prohibiting the delegation?	No →	Do not delegate
Yes ↓			
(16)	Task is delegable		

[Statutory Authority: RCW 18.79.110, 18.79.260, 2012 c 164, and 2012 c 10. WSR 13-15-063, § 246-840-940, filed 7/15/13, effective 8/15/13. Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.060], and 18.88A.210. WSR 09-06-006, § 246-840-940, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f), 18.88A.210, 2003 c 140. WSR 04-14-065, § 246-840-940, filed 7/2/04, effective 7/2/04. Statutory Authority: Chapters 18.79 and 18.88A RCW. WSR 02-02-047, § 246-840-940, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. WSR 97-13-100, § 246-840-940, filed 6/18/97, effective 7/19/97; WSR 96-05-060, § 246-840-940, filed 2/19/96, effective 3/21/96.]

WAC 246-840-950 How to make changes to the delegated tasks. (1) **Medication.** The registered nurse delegator discusses with the nursing assistant or home care aide the process for continuing, rescinding, or adding medications to the delegation list when the changes occur:

(a) The registered nurse delegator verifies the change in medication or a new medication order with the health care provider;

(b) If the medication dosage or type of medication changes or for the same problem (i.e., one medication is deleted and another is substituted) and the patient remains in a stable and predictable condition, delegation continues at the registered nurse delegator's discretion; and

(c) If a new medication is added, the registered nurse delegator reviews the criteria and process for delegation prior to delegating the administration of the new medication to the nursing assistant or home care aide. The registered nurse delegator maintains the authority

to decide if the new medication can be delegated immediately, if a site visit is warranted prior to delegation, or if delegation is no longer appropriate. If delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan to meet the needs of the patient.

(2) **Treatments and/or procedures.**

(a) The registered nurse delegator verifies the change in the medical order with the health care provider.

(b) The registered nurse delegator decides if the new treatment or procedure can be delegated immediately, if a site visit is warranted prior to delegation, or if delegation is no longer appropriate. If rescinding delegation, the registered nurse delegator initiates and participates in developing an alternative plan to meet the needs of the patient.

Transferring delegation to another registered nurse.

(3) The registered nurse delegator may transfer the delegation process to another registered nurse. The registered nurse assuming responsibility assesses the patient, the skills of the nursing assistant or home care aide, and the plan of care. The registered nurse is accountable and responsible for the delegated task. The registered nurse delegator must document the following in the patient's record:

(a) The reason and justification for another registered nurse assuming responsibility for the delegation;

(b) The registered nurse assuming responsibility must agree, in writing, to perform the supervision; and

(c) The nursing assistant or home care aide and patient have been informed of this change.

[Statutory Authority: RCW 18.79.110, 18.79.260, 2012 c 164, and 2012 c 10. WSR 13-15-063, § 246-840-950, filed 7/15/13, effective 8/15/13. Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.060], and 18.88A.210. WSR 09-06-006, § 246-840-950, filed 2/18/09, effective 3/21/09. Statutory Authority: Chapters 18.79 and 18.88A RCW. WSR 02-02-047, § 246-840-950, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. WSR 96-05-060, § 246-840-950, filed 2/19/96, effective 3/21/96.]

WAC 246-840-960 Rescinding delegation. (1) The registered nurse delegator may rescind delegation of the nursing task based on the following circumstances which may include, but are not limited to:

(a) The registered nurse delegator believes patient safety is being compromised;

(b) The patient's condition is no longer stable and predictable;

(c) When the frequency of staff turnover makes delegation impractical to continue in the setting;

(d) A change in the nursing assistant's or home care aide's willingness or competency to do the task;

(e) When the task is not being performed correctly;

(f) When the patient or authorized representative requests rescinding the delegation;

(g) When the facility's license lapsed; or

(h) When caregivers are not currently registered, certified, or have restrictions to practice.

(2) In the event delegation is rescinded, the registered nurse delegator initiates and participates in developing an alternative plan

to provide continuity of the task or assumes responsibility for performing the task.

(3) The registered nurse delegator documents the reason for rescinding delegation of the task and the plan for continuing the task.

[Statutory Authority: RCW 18.79.110, 18.79.260, 2012 c 164, and 2012 c 10. WSR 13-15-063, § 246-840-960, filed 7/15/13, effective 8/15/13. Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.060], and 18.88A.210. WSR 09-06-006, § 246-840-960, filed 2/18/09, effective 3/21/09. Statutory Authority: Chapters 18.79 and 18.88A RCW. WSR 02-02-047, § 246-840-960, filed 12/27/01, effective 1/27/02. Statutory Authority: Chapter 18.79 RCW. WSR 96-05-060, § 246-840-960, filed 2/19/96, effective 3/21/96.]

WAC 246-840-970 Accountability, liability, and coercion. (1) The registered nurse delegator and nursing assistant or home care aide are accountable for their own individual actions in the delegation process. While the delegated task becomes the responsibility of the nursing assistant or home care aide, the registered nurse delegator retains overall accountability for the nursing care of the patient.

(2) Under RCW 18.79.260 (3)(d)(iv), delegating nurses acting within their delegation authority shall be immune from liability for any action performed in the course of their delegation duties.

(3) Under RCW 18.88A.230(1), nursing assistants and under RCW 18.88B.070(3), home care aides following written delegation instructions from registered nurse delegators for delegated tasks shall be immune from liability.

(4) Complaints regarding delegation of nursing tasks may be reported to the aging and adult services administration of the department of social and health services or via a toll-free telephone number.

(5) All complaints related to registered nurse delegators shall be referred to the nursing care quality assurance commission.

(6) All complaints related to nursing assistants or home care aides performing delegated tasks shall be referred to the secretary of health.

(7) Under RCW 18.79.260 (3)(c), no person may coerce the registered nurse delegator into compromising patient safety by requiring the nurse to delegate if the registered nurse delegator determines it is inappropriate to do so. Registered nurse delegators shall not be subject to any employer reprisal or disciplinary action by the Washington nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety.

(8) Under RCW 18.88A.230(2), nursing assistants and under RCW 18.88B.070(4), home care aides shall not be subject to any employer reprisal or disciplinary action by the secretary for refusing to accept delegation of a nursing task based on patient safety issues.

[Statutory Authority: RCW 18.79.110, 18.79.260, 2012 c 164, and 2012 c 10. WSR 13-15-063, § 246-840-970, filed 7/15/13, effective 8/15/13. Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A060 [18.88A.060], and 18.88A.210. WSR 09-06-006, § 246-840-970, filed 2/18/09, effective 3/21/09. Statutory Authority: Chapters 18.79 and 18.88A RCW. WSR 02-02-047, § 246-840-970, filed 12/27/01, effective 1/27/02. Statutory

Authority: Chapter 18.79 RCW. WSR 96-05-060, § 246-840-970, filed 2/19/96, effective 3/21/96.]

WAC 246-840-990 Fees and renewal cycle. (1) A licensed practical nurse (LPN) or a registered nurse (RN) must renew his or her license every year on the licensee's birthday.

(2) When applying for a license an applicant for an initial or renewal LPN license or RN license must pay, in addition to the application fee, the University of Washington (UW) health sciences online library access (HEAL-WA) surcharge and the central nursing resource center (nursing center) surcharge, as required in RCW 43.70.110.

(3) An advanced registered nurse practitioner (ARNP) must renew his or her license every two years on the licensee's birthday. An ARNP must also hold a valid RN license and pay all associated fees every year on the licensee's birthday.

(4) A nursing technician must renew his or her registration every year on the practitioner's birthday. The renewal must be accompanied by an attestation as required in RCW 18.79.370 that includes the nursing technician's anticipated graduation date. If the anticipated graduation date is within one year, the registration will expire 30 days after the anticipated graduation date. The expiration date may be extended to 60 days after graduation if the nursing technician can show good cause as defined in WAC 246-840-010(15).

(5) A practitioner who holds more than one credential will be charged separate fees for each credential, in compliance with WAC 246-12-020 through 246-12-051 and RCW 43.70.110.

(6) The following nonrefundable fees will be charged:

Application Fees

	Registered Nurse	Licensed Practical Nurse	Advanced Registered Nurse Practitioner[1]	Nursing Technician
Application Fee	114	69	130	25
HEAL-WA Surcharge	16	16	0	0
Nursing Center Surcharge	5	5	0	0
Total	**135**	**90**	**130**	**25**

[1]Pays a $125 application fee per specialty license. If not currently a licensed RN, must also pay RN application fees.

On-Time Renewal

	Registered Nurse	Licensed Practical Nurse	Advanced Registered Nurse Practitioner[2]	Nursing Technician
Renewal Fee	114	69	130	25
HEAL-WA Surcharge	16	16	0	0
Nursing Center Surcharge	5	5	0	0
Total	**135**	**90**	**130**	**25**

[2]Pays a $125 renewal fee per specialty license once every two years. Must also renew RN license every year.

Late Renewal - Up to One Year Past the Expiration

	Registered Nurse	Licensed Practical Nurse	Advanced Registered Nurse Practitioner[3]	Nursing Technician
Renewal Fee	114	69	130	25

HEAL-WA Surcharge	16	16	0	0
Nursing Center Surcharge	5	5	0	0
Late Renewal Penalty	50	50	50	25
Total	**185**	**140**	**180**	**50**

[3]Pays $50 per specialty license in late fees.

Late Renewal - One Year or More Expired

	Registered Nurse	Licensed Practical Nurse	Advanced Registered Nurse Practitioner
Renewal Fee	114	69	130
HEAL-WA Surcharge	16	16	0
Nursing Center Surcharge	5	5	0
Late Renewal Penalty	50	50	50
Expired Licenses Reissuance	70	70	0
Total	**255**	**210**	**180**

Retired Active Renewal

	Registered Nurse	Licensed Practical Nurse
Renewal Fee	44	44
HEAL-WA Surcharge	16	16
Nursing Center Surcharge	5	5
Total	**65**	**65**

Retired Active Renewal—Late Renewal - Up to One Year Past the Expiration

	Registered Nurse	Licensed Practical Nurse
Renewal Fee	44	44
HEAL-WA Surcharge	16	16
Nursing Center Surcharge	5	5
Late Renewal Penalty	45	45
Total	**110**	**110**

Retired Active Renewal—Late Renewal - One Year or More Expired

	Registered Nurse	Licensed Practical Nurse
Renewal Fee	44	44
HEAL-WA Surcharge	16	16
Nursing Center Surcharge	5	5
Late Renewal Penalty	45	45
Expired License Reissuance	70	70
Total	**180**	**180**

Inactive License Renewal

	Registered Nurse	Licensed Practical Nurse	Advanced Registered Nurse Practitioner

Renewal Fee	44	44	40
HEAL-WA Surcharge	16	16	0
Nursing Center Surcharge	5	5	0
Total	**65**	**65**	**40**

Inactive License Renewal—Late Renewal - Up to One Year Past the Expiration

	Registered Nurse	Licensed Practical Nurse	Advanced Registered Nurse Practitioner
Renewal Fee	44	44	40
HEAL-WA Surcharge	16	16	0
Nursing Center Surcharge	5	5	0
Late Renewal Penalty	45	45	40
Total	**110**	**110**	**80**

Inactive License Renewal—Late Renewal - One Year or More Expired

	Registered Nurse	Licensed Practical Nurse	Advanced Registered Nurse Practitioner
Renewal Fee	44	44	40
HEAL-WA Surcharge	16	16	0
Nursing Center Surcharge	5	5	0
Late Renewal Penalty	45	45	40
Expired License Reissuance	40	40	40
Total	**150**	**150**	**120**

Other fees

	Registered Nurse	Licensed Practical Nurse	Advanced Registered Nurse Practitioner	Nursing Technician
Duplicate licensee or registration	20	20	20	15
Verification of licensure	25	25	25	25

[Statutory Authority: RCW 18.36A.060, 18.36A.140, 43.70.110, 43.70.250, and 43.70.280. WSR 22-15-074, § 246-840-990, filed 7/18/22, effective 12/1/22. Statutory Authority: RCW 43.70.250 and 43.70.280. WSR 17-07-038, § 246-840-990, filed 3/8/17, effective 7/1/17. Statutory Authority: 2013 2nd sp.s. c 4, 2013 c 249 § 219, RCW 18.130.250, and 43.70.250. WSR 13-24-097, § 246-840-990, filed 12/3/13, effective 2/1/14. Statutory Authority: RCW 43.70.110 (3)(c) and 43.70.250. WSR 12-19-088, § 246-840-990, filed 9/18/12, effective 11/1/12. Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. WSR 10-19-071, § 246-840-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. WSR 08-15-014, § 246-840-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.010, 43.70.250, and 2005 c 268. WSR 05-20-107, § 246-840-990, filed 10/5/05, effective 11/5/05. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. WSR 05-12-012, § 246-840-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250 and chapter 18.79 RCW. WSR 04-04-054, § 246-840-990, filed 1/30/04, effective 1/30/04. Statutory Authority: RCW 43.70.280. WSR 98-05-060, §

246-840-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.79 RCW. WSR 97-23-075, § 246-840-990, filed 11/19/97, effective 1/12/98. Statutory Authority: RCW 18.79.200. WSR 95-12-021, § 246-840-990, filed 5/31/95, effective 7/1/95.]