



# Certification Page Regular and Emergency Rules

Revised June 2020

**Emergency Rules** *(Complete Sections 1-3 and 5-6)*

**Regular Rules**

### 1. General Information

a. Agency/Board Name*			
b. Agency/Board Address		c. City	d. Zip Code
e. Name of Agency Liaison		f. Agency Liaison Telephone Number	
g. Agency Liaison Email Address			h. Adoption Date
i. Program			
Amended Program Name <i>(if applicable)</i> :			

\*  By checking this box, the agency is indicating it is exempt from certain sections of the Administrative Procedure Act including public comment period requirements. Please contact the agency for details regarding these rules.

### 2. Legislative Enactment For purposes of this Section 2, "new" only applies to regular (non-emergency) rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.

a. Are these non-emergency or regular rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

No.  Yes. If the rules are new, please provide the Legislative Chapter Numbers and Years Enacted (e.g. 2015 Session Laws Chapter 154):

### 3. Rule Type and Information For purposes of this Section 3, "New" means an emergency or regular rule that has never been previously created.

a. Provide the Chapter Number, Title\* and Proposed Action for Each Chapter. *Please use the "Additional Rule Information" form to identify additional rule chapters.*

Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name <i>(if applicable)</i> :		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name <i>(if applicable)</i> :		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name <i>(if applicable)</i> :		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name <i>(if applicable)</i> :		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name <i>(if applicable)</i> :		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name <i>(if applicable)</i> :		

**4. Public Notice of Intended Rulemaking**

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice.  No.  Yes.  N/A

b. A public hearing was held on the proposed rules.  No.  Yes. Please complete the boxes below.

Date:	Time:	City:	Location:

**5. Checklist**

a.  For regular rules, the Statement of Principal Reasons is attached to this Certification and, in compliance with Tri-State Generation and Transmission Association, Inc. v. Environmental Quality Council, 590 P.2d 1324 (Wyo. 1979), includes a brief statement of the substance or terms of the rule and the basis and purpose of the rule

b.  For emergency rules, the Memorandum to the Governor documenting the emergency, which requires promulgation of these rules without providing notice or an opportunity for a public hearing, is attached to this Certification.

**6. Agency/Board Certification**

The undersigned certifies that the foregoing information is correct. By electronically submitting the emergency or regular rules into the Wyoming Administrative Rules System, the undersigned acknowledges that the Registrar of Rules will review the rules as to form and, if approved, the electronic filing system will electronically notify the Governor's Office, Attorney General's Office, and Legislative Service Office of the approval and electronically provide them with a copy of the complete rule packet on the date approved by the Registrar of Rules. The complete rules packet includes this signed certification page; the Statement of Principal Reasons or, if emergency rules, the Memorandum to the Governor documenting the emergency; and a strike and underscore copy and clean copy of each chapter of rules.

<i>Signature of Authorized Individual</i>	<i>Lori Hart</i>
<i>Printed Name of Signatory</i>	
<i>Signatory Title</i>	
<i>Date of Signature</i>	

**7. Governor's Certification**

I have reviewed these rules and determined that they:

1. Are within the scope of the statutory authority delegated to the adopting agency;
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

<i>Governor's Signature</i>	
<i>Date of Signature</i>	

Wyoming State Board of Nursing

Chapter 5: Fees

Chapter 6: Standards for Nursing Education Programs

Chapter 8: Procedure for Application, Licensure, and Disciplinary Matters

Intent to Adopt Amended Rules

Statement of Reasons

The Wyoming State Board of Nursing (WSBN) has voted to initiate a change to WSBN Rules Chapter 5: Fees; Chapter 6: Standards for Nursing Education Programs; and Chapter 8: Procedure for Application, Licensure, and Disciplinary Matters. As required by Wyoming Statute § 16-3-103(a)(i)(G), these proposed changes meet minimum substantive state statutory requirements. To assist in understanding proposed changes to Chapters 5, 6, and 8, a “crosswalk” identifies proposed rules, current rules, and rationale for change. The crosswalk is attached for ease of reference.

**Chapter 5: Fees**

Changes to Chapter 5 are pursuant to Wyo. Stat. Ann. § 33-21-122 (xxi), allowing the collection of fees not to exceed five hundred dollars (\$500.00) as established by Board rules.

The proposed changes are necessary to:

1. Establish a fee for a pre-application determination for licensure per Wyo. Stat. Ann. § 33-1-304. The \$25 fee will recover the costs of researching and developing a determination. *Sect 4(o)*
2. Establish a reasonable refund processing fee that can be applied consistently. Current rules indicate no refunds, yet the practice is to grant a refund if an applicant complains (once the correct application has been completed and paid for). The no refund rule is followed inconsistently, leading to arbitrary and capricious treatment of applicants. Issuing a refund requires five separate individuals to process/review. Charging a processing fee based on licensing type is a way to fairly and consistently manage incorrect applications. The WY Board of CPAs has adopted a similar processing fee. *Sect 4(r)*
3. Remove the flat \$5 credit card processing fee. The new State of WY vendor cannot accept this flat fee for credit card processing services. As processing fees may vary over time, WSBN will post rates conspicuously on the application and website rather than in the rules. *Sect 4(n)*
4. Allow “Negotiable paper” for licensure fees and data requests (defined as cashier’s checks or money orders) as required per Wyo. Stat. Ann. § 9-4-217. *Sect 3 (a)*
5. Correct errors in formatting/usage.

**Chapter 6: Standards for Nursing Education Programs**

Changes to Chapter 6 are pursuant to Wyo. Stat. Ann. §§ 33-21-138 through 33-21-144, establishing WSBN oversight for nursing education programs.

The proposed changes are necessary to:

1. Align measurement metrics for National Council Licensure Examination (NCLEX) pass rates to align with the accrediting agencies' standards. Programs will continue to meet the 80% requirement, with multiple options for programs to meet this benchmark. *Sect 10(a)*
2. Establish a process for approval of innovative approaches for prelicensure nursing education programs. Innovation is vital for rural programs that often struggle to find adequate faculty or clinical placements for students – this could allow programs in good standing to utilize virtual reality or establish dedicated education units. This section will ensure innovation is conducted consistently, meeting the Board's role of protecting the public. *Sect 6*
3. Meet the shortage of quality preceptors by increasing the clinical ratio to one (1) preceptor to two (2) students. *Sect 4(b)(i)(D)(II)*
4. Update definitions to improve clarity and support changes.
5. Correct errors in formatting/usage.

### **Chapter 8: Procedure for Application, Licensure, and Disciplinary Matters**

Changes to Chapter 8 are pursuant to Wyo. Stat. Ann. § 33-21-122 (b), allowing WSBN to make and amend rules necessary for the proper administration and enforcement of the Nurse Practice Act.

The proposed changes are necessary to:

1. Bring language and processes in this chapter into alignment with the Model Procedural Rules from the Wyoming Attorney General's Office and National Council of State Boards of Nursing Model Rules.
2. Describe unsafe prescribing or administration of medication, which will result in discipline. Examples include self-prescribing or prescribing for a family member. *Sect 3(a)(xix-xxi)*
3. Allow the Board to dismiss an application without a hearing unless the applicant requests a hearing. Current rules require a hearing for any application denial, even for applicants who do not meet licensure requirements. The 2020 renewal audit would have resulted in approximately 100 hearings if emergency rules were not put in place for the dismissal of non-qualified applications. This number of hearings is well beyond the agency's means and not a prudent use of agency funds.
4. Correct errors in formatting/usage.

**Response to Public Comments received during Public Comment period February 1 – March 24, 2023**

**Chapter 5 – Fees**

	<b>PROPOSED REVISION/COMMENT</b>	<b>CH 6 REFERENCE</b>	<b>BOARD RESPONSE</b>	<b>RESPONSE SENT</b>
<b><i>Public Comment 1 – Maria Kidner / Received 2/5/23</i></b>				
Ch 5-1a	I liked the proposed changes	N/A	Comment supports proposed revisions. No change requested.	4/14/23
<b><i>Public Comment 2 – Toni Decklever / Received 2/6/23</i></b>				
Ch 5-2a	4.3 - Pre Application determination - Interesting. If I read this correctly, a person fills out the Pre-application and sends in 15.00 so they get an answer whether their criminal history would affect the ability to obtain a license, correct? Could this Pre-application be done prior to a person taking a class or enrolling in school? Many times this question comes up. People want to know before even starting a program whether their history will prohibit getting the license or certificate. <b>Numbering used refers to numbering used for crosswalk</b>	N/A	<p>Comment supports proposed revisions. No change requested.</p> <p>To answer Ms. Decklever’s questions</p> <p><i>If I read this correctly, a person fills out the Pre-application and sends in 15.00 so they get an answer whether their criminal history would affect the ability to obtain a license, correct?</i></p> <p>This is correct and it is important to note this is not a binding answer and will be subject to the current rules outlining reasons for disciplinary action at the time the individual applies for licensure/certification.</p> <p><i>Could this Pre-application be done prior to a person taking a class or enrolling in school?</i></p> <p>This is correct – this rule would allow an individual to have a review of their individual situation at any time before they apply for licensure/certification</p>	4/14/23

**Response to Public Comments received during Public Comment period February 1 – March 24, 2023**

**Chapter 6 – Standards for Nursing Education Programs**

	<b>PROPOSED REVISION/COMMENT</b>	<b>CH 6 REFERENCE</b>	<b>BOARD RESPONSE</b>	<b>RESPONSE SENT</b>
<b><i>Public Comment 1 – Maria Kidner / Received 2/5/23</i></b>				
Ch 6-1a	<p>Chapt 6 sec 2- I believe you have an incorrect definition of "preceptor"</p> <p>(st) "Preceptor" also known as partners in education, means a licensed nurse or other health professional who may serve as teacher, mentor, role model, or supervisor in a clinical setting.</p> <p>A preceptor and mentor are NOT the same. The preceptor has a contract and duty to evaluate and grade a student. yes, they should use positive reinforcement.... this is not mentoring. Mentoring does not include a formal process of grading and the intent is to help another become their best. Here is an idea:</p> <p>A preceptor is an experienced licensed clinician who supervises and grades nursing students during their clinical rotations through a formal contract. His or her role is to help students translate theoretical learning to clinical practice.</p>	<p>Sect 2 (s) "Preceptor" also known as partners in education, means a licensed nurse or other health professional who may serve as teacher, mentor, role model, or supervisor in a clinical setting.</p>	<p><u>Reject</u> the request to change the definition of preceptor.</p> <p>This definition is unchanged from current rules. The definition is taken from NCSBN Model Rules and is intended to offer a broad definition of the role as each educational agency may use differing terms.</p>	4/14/23
<b><i>Public Comment 2 – Toni Decklever / Received 2/6/23</i></b>				
Ch 6-2a	<p>Gotta love the word, "innovative"!</p>	<p>Sect 2 (l) "Innovative" means a dynamic, systematic process that envisions new approaches to nursing education.</p>	<p>Comment supports proposed revisions. No change requested.</p>	4/14/23

	PROPOSED REVISION/COMMENT	CH 6 REFERENCE	BOARD RESPONSE	RESPONSE SENT
Ch 6-2b	2.4 -- Update to NCLEX pass rate. The new rule is fine. Don't think the rationale fits. Seems a copy and paste from the previous rule change. <b>Numbering used refers to numbering used for crosswalk</b>	Sect 2 (o) "NCLEX Pass rate" means the examination pass rate data of a program's student candidates who take and pass the NCLEX (at the PN or RN levels).	Comment supports proposed revisions. No change requested. Ms. Decklever's comments relate to crosswalk (not rules)	4/14/23
Ch 6-2c	4.3 - Completely understand the rationale for increasing the preceptor ratio to 2 students to 1 preceptor. My concern would be if the students were on different floors/units. Does the rule need to be more clear that the preceptor can be used for 2 students assigned to the same floor/unit? <b>Numbering used refers to numbering used for crosswalk</b>	Sect 4 (i)(D)(II) When preceptors are used in a clinical setting, one (1) preceptors shall supervise a maximum of two (2) students.	<u>Reject</u> the request to include clarification the students must be on the same floor. It would be highly unusual for a nurse (acting as a preceptor) to have patients assigned on two different floors or units.	4/14/23
Ch 6-2d	<p>As I start to read through section 6 - I wonder why this is being added. Has there been an influx of programs that wouldn't meet the current rules?</p> <p>Is this section being developed for one person or one program? Because we currently have in class programs and hybrid programs - so what type of program would be different from either of these?</p> <p>So -- at the end -- I can't see a reason for section 6 at all. The entire section is too vague and basically seems unnecessary. Section 4 describes what should be included in an educational program - whether it is "innovative" or not. It includes the definition of traditional and hybrid and the expectations of both. The word "innovative" could be added to Section 4 - (a) (ii) - Principles: (C) or (D) or add a (VI) under F.</p> <p>If Section 6 were more specific so that the reader actually knew what it referred to - maybe it would make more sense. And -- there would be no way to defend it. What is "innovative" to one person, might not be to another. It is entirely to subjective to be a rule. Honestly -- all programs should have some "innovation" in them. The addition of SIM labs was innovative, but it did not require a rules change.</p>		<p><u>Reject</u> change to proposed rule language.</p> <p>The language used comes from NCSBN <i>Model Rules</i> and is intended to allow educational facilities an opportunity to develop innovation in an evidence-manner. For instance, some programs want to use virtual reality and current rules do not recognize this modality.</p>	4/14/23

	PROPOSED REVISION/COMMENT	CH 6 REFERENCE	BOARD RESPONSE	RESPONSE SENT
Ch 6-2e	<p>6.3 (d) (i) -- the word "Board" should be added before 'meeting' - so it reads... "prior to a regularly scheduled board meeting." Clarifies what meeting is being referred to.</p> <p>Numbering used refers to numbering used for crosswalk</p>	<p>Sect 6 (d)(i) A description of the innovative plan, with rationale, resources, and timeline shall be provided to the Board at least twenty (20) days prior to a regularly scheduled meeting.</p>	<p><u>Accept</u> suggested modification to rule language for Section 6 (d)(i) to read:</p> <p>A description of the innovative plan, with rationale, resources, and timeline shall be provided to the Board at least twenty (20) days prior to a regularly scheduled <u>Board</u> meeting.</p>	4/14/23



Response to Public Comments received during Public Comment period February 1 – March 24, 2023

Chapter 8 – Procedure for Application, Licensure, and Disciplinary Matters

	PROPOSED REVISION/COMMENT	CH 6 REFERENCE	BOARD RESPONSE	RESPONSE SENT
<b>Public Comment 1 – Jennifer James / Received 2/11/23 &amp; 2/16/23</b>				
Ch 8-1A	In section 6 of chapt 8, it does not define the purpose or reason a complaint would be dismissed without being opened at the recommendation of the compliance manager and ED. This process needs to be fully defined.	NA definition is not included in Rules	<p><u>Reject</u> the request to include a request to include the reasons a complaint would be dismissed.</p> <p>Section 3 of this chapter defines reasons the Board may take disciplinary action or refuse to issue, renew, or reinstate a license.</p> <p>Per Board approved policy, the Compliance and Discipline Department (C&amp;D) Manager reviews all complaints received and consult with the Executive Director or prosecuting attorney, as needed, to make a determination of whether C&amp;D will proceed with investigation of the allegations.</p> <p>When a determination is made, after a review of the complaint on its face (i.e., no other documentation is obtained or further information is received), that the conduct alleged is <b>not</b> a violation of the Wyoming Nurse Practice Act or Board’s Rules. These complaints are presented to the Board at the next scheduled monthly Board Meeting for review/ratification.</p>	4/14/23

	PROPOSED REVISION/COMMENT	CH 6 REFERENCE	BOARD RESPONSE	RESPONSE SENT
Ch 8-1B	I think you should also define "population" as well.	The term is used three times  Sect. 3(a)  (iii) Has abused a client or member of a vulnerable population, including, but not limited to: physical, verbal, mental, emotional, financial, or sexual abuse;  (v) Has neglected a client or member of a vulnerable population;  (xxi) Prescribing or dispensing drugs or medications to individuals who are not patients of the APRN or who are not within the nurse's role and population focus.	<u>Reject</u> the request to include a definition for "population."  Defining this term would not clarify meaning and may prove confusing as in the first two usages, it means a group of individuals at special risk, based on age, cognitive state or illness. In the last usage, "population focus" is used commonly to define the patients who are within the APRN's scope of practice.	4/14/23
<b>Public Comment 2 – Alicia LePard / Received 2/15/23</b>				
Ch 8 - 2a	At this time I would like to gain clarity to the potential rule change as noted in the Intent to Adopt Amended Rules : Statement of Reasons, Chapter 8, item 2 – "Describe unsafe prescribing or administration of medication, which will result in discipline. Examples include self-prescribing, or prescribing for family members."  If in fact, the patient is a prescriber, or the family member of the prescriber and the prescriber- there is an established patient/provider relationship within the scope/population of the provider, and documentation of all elements, in an appropriate manner (with an exception of Schedule II medications) within a practice medical record exists, the NCSBN Model Act nor Rules do not directly prohibit self-treatment/family treatment (Referring to "8.5 Prescriptive Authority" and "8.6 Discipline of Prescriptive Authority" of the NCSBN Model Rules, pg. 31, document dated revised August 2021.	Section 3 (a) Disciplinary Action. The Board may take disciplinary action or refuse to issue, renew, relicense, or reinstate a license for one (1) or more of the following acts or conduct, upon proof the licensee or applicant:  (xix) Prescribing, dispensing, administering, or distributing drugs or medications in an unsafe manner or without adequate instructions to patients according to the acceptable and prevailing standards;  (xx) Prescribing, dispensing, administering, or distributing drugs or medications for other than therapeutic or prophylactic purposes;	<u>Reject</u> change to proposed rule language. Ms. LePard was asking for clarity based on the statement of reason and not requesting a change in rules – this will be an important area for APRN education.  This section of the rules is not specific to treating family members but instead focuses on development of an established relationship. Rules offer a broad brush and we rely on standards (as you described in your information) to guide practice. The statement of reasons does use treatment of family members as an example and this is based on some recent national discipline around an APRN prescribing controlled substances to family members who were selling the drugs. There is no mention in the rules on family members and the language	4/14/23

	PROPOSED REVISION/COMMENT	CH 6 REFERENCE	BOARD RESPONSE	RESPONSE SENT
	<p>I am a well-qualified nurse practitioner in multiple population foci including family and internal medicine and treat my husband, my step-children and their family, my nieces and nephews for a variety of disorders – including Factor V Leiden related blood clots, malignant hypertension, and malignant renal failure (because I know of the family history thru five generations), often because they cannot find knowledgeable providers to access – a well-documented problem in rural Wyoming. I collaborate with specialists when needed. I document each encounter in the medical record, I bill their insurance and do not offer any financial incentive to use my services that I would not offer to another patient, in accordance with CMS regulations. I do not prescribe schedule II medications to any family member or self as that is unethical and dangerous.</p> <p>The AMA Code of Medical Ethics notes that emergency settings or isolated settings where there may not be qualified ‘physician’ available, may allow that treatment should proceed and the ‘physician’ has the responsibility to document treatment or care, recognize when conflict of the professional relationship may exist and exit the relationship professionally.</p> <p>Wyoming is rural. Access to appropriate providers is limited. Costs can become as prohibitive as access. The NCSBN Model does not directly support this move as you have indicated in your documents, based on the Model Act and Rules and Regulations. Potentially, language could be modified to indicate “in a bona fide patient-provider relationship with mutual consent” and defined as meaning with appropriate documentation of the plan of care.</p>	<p>(xxi) Prescribing or dispensing drugs or medications to individuals who are not patients of the APRN or who are not within the nurse’s role and population focus.</p>	<p>used comes directly from the NCSBN Model Rules (2021) see below.</p> <p>c. Additional grounds for discipline related to prescriptive or dispensing authority include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards.</li> <li>2. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples.</li> <li>3. Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes.</li> <li>4. Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that nurse’s role and population focus.</li> </ol>	

	PROPOSED REVISION/COMMENT	CH 6 REFERENCE	BOARD RESPONSE	RESPONSE SENT
<b>Public Comment 3 – Toni Decklever / Received 2/6/23</b>				
Ch 8-3a	<p>Most of the rule changes in this chapter are grammatical, number changes or recommendations from Wy AG.</p> <p>Unlike section 6 in Chapter 6 -- these rules are very clear as to what is expected and what happens when a rule is violated.</p>		Comments supports proposed revisions. No change requested.	4/14/23
Ch 8-3b	<p>Section 3.5, 3.6, 3.7 -- Excellent addition. Seems this would cover prescribing off-label medications and not informing the patient about this. <b>Numbering used refers to numbering used for crosswalk</b></p>	<p>Section 3 (a) Disciplinary Action. The Board may take disciplinary action or refuse to issue, renew, relicense, or reinstate a license for one (1) or more of the following acts or conduct, upon proof the licensee or applicant:</p> <p style="padding-left: 40px;">(xix) Prescribing, dispensing, administering, or distributing drugs or medications in an unsafe manner or without adequate instructions to patients according to the acceptable and prevailing standards;</p> <p style="padding-left: 40px;">(xx) Prescribing, dispensing, administering, or distributing drugs or medications for other than therapeutic or prophylactic purposes;</p>	Comment supports proposed revisions. No change requested.	4/14/23
Ch 8-3c	<p>Using the verbage - nurse's role and population helps define this rule more clearly.</p>	<p>Section 3 (a) (xxi) Prescribing or dispensing drugs or medications to individuals who are not patients of the APRN or who are not within the nurse's role and population focus.</p>	Comment supports proposed revisions. No change requested.	4/14/23

## CHAPTER 5

### Fees

**Section 1. Authority.** The Board promulgates these rules according to their authority under Wyo. Stat. Ann. § 33-21-122(c)(xxi).

**Section 2. Adoption of Uniform Rules.** The Board hereby incorporates by reference the following uniform rules:

(a) Chapter 2 – Uniform Procedures, Fees, Costs, and Charges for Inspecting, Copying, and Producing Public Records adopted by the Department of Administration and Information and effective on September 6, 2016, found at <http://rules.wyo.gov>.

(b) For these rules incorporated by reference:

(i) The Board has determined incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a) of this section; and

(iii) The incorporated rules are maintained at the Board’s office and are available for public inspection and copying at the same location.

### **Section 3. General Information.**

(a) Licensure fees and data requests shall be payable by credit/debit/debit card, money order, or cashier’s check, and shall be paid in advance of services rendered.

(b) Any fees collected by the Board are nonrefundable except as provided in Section 4(r).

**Section 4. Fee Schedule.** Services for which the Board charges a fee shall include, but not be limited to, the following fee schedule. The amounts listed below do not include the credit card processing fee.

- |   |      |
|---|------|
| (a) Multistate licensure application processing           | \$25 |
| (b) DCI Background Check                                  | \$60 |
| (c) Temporary permit (for exam or endorsement applicants) | \$25 |
| (d) Licensure/Certification by Examination                |      |

(i)	APRN (includes initial national certification and does not include RN license)	\$250
(ii)	RN	\$130
(iii)	LPN	\$130
(iv)	CNA	\$60
(e)	Licensure/Certification by Endorsement	
(i)	APRN (includes initial national certification and does not include RN license)	\$255
(ii)	RN	\$135
(iii)	LPN	\$120
(iv)	CNA	\$60
(f)	Renewal	
(i)	APRN (includes initial national certification and does not include RN license)	\$180
(ii)	RN	\$110
(iii)	LPN	\$90
(iv)	CNA	\$50
(v)	Inactive/Retired	\$30
(g)	Additional APRN Fees	
(i)	Initial Application	
(A)	Additional Certification(s) (fee for each)	\$70
(B)	Prescriptive Authority	\$70
(ii)	Renewal	
(A)	Renewal of each National Certification beyond initial National Certification	\$70

	(B) Prescriptive Authority	\$70
(h)	Other Certifications	
	(i) LPN/VN IV	\$5
	(ii) Medication Aide-Certified (MA-C)	\$5
	(iii) CNA II	\$5
	(iv) Home Health Aide	\$5
(j)	Relicensure/Recertification/Reinstatement	
	(i) APRN (includes initial national certification and does not include RN license)	\$255
	(ii) RN	\$135
	(iii) LPN	\$120
	(iv) CNA	\$60
(k)	Inactive/Retired Licensure/Certification (APRN/RN/LPN/CNA)	\$30
(l)	Reactivation Licensure/Certification	
	(i) APRN (includes initial national certification and does not include RN license)	\$180
	(ii) RN	\$110
	(iii) LPN	\$90
	(iv) CNA	\$50
(m)	Verification of Licensure & Certification	\$40
(n)	Name Change	\$20
(o)	Pre-Application Determination	\$15
(p)	Copy Charge	
	(i) Photocopy Charge per page	20¢

- (ii) Data Requests TO BE DETERMINED ON AN INDIVIDUAL BASIS
- (q) Nursing Education Program Approval
  - (i) Initial ACTUAL COSTS INCURRED (not to exceed \$5,000.00)
  - (ii) Periodic ACTUAL COSTS INCURRED (not to exceed \$5,000.00)
- (r) Refunds
  - (i) Fees paid to the Board for application submitted for incorrect license type shall be refunded subject to the following processing fee(s):
    - (A) Refund processing fee for LPN/RN/APRN application \$50
    - (B) Refund processing fee for CNA application \$25
  - (ii) After the processing fee has been assessed, the minimum allowable refund shall be \$5.00.



## CHAPTER 5

### Fees

**Section 1. Statement of Purpose Authority.** The Board promulgates these rules according to their authority under Wyo. Stat. Ann. § 33-21-122(c)(xxi)

~~(a) — These Board Rules are adopted to implement the Board’s authority to determine and collect reasonable fees.~~

~~(b) — The Board is required under Wyoming Statute 16-3-103(j)(ii) to adopt the Department of Administration and Information’s uniform rules pertaining to procedures, fees, costs, and charges for inspecting, copying, and producing public records.~~

**Section 2. Adoption of Uniform Rules.** The Board hereby incorporates by reference the following uniform rules:

(a) Chapter 2 – Uniform Procedures, Fees, Costs, and Charges for Inspecting, Copying, and Producing Public Records adopted by the Department of Administration and Information and effective on September 6, 2016, found at <http://nursing-online.state.wy.us>.

(b) For these rules incorporated by reference:

(i) The Board has determined incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a) of this section; and

(iii) The incorporated rules are maintained at the Board’s office and are available for public inspection and copying at the same location.

**Section 3. General Information.**

(a) ~~Licensure fees and data requests shall be payable electronically by credit/debit/debit card, money order, or cashier’s check, and shall be paid in advance of services rendered. All other data requests may be payable by money order, cashier’s check and/or credit/debit card, and shall be paid in advance of services rendered.~~

~~(b) — Any licensure fees collected by the Board are nonrefundable. Any licensure fee overpayment greater than \$5.00 will be refunded. Any fees collected by the Board are nonrefundable except as provided in Section 4(r).~~

**Section 4. Fee Schedule.** Services for which the Board charges a fee shall include, but not be limited to, the following fee schedule: The amounts listed below do not include the credit card processing fee.

(a)	Multistate licensure application processing	\$25
(b)	DCI Background Check	\$60
(c)	Temporary permit (for exam or endorsement applicants)	\$25
(d)	Licensure/Certification by Examination	
	(i) APRN (includes initial national certification and does not include RN license)	\$250
	(ii) RN	\$130
	(iii) LPN	\$130
	(iv) CNA	\$60
(e)	Licensure/Certification by Endorsement	
	(i) APRN (includes initial national certification and does not include RN license)	\$255
	(ii) RN	\$135
	(iii) LPN	\$120
	(iv) CNA	\$60
(f)	Renewal	
	(i) APRN (includes initial national certification and does not include RN license)	\$180
	(ii) RN	\$110
	(iii) LPN	\$90
	(iv) CNA	\$50
	(v) Inactive/Retired	\$30
(g)	Additional APRN Fees	

(i)	Initial Application	
	(A) Additional Certification(s) (fee for each)	\$70
	(B) Prescriptive Authority	\$70
(ii)	Renewal	
	(A) Renewal of each National Certification beyond initial National Certification	\$70
	(B) Prescriptive Authority	\$70
(h)	Other Certifications	
(i)	LPN/VN IV	\$5
(ii)	Medication Aide-Certified (MA-C)	\$5
(iii)	CNA II	\$5
(iv)	Home Health Aide	\$5
<del>(j)</del>	Relicensure/Recertification/Reinstatement	
	(i) APRN (includes initial national certification and does not include RN license)	\$255
	(ii) RN	\$135
	(iii) LPN	\$120
	(iv) CNA	\$60
<del>(k)</del>	Inactive/Retired Licensure/Certification (APRN/RN/LPN/CNA)	\$30
<del>(l)</del>	Reactivation Licensure/Certification	
	(i) APRN (includes initial national certification and does not include RN license)	\$180
	(ii) RN	\$110
	(iii) LPN	\$90
	(iv) CNA	\$50

( <del>h</del> )m)	Verification of Licensure & Certification	\$40
( <del>m</del> )n)	Name Change	\$20
(o)	<u>Pre-Application Determination</u>	<u>\$15</u>
( <del>n</del> )	<del>Credit/Debit Card Processing</del>	<del>\$5</del>
(p)	Copy Charge	
(i)	Photocopy Charge per page	20¢
(ii)	Data Requests	TO BE DETERMINED ON AN INDIVIDUAL BASIS
(q)	Nursing Education Program Approval	
(i)	Initial	ACTUAL COSTS INCURRED (not to exceed \$5,000.00)
(ii)	Periodic	ACTUAL COSTS INCURRED (not to exceed \$5,000.00)
(r)	<u>Refunds</u>	
(i)	<u>Fees paid to the Board for application submitted for incorrect license type shall be refunded subject to the following processing fee(s):</u>	
(A)	<u>Refund processing fee for LPN/RN/APRN application</u>	<u>\$50</u>
(B)	<u>Refund processing fee for CNA application</u>	<u>\$25</u>
(ii)	<u>After the processing fee has been assessed, the minimum allowable refund shall be \$5.00.</u>	

## CHAPTER 6

### Standards For Nursing Education Programs

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to:

- (a) Provide criteria and procedures for the development, evaluation, approval, and improvement of new and established programs;
- (b) Ensure graduates of programs are prepared for safe and effective nursing practice; and
- (c) Ensure candidates are educationally prepared for certification, licensure, and recognition.

**Section 2. Definitions.**

- (a) "Administrator" means the nurse educator who has administrative responsibility or authority for the direction of a program.
- (b) "Articulation Agreement" means an educational partnership between nursing education programs allowing students to receive credit for their prior degree.
- (c) "Clinical Learning Experience" means planned activities in nursing practice that prepare students to understand, perform, and refine professional competencies at the appropriate program level. These experiences include direct and indirect patient care, simulation, standardized patient experiences, or any nursing intervention that influences health care outcomes.
- (d) "Committee" means the Education Committee of the Wyoming State Board of Nursing.
- (e) "Cost" means those expenses the Board or investigating committee incurs in a hearing to deny, refuse to renew, reactivate, reinstate, revoke, restrict, place conditions upon, or suspend a license or program approval pursuant to Wyoming Statute §§ 33-21-138 through 144 and includes, but is not limited to hearing officer fees, service fees, subpoena fees, reporter fees, lay and expert witness and consultant fees, travel and per diem expenses, deposition costs and other costs and expenses incurred in the investigation, discovery, preparation, and hearing of any disciplinary matter.

- (f) “Debriefing” means an activity following an experiential learning experience. Activity is led by a facilitator, encourages participant’s reflective thinking, and provides feedback regarding the participant’s performance.
- (g) “Encumbered License” means a license with current discipline, condition, or restriction.
- (h) “Faculty” means an educator employed, paid, or contracted by the program whether full-time, part-time, adjunct, or labeled as a substitute.
- (j) “Home State/Jurisdiction” means the state/jurisdiction where the program has legal domicile.
- (k) “Host State/Jurisdiction” means the state/jurisdiction outside of the home state/jurisdiction where students participate in didactic coursework and/or clinical experiences.
- (l) “Innovative” means a dynamic, systematic process that envisions new approaches to nursing education.
- (m) “Methods of Delivery” means the methods used by faculty to facilitate and evaluate learning in compliance with approved statutes and regulations. Methods of delivery include:
- (i) “Traditional Education” means student and instructor are physically in the same location at the same time (e.g., face-to-face). This method of delivery may be web enhanced/supported.
  - (ii) “Distance Education” means student and instructor are not physically in the same location. Instruction uses synchronous or asynchronous technology to support regular and substantive interactions between the instructor and students. Instructional methods may include but are not limited to one-way or two-way transmissions, audio, video, the internet, or computer technologies.
  - (iii) “Hybrid Education” means instruction that uses both distance and traditional education methods of delivery.
- (n) “Multi-State License” means a license to practice nursing issued by a home state licensing board authorizing the licensed nurse to practice in all party states under a privilege to practice.
- (o) “NCLEX Pass Rate ” means the examination pass rate data of a program’s student candidates who take and pass the NCLEX (at the PN or RN levels).

(p) “Nurse Administrator” means the nurse with responsibility and authority for the administrative and instructional activities of a nursing education unit and nursing programs within the governing organization (e.g., dean, chairperson, director, etc.).

(q) “Parent Institution” means the organization or agency responsible for the administration and operation of the program.

(r) “Plan of Correction” means a written report in which a program details plans for compliance with relevant statutes and regulations.

(s) “Post-Licensure” means an educational program leading to degree completion of an undergraduate, graduate, or terminal degree in nursing once licensure as a registered nurse has been attained.

(t) “Preceptor” also known as partners in education, means a licensed nurse or other health professional who may serve as teacher, mentor, role model, or supervisor in a clinical setting.

(u) “Prelicensure” means initial educational program in nursing leading to entry-level licensure as a RN or LPN.

(v) “Program” means a nursing or nursing related health education program at any level.

(w) “Simulation” means a technique to replace or amplify real clinical experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.

(x) “Self-Evaluation Plan” means a comprehensive, written plan for initial and ongoing self-evaluation of program requirements and outcomes. This plan is based on the standards and rules identified in this chapter and the program’s identified accrediting body.

**Section 3. General Standards for Nursing Education Programs.** All nursing education programs operating in Wyoming shall meet these requirements.

(a) Purpose and outcomes are consistent with:

(i) The Wyoming Nurse Practice Act, Board Rules, and other state and federal laws; and

(ii) Accepted standards governing the practice of nursing appropriate for graduates of the type of program offered.

- (b) Current accreditation, or approved to pursue accreditation, of:
  - (i) Parent institution by an accrediting body recognized by the United States Department of Education for postsecondary institutions; and
  - (ii) Program by a national nursing accreditation agency recognized by the Board.
- (c) The parent institution or program shall notify the Board of any changes affecting their respective accreditation status within thirty (30) days.
- (d) Prior to any clinical learning experiences, the parent institution shall execute a written contract with the cooperating clinical facility establishing and defining:
  - (i) The responsibilities of each party;
  - (ii) The period of the agreement; and
  - (iii) Conditions under which renewal, renegotiation, or termination could take place.
- (e) The parent institution shall maintain a copy of each executed contract and provide it to the Board upon request.

#### **Section 4. Programmatic Standards for Wyoming Nursing Education Programs.**

- (a) Curriculum.
  - (i) Overview. The curriculum for all programs shall enable the student to develop the nursing knowledge, skills, and abilities necessary for the level, scope, and standards of competent nursing practice expected at the level of licensure or recognition. The program shall revise its curriculum to maintain a program reflecting advances in health care and its delivery.
  - (ii) Principles. The curriculum, as defined by nursing education, professional, and practice standards, shall include:
    - (A) A sound foundation in biological, physical, social, and behavioral sciences;
    - (B) Integration of legal and ethical issues and professional responsibilities into didactic and clinical experiences;



(C) Learning experiences that promote the development of evidence based clinical judgment, skill in clinical management, and the professional commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients;

(D) Evidence-based learning experiences and methods of instruction, including distance education methods if used, consistent with the written curriculum plan;

(E) Delivery of instruction consistent with the program curriculum plan, which enables students to meet the goals, competencies, and outcomes of the program; and

(F) Instruction on the Wyoming Nurse Practice Act and Administrative Rules which shall include:

(I) The mission and purpose of the Wyoming State Board of Nursing relative to licensure, discipline, practice, and nursing education program approval;

(II) Nurse licensure process in Wyoming including eligibility, temporary permits, renewal, continued competency, and inactive status;

(III) The purpose of the Nurse Licensure Compact (NLC) and requirements for a multi-state license;

(IV) The scope of practice for nurses and Certified Nurse Aides in Wyoming; and

(V) The process and potential reasons for disciplinary action.

(iii) Prelicensure Curriculum. The curriculum of prelicensure programs shall include didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social, and economic backgrounds.

(iv) APRN Curriculum. The curriculum of the APRN nursing education program must prepare the graduate to practice in one of the four identified APRN roles, i.e., CRNA, CNM, CNS, or CNP, and at least one of the six population foci, i.e., family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related, or psychiatric/mental health. The APRN curriculum shall include:

(A) Three separate graduate level courses (the APRN core) in:

(I) Advanced physiology and pathophysiology, including general principles that apply across the lifespan;

(II) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts, and approaches; and

(III) Advanced pharmacology which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.

(B) Instruction in diagnosis and management of disorders across settings and body systems appropriate to the APRN focus; and

(C) Instruction in the principles for clinical decision-making in the identified role.

(v) APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci.

(vi) There shall be provisions for the recognition of prior learning and advanced placement in the curriculum for individuals who hold a graduate degree as an APRN and are seeking preparation in a different role or population focus. Post-masters nursing students shall complete the requirements of the APRN program through a formal graduate level certificate or degree in the desired role and population focus. Certificate students must meet the same APRN outcome competencies required of other students.

(b) Clinical Learning Experiences.

(i) Prelicensure.

(A) The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program.

(B) Faculty supervised clinical practice shall include:

(I) Development of skills in direct patient care;

(II) Making clinical judgments; and

(III) Care and management of both individuals and groups of patients across the lifespan; and

(IV) Delegation to, supervision of, and collaboration with, as appropriate to the level of education, and other health care providers.

(C) Measurement of student competency shall focus on student demonstration of care management and decision-making skills when providing patient care in a variety of clinical settings with diverse patients.

(D) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

(I) The faculty/student ratio shall not exceed eight (8) students to one (1) faculty member for each clinical learning experiences involving direct patient care.

(II) When preceptors are used in a clinical setting, one (1) preceptor shall supervise a maximum of two (2) students.

(III) Nursing faculty should not be responsible for more than sixteen (16) students involved in preceptor relationships at one time.

(ii) APRN. Each instructional track/major shall have a minimum of five hundred (500) supervised clinical hours or as required for national certification exam. The supervised experience shall relate directly to the role and population focus, including pharmacotherapeutic management of patients.

(c) Administrator Responsibilities. The nurse administrator shall:

(i) Have continuous, active, daily, and direct responsibility and authority at all locations for the nursing program;

(ii) Oversee the daily governing organization, nursing education unit, and nursing program matters such as, but not limited to, personnel matters, student matters, curricular matters, and resource matters; and

(iii) Have adequate time and resources on a daily basis at all locations to administer the nursing program.

(d) Administrator Qualifications. The administrator shall have the education and experience necessary to direct the program in preparing graduates for the safe practice of nursing. All program administrators shall:

(i) Hold an active, unencumbered, single-state Wyoming or multi-state RN or APRN license;

- (ii) Have at least five (5) years of experience practicing nursing; and
  - (iii) Have experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration, and evaluation.
  - (iv) The associate degree and/or practical nursing program administrator shall have a minimum of a master's degree in nursing.
  - (v) The baccalaureate nursing program administrator shall have a doctoral degree in nursing or a related field.
  - (vi) The post-licensure nursing program administrator shall have a doctoral degree in nursing or a related field.
  - (vii) The APRN program administrator may have responsibility for the oversight of multiple program tracks. This administrator shall:
    - (A) Have a doctoral degree in nursing or related field; and
    - (B) Hold current national certification as an APRN.
  - (viii) The APRN program shall also appoint a lead faculty member for each track to coordinate the educational component specific to that track, including curriculum development. This lead faculty member shall:
    - (A) Meet APRN faculty qualifications defined in Section 4, (f) and (j);
    - (B) Hold current national certification in the same role and population focus.
- (e) Programmatic Faculty Standards. All programs shall:
- (i) Employ sufficient qualified faculty, both in number and expertise, to meet the purpose, philosophy, and outcomes of the program;
  - (ii) Develop clear workload policies comparable to those of an approved program of equivalent size and type;
  - (iii) Provide substantive, periodic workshops or presentations devoted to faculty development;

(iv) Provide formal mentoring by established peers for new full-time and part-time faculty; and

(v) Provide formal orientation for new clinical faculty.

(f) Faculty Standards. All faculty shall:

(i) Hold an active, unencumbered, single-state Wyoming or multi-state RN or APRN license;

(ii) Demonstrate pedagogical competence by:

(A) A graduate degree in nursing education; or

(B) A minimum of ten (10) hours of educational preparation obtained within six (6) months of the hire date which shall include:

(I) Methods of instruction including the use of technology;

(II) Teaching in clinical practice settings;

(III) Teaching in simulation settings;

(IV) How to conduct assessments, including test item writing;

and

(V) Management of the educational environment such as legal and ethical issues, diversity, and incivility.

(g) Prelicensure Faculty. Full and part-time prelicensure faculty shall meet the following educational requirements:

(i) Graduate degree in nursing; or

(ii) Obtain a graduate degree in nursing within five (5) years of hire date. The administrator shall:

(A) Notify the Board, in writing, within thirty (30) days of the hire of a non-graduate prepared faculty member; and

(B) Submit a written plan, within six (6) months of the hire date, outlining how this faculty member will obtain a graduate degree within the specified timeframe.

(iii) Adjunct or part-time clinical faculty shall be educationally prepared with a minimum of a baccalaureate degree in nursing.

(iv) A minimum of fifty percent (50%) of the full-time faculty shall hold a graduate degree with a major in nursing.

(h) Post-licensure Faculty. Faculty teaching in a post-licensure program shall be educationally prepared with a graduate degree in nursing.

(j) APRN Faculty. Faculty teaching in an APRN program shall:

(i) Be educationally prepared with a graduate degree in nursing; and

(ii) Demonstrate at least two (2) years of APRN clinical experience.

(k) Interprofessional Faculty. Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.

(l) Preceptors.

(i) Preceptors may be used to enhance faculty-directed clinical learning experiences.

(ii) Programs shall clearly define the role and performance expectations for preceptors with respect to teaching, supervision, and student evaluation.

(iii) Preceptors shall:

(A) Hold a current unencumbered license as an RN or APRN or unencumbered privilege to practice in the jurisdiction where the clinical practicum is conducted; and

(B) Demonstrate competency related to the area of assigned clinical teaching responsibilities.

(m) Students.

(i) The program shall admit students based upon the number of faculty, available educational facilities, resources, and the availability of clinical learning experiences.

(ii) The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.

(iii) All policies relevant to applicants and students shall be readily available in writing.

(n) Program Evaluation.

(i) The program shall implement a self-evaluation plan which is updated at least yearly and shall be submitted to the Board upon request.

(ii) The evaluation report prepared by the program for the national nursing education accreditation body may be substituted in lieu of the required self-evaluation plan.

(A) If the evaluation report to the national nursing education accreditation body is submitted in lieu of the self-evaluation plan, the program must submit an addendum addressing where the standards pursuant to this chapter are found in the report.

### **Section 5. Standards for Simulation in Prelicensure Programs.**

(a) A prelicensure nursing education program may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section.

(b) Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation.

(c) The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

(d) Faculty involved in simulations shall have training in the use of simulation.

(e) The program shall have written policies and procedures on the following:

(i) Method of debriefing each simulated activity; and

(ii) Plan for orienting faculty to simulation.

(f) The program shall develop criteria to evaluate the simulation activities, including student evaluation of simulation experience.

### **Section 6. Innovative Approaches in Prelicensure Nursing Education Programs.**

(a) A nursing education program may apply to implement an innovative approach by complying with the provisions of this section.

(b) Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently, and ethically within the scope of practice as defined in the Nurse Practice Act.

(c) Eligibility

(i) The nursing education program shall hold full Board approval without conditions.

(ii) The nursing education program has no substantiated complaints in the past two (2) years.

(iii) The nursing education program has had no rule violations in the past two (2) years.

(d) Application

(i) A description of the innovative plan, with rationale, resources, and timeline shall be provided to the Board at least twenty (20) days prior to a regularly scheduled Board meeting.

(ii) Standards for Approval

(A) The nursing education program must meet all eligibility requirements set forth in this section.

(B) The innovative approach will not compromise the quality of education or safe practice of students.

(C) The resources are sufficient to support the innovative approach.

(D) The timeline provides for a sufficient period to implement and evaluate the innovative approach.

(iii) Review of Application

(A) If the application meets the standards, the Board may:

(I) Approve the application; or



(II) Approve the application with modifications as agreed between the Board and the nursing education program.

(B) If the submitted application does not meet the criteria, the Board may deny approval or request additional information.

(e) Requesting Continuation of the Innovative Approach

(i) If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.

(A) Request for the innovative approach to become an ongoing part of the education program must be submitted twenty (20) days prior to a regularly scheduled Board meeting.

(B) The Board may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education.

**Section 7. Home State/Jurisdiction Nursing Education Programs.**

(a) Any program with legal domicile within Wyoming shall obtain and maintain Board approval for any prelicensure or post-licensure program as pursuant to Sections 8 through 13 of this chapter.

**Section 8. Host State/Jurisdiction Nursing Education Programs.**

(a) When acting as the host state (i.e., the parent institution has legal domicile outside of Wyoming), all programs shall document current registration with the Wyoming Department of Education or National Council for State Authorization Reciprocity Agreement (SARA) approval.

(b) Prelicensure.

(i) Programs seeking to operate a prelicensure program in Wyoming shall meet the same standards required of home state/jurisdiction nursing education programs. Programs shall:

(A) Obtain and maintain Board approval;

(B) Maintain general, programmatic, and reporting standards for prelicensure nursing education programs as defined in Sections 3, 4, and 9; and

(C) Instruct students to use the NCLEX program code corresponding to a Wyoming Board-approved program.

(ii) Prelicensure programs seeking permission to either use a Wyoming clinical facility for a portion of a class or to place an individual student for a precepted experience shall submit the following:

- (A) Description of the planned educational experience;
- (B) Rationale for the use of Wyoming facilities;
- (C) Documentation of home state/jurisdiction program approval; and
- (D) Documentation of faculty/preceptor licensure.

(I) Faculty who teach only didactic content or supervise a student/preceptor pair, where direct patient care is not provided, shall be licensed in the home state.

(II) Preceptors and faculty providing patient care in Wyoming shall have an active, unencumbered Wyoming, or multi-state RN or APRN license.

(c) Post-Licensure.

(i) Post-licensure programs are not required to have Board approval but shall:

(A) Notify the Board in writing when a student will be completing a clinical learning experience in Wyoming.

(B) Execute a written contract with the cooperating clinical facility as defined in Section 3, (d), and (e).

### **Section 9. Process for Approval of New Programs.**

(a) Step 1 – Submit new program proposal.

(i) Timeframe. At least nine (9) months prior to admitting students, the parent institution shall submit to the Board a statement of intent to establish a program and a proposal.

(ii) Statement of Intent. The statement of intent shall address:

(A) Rationale for the establishment of the program including documentation of the present and future need for the program in Wyoming;

(B) Employment opportunities for program graduates within the geographic region(s) of the proposed program; and

(C) Potential impact on other established programs in Wyoming which shall include:

(I) An analysis of the current usage of the potential clinical site(s) in the area; and

(II) A projection of how the addition of the program will impact use of clinical site(s) by established programs.

(iii) Proposal. The proposal shall address how the program would comply with the standards of nursing education defined in this chapter. At a minimum, the proposal shall include:

(A) Purpose, mission, and level of the proposed program;

(B) Evidence of parent institution and other pertinent governing bodies approval and support;

(C) Accreditation status of the parent institution;

(D) Selection of a national nursing accreditation agency recognized by the Board;

(E) Organizational structure of the educational institution documenting the relationship of the program within the parent institution;

(F) Evidence of financial resources adequate for the planning, implementation, and continuation of the program including budgeted faculty and support positions;

(G) Documentation of adequate academic facilities, including access to a library;

(H) Description of proposed instructional modalities and resources to support these modalities;

(J) Source and description of adequate clinical resources for the level of the program;

(K) Availability of qualified administrator and faculty;

(L) Evidence of community support demonstrated by letters of support from proposed clinical site(s) and community leaders;

(M) Anticipated student population and enrollment;

(N) Proposed timeline for planning and initiating the program; and

(O) If the parent organization operates program(s) in another jurisdiction(s) the applicant shall submit:

(I) NCLEX or certifying exam results for the past three (3) years for all graduates taking the examination;

(II) The most recent program accreditation report;

(III) Documentation of full approval by a nursing or educational regulatory agency that provides oversight of the program, such as a board of nursing from the home state/jurisdiction; and

(IV) Documentation of any complaints or grievances from students, clinical facilities, or the public within the past three (3) years and evidence of resolution.

(iv) The applicant shall respond to any Board requests for additional information.

(v) New program applications shall not be considered for prelicensure programs operating in Wyoming or any other jurisdiction(s) that cannot demonstrate NCLEX results as outlined in Section 10 of this chapter.

(vi) Board Action. After reviewing the initial proposal, the Board may grant or deny permission to submit an application for developmental approval.

(b) Step 2 – Submit Request for Developmental Approval.

(i) Timeline. At least six (6) months prior to admitting students, the parent institution shall submit a request for developmental approval.

(ii) Request for Developmental Approval. The request for developmental approval shall include verification the following program components and processes have been addressed:

(A) Appoint/hire an administrator pursuant to Section 4 and notify the Board of that appointment;

(B) Provide evidence the nursing program is actively seeking accreditation from a national nursing accreditation agency recognized by the Board;

(C) Develop a written, proposed program plan in accordance with the standards of nursing education and the programmatic standards as defined in Sections 3 and 4. In addition, the proposed program plan shall include:

(I) Program content;

(II) Schedule (course sequence);

(III) Course descriptions;

(IV) Contracts for clinical sites;

(V) Development of a self-evaluation plan as defined in Section 2 (w);

(VI) Course syllabi; and

(VII) Identification of faculty needed, including number and experiential qualifications.

(D) Establish student policies for admission, progression, retention, remediation and graduation; and

(E) Request that the Board conduct a site-visit.

(iii) Site-visit. A representative of the Board shall complete an on-site survey of the proposed program, pursuant to Section 11.

(iv) Committee Review. In determining whether to recommend approval of the application, the Committee shall consider all evidence, including, but not limited to:

(A) The proposed program plan;

(B) The survey report;

(C) Comments from the petitioning institution;

(D) Public comments; and

(E) The status of other nursing programs operated by the parent institution.

(v) The Committee may recommend the Board grant or deny developmental approval. If the Committee recommends denial, the parent institution may request in writing, a hearing within one-hundred eighty (180) days.

(vi) Board Action. After review, the Board may grant or deny developmental approval. Developmental approval shall remain valid until the Board reviews the program following graduation of the first class and submission of the results of NCLEX or applicable certification exam.

(c) Step 3 – Preparation for Admission of Students.

(i) Timeline. At least three (3) months prior to admitting students, the parent institution shall prepare for the admission of students.

(ii) Preparation. The parent institution shall notify the Board when the following conditions have been met:

(A) There are sufficient qualified nurse educators pursuant to Section 4 and the Board has been notified of those appointments;

(B) Readiness for clinical instruction meeting the rules pursuant to Section 4 (b) including;

(I) Signed clinical contracts with adequate clinical placement for the maximum number of students enrolled at one time; and

(II) Clinical facilities and equipment for practice of skills and simulation.

(C) There is evidence of academic and student services that will allow the program to meet planned objectives and the needs of students;

(D) The parent institution has received approval to operate a nursing education program by an accrediting body recognized by the United States Department of Education; and

(E) There is at least one (1) signed agreement for the articulation of undergraduate students to proceed to the next level of nursing education. The program(s) selected for the agreement shall:

(I) Meet the requirements for accreditation approval stipulated in Section 3 (b); and

(II) Allow the student to complete their education while retaining Wyoming residency.

(F) There is evidence of readiness for admission of students.

(iii) Site-visit. The Board may request an on-site survey of the proposed program.

(iv) Board Review. After verifying all components and processes are complete and in place, the Board shall notify the program it may admit students.

(d) Step 4 – Program Reporting Obligations Following Admission of Students. After admission of students, the program shall submit quarterly narrative progress reports to the Board or as requested until graduation of the first cohort.

(e) Step 5 – Submit Request for Initial Full Approval.

(i) Timeline. Within six (6) months after graduation of the first cohort, the program shall submit a request for initial full approval.

(ii) Self-Evaluation Plan. The program shall develop and submit an updated self-evaluation plan.

(iii) Site-visit. A representative of the Board shall conduct an on-site survey of the program.

(iv) Committee Review. The Committee shall consider all evidence, including the self-evaluation plan, the survey report, comments from the petitioning institution, and public comments in considering the request for full approval. The Committee may recommend the Board grant or deny approval. If the Committee recommends denial, the parent institution may request in writing a hearing within one-hundred eighty (180) days.

(v) Board Action. After review of the request for initial full approval, the Board may grant or deny initial full approval.

#### **Section 10. Reports and Notification.**

(a) NCLEX Results. All prelicensure programs operating in Wyoming shall demonstrate that it meets the licensure pass rate of eighty percent (80%) annually (between

January 1 and December 31) OR for the three (3) most recent years in at least one of the following:

- (i) Eighty percent (80%) or greater for all first-time test-takers; or
- (ii) Eighty percent (80%) or greater for all first-time test-takers and repeaters;

or

(iii) At or above the national/territorial mean based on the nursing program type.

(iv) All prelicensure programs will maintain documentation for the three (3) most recent years of the aggregated and/or disaggregated data, the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' success in passing the licensure and/or certification examination and submitted to the Board upon request

(v) LPN and RN pass rates shall be evaluated separately.

(vi) Within three (3) months of receiving NCLEX results below the eighty percent (80%) requirement, the program shall submit a plan to the Board for assessment and improvement including expected outcomes and timelines.

(vii) The Board may initiate a complaint as pursuant to Section 13 for programs with NCLEX rates that remain below eighty percent (80%) for a period of two (2) years.

(b) Annual Report. All programs operating in Wyoming, excluding those with provisional approval, shall submit an annual report with the date and format specified by the Board.

(c) The program shall submit a copy of any accreditation related correspondence with the national nursing accrediting agency to the Board within thirty (30) days of receipt.

(d) Unplanned Program Changes. The program shall notify the Board in writing within thirty (30) days of significant, unplanned program changes including, but not limited to:

- (i) Change in accreditation status;
- (ii) Change in the nurse administrator of the program;
- (iii) Appointment of new faculty members; or
- (iv) Any unanticipated, substantive change reported to the nursing accrediting

agency.



(e) Planned Program Changes. The program shall notify the Board of any planned, substantive change in curriculum or program. This notice shall occur in writing, at least two (2) months prior to planned implementation.

### **Section 11. Process for Continuing Full Approval.**

(a) Timeline. Programs with full approval status shall be evaluated at least every ten (10) years to ensure continuing compliance with the requirements of this chapter.

(b) Evaluation Process. The evaluation process shall include submission of a self-evaluation plan and may include a site-visit by a representative(s) of the Board and a request for public comment. This evaluation may be made in conjunction with the national nursing accreditation visit. The program shall notify the Board of the dates of an impending accreditation review.

(c) Self-Evaluation Plan. The evaluation report prepared by the program for the national nursing education accreditation body may be substituted in lieu of the required self-evaluation plan.

(i) If the report to the accreditation body is submitted in lieu of the self-evaluation plan, the program must submit an addendum addressing where the requirements of this chapter are found in the report.

(d) Determination of Approval Status.

(i) Committee Review. The committee shall review and analyze various sources of evidence regarding program performance, including, but not limited to:

(A) Periodic Board survey visits and/or reports;

(B) Annual report data;

(C) National nursing accreditation survey report and accreditation-related correspondence; and

(D) The report of ongoing self-evaluation.

(ii) Committee Action. After reviewing the evaluation documentation, the Committee may recommend the Board grant or deny continuing approval.

(iii) Board Action. After review of the Committee recommendation, the Board may grant or deny continued full approval.

(A) If the Board recommends denial, a formal complaint will be initiated pursuant to Section 13.

**Section 12. Site Visit Conducted by the Board.**

(a) Pre-Site Visit Process.

(i) Any site visit shall be scheduled at least three (3) months in advance on a mutually acceptable date. The visit may be scheduled in conjunction with the national nursing accreditation body survey visit.

(ii) Thirty (30) days prior to the scheduled site visit, the program shall submit the self-evaluation or plan of correction to the Board.

(iii) The Board representative shall use a site visit template to assess program quality indicators and warning signs.

(iv) The program shall be asked to participate in scheduling site visit activities.

(b) Post Site Visit Report.

(i) Following a site visit, the Board shall provide a report of its findings to the program.

(ii) The program may respond to the report with additional information within ninety (90) days.

**Section 13. Periodic Evaluation.**

(a) Periodic Evaluation. Periodic evaluation and site visit may be initiated at any time. Warning signs that may trigger this review may include, but are not limited to:

(i) Denial, withdrawal, or change of program or institution accreditation status;

(ii) Turnover of program administrators, defined by more than three (3) in a five (5) year period;

(iii) Frequent nursing faculty turnover or cut in the number of nursing faculty;

(iv) Failure to achieve NCLEX pass rate requirement defined in Section 9 (a) or decreasing trend in NCLEX pass rates;

(v) Evidence of non-compliance with remediation plan by programs with deficiencies or violations;

(vi) Significant complaint(s) or grievances from students, faculty, clinical facilities, or the public;

(vii) Knowingly providing false or misleading information to students or the public concerning the nursing program; or

(viii) The Board being in possession of information indicating the program may not be in compliance with the requirements of this chapter.

#### **Section 14. Denying and Withdrawing Approval.**

(a) Complaint Review Process. Any person may submit a complaint to the Board that a nursing education program has failed to meet the requirements of this chapter.

(i) The Board staff may initiate complaints on their own motion.

(ii) Complaints must contain the name, address, and signature of the person making the complaint.

(iii) The Board shall assign each complaint to the Committee for review and to make a recommendation.

(iv) The Board shall notify the nursing education program of the complaint by mail.

(b) Committee Review.

(i) Upon receiving a complaint, the Committee shall review the complaint to determine if it merits investigation.

(ii) The Committee may request additional information from the nursing education program or meet informally with the nursing education program.

(c) Notice of Deficiency.

(i) If the Committee believes the complaint states a valid claim that a nursing education program has failed to meet the requirements of this chapter, the Committee shall send a notice of deficiency to the nursing education program's administrator identifying and briefly explaining the program's deficiency.

(ii) The nursing education program shall have thirty (30) days to respond to a notice of deficiency with a written plan to correct the deficiency or explanation why there is no deficiency.

(d) Committee Recommendation and Notice of Intent.

(i) After investigating the allegations in the complaint and receiving any response from the nursing education program, the Committee may recommend the Board:

(A) Deny approval of a nursing education program;

(B) Withdraw approval of a nursing education program; or

(C) Place conditions and restrictions on approval of a nursing education program for failing to meet the requirements of this chapter.

(ii) If the Committee recommends the Board deny approval of a nursing education program, withdraw approval of a nursing education program, or place conditions and restrictions on approval of a nursing education program, the Committee shall notify the applicant of its recommendation.

(iii) The Notice of Intent shall contain:

(A) A brief description of the facts or conduct the Committee alleges warrant its recommendations;

(B) Citations to the applicable sections of this chapter the Committee alleges the nursing education program violated;

(C) Notice that the nursing education program may respond in writing to the allegations within thirty (30) days of the date the Committee mailed the Notice of Intent; and

(D) Notice that an applicant may request a hearing before the Board if the nursing education program responds in writing within thirty (30) days of the date the Committee mailed the Notice of Intent.

(e) Program's Response to Notice of Intent. The nursing education program shall have thirty (30) days from the date the Committee mailed the Notice of Intent to respond. The applicant may:

(i) Request the Board hold a hearing on the Committee's recommendation;

(ii) Request the Board table consideration of the application; or

(iii) Withdraw their application.

(f) Program's Failure to Respond to Notice of Intent. If a nursing education program fails to timely respond to the Notice of Intent, the Board may accept the Committee's recommendation.

(g) Notice of Hearing.

(i) Upon receipt of a written request for a hearing from a nursing education program, the Board shall conduct a hearing. Board staff shall serve a Notice of Hearing on the nursing education program at least thirty (30) days prior to the hearing.

(ii) The Notice of Hearing shall contain:

(A) A brief statement of the matters asserted, including the Committee's recommendation, the facts upon which the Committee's recommendation is based, and the sections of this chapter that the Committee alleges the nursing education program failed to meet;

(B) The time, place, and nature of the hearing;

(C) The legal authority and jurisdiction for the hearing; and

(D) The applicable burden and standard of proof.

(h) Contested Case. A hearing officer shall preside over the formal contested case hearing and shall conduct the hearing according to the Wyoming Administrative Procedure Act and Chapter 2 of the Office of Administrative Hearings rules concerning contested proceedings as referenced in Chapter 1, Section 6.

(j) Burden of Proof. The Committee shall bear the burden to prove by clear and convincing evidence the nursing education program failed to meet the requirements of this chapter.

(k) Board Order.

(i) The Board may resolve a complaint by denying approval of a nursing education program, withdrawing approval of a nursing education program, or imposing conditions on a nursing education program's approval.

(ii) The Board shall issue a written order. The order shall be sent to the nursing education program by regular U.S. mail.

(iii) No Board action shall be effective until the date the written order is approved by the Board and entered into the administrative record.

(l) Dismissal or Default. If a nursing education program fails to appear at a noticed hearing, the Committee may request the Board enter default against the program.

(i) In entering a default, the Board may:

(A) Order the allegations in the Committee's recommendation to be taken as true for the purposes of the hearing; or

(B) Order the nursing education program may not present evidence on specific issues in the case.

(ii) The nursing education program may request the Board lift its entry of default. The Board may lift its entry of default if the program demonstrates good cause for failing to appear at the noticed hearing.

(m) Lawful Service. There shall be a presumption of lawful service of any communication required by these rules if sent to the last known address of the nursing education program by regular U.S. mail.

(n) Voluntary Surrender. A nursing education program may petition the Board in writing to voluntarily withdraw their program approval in Wyoming. The Board may accept the program's voluntary surrender at a public meeting.

(o) Petition for Judicial Review. Petitions for judicial review from decisions or orders of the Board are governed by the Wyoming Administrative Procedure Act and the Wyoming Rules of Appellate Procedure.

**Section 15. Reinstatement.** A program may petition for reinstatement of approval by submitting evidence of compliance with the requirements of this chapter.

**Section 16. Closure of Nursing Education Program.**

(a) When closing a program, the parent institution shall:

(i) Continue the program until the last class enrolled is graduated; or

(ii) Assist in the transfer of students to other Board-approved programs; and

(iii) Advise the Board of the arrangements for secure storage and access to academic records and transcripts.

- (b) The program shall meet the requirements of this chapter until the date of closure.
- (c) The date of closure is the date on the degree, diploma, or certificate of the last graduate or the date on which the last student was transferred.
- (d) Closing as a Result of Withdrawal of Approval. Within thirty (30) days of a Board order withdrawing approval of a program, the parent institution shall submit a written plan for termination of the program.

**Section 17. Approval of Certification Courses.**

- (a) The Board shall establish standards and approve certification courses for:
  - (i) CNA II;
  - (ii) Home Health Aides;
  - (iii) Medication Aide-Certified (MA-C); and
  - (iv) LPN Intravenous (IV) Certification.
- (b) The Board shall review and approve nurse refresher course

## CHAPTER 6

### Standards for Nursing Education Programs

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to:

- (a) Provide criteria and procedures for the development, evaluation, approval, and improvement of new and established programs;
- (b) Ensure graduates of programs are prepared for safe and effective nursing practice; and
- (c) Ensure candidates are educationally prepared for certification, licensure, and recognition.

**Section 2. Definitions.**

- (a) "Administrator" means the nurse educator who has administrative responsibility or authority for the direction of a program.
- (b) "Articulation Agreement" means an educational partnership between nursing education programs allowing students to receive credit for their prior degree.
- (c) "Clinical Learning Experience" means planned activities in nursing practice that prepare students to understand, perform, and refine professional competencies at the appropriate program level. These experiences include direct and indirect patient care, simulation, standardized patient experiences, or any nursing intervention that influences health care outcomes.
- (d) "Committee" means the Education Committee of the Wyoming State Board of Nursing.
- (e) "Cost" means those expenses the Board or investigating committee incurs in a hearing to deny, refuse to renew, reactivate, reinstate, revoke, restrict, place conditions upon, or suspend a license or program approval pursuant to Wyoming Statute §§ 33-21-138 through 144 and includes, but is not limited to hearing officer fees, service fees, subpoena fees, reporter fees, lay and expert witness and consultant fees, travel and per diem expenses, deposition costs and other costs and expenses incurred in the investigation, discovery, preparation, and hearing of any disciplinary matter.
- (f) "Debriefing" means an activity following an experiential learning experience. Activity is led by a facilitator, encourages participant's reflective thinking, and provides feedback regarding the participant's performance.
- (g) "Encumbered License" means a license with current discipline, condition, or restriction.
- (h) "Faculty" means an educator employed, paid, or contracted by the program whether full-time, part-time, adjunct, or labeled as a substitute.



(j) “Home State/Jurisdiction” means the state/jurisdiction where the program has legal domicile.

(k) “Host State/Jurisdiction” means the state/jurisdiction outside of the home state/jurisdiction where students participate in didactic coursework and/or clinical experiences.

(l) “Innovative” means a dynamic, systematic process that envisions new approaches to nursing education.

~~(lm)~~ “Methods of Delivery” means the methods used by faculty to facilitate and evaluate learning in compliance with approved statutes and regulations. Methods of delivery include:

(i) “Traditional Education” means student and instructor are physically in the same location at the same time (e.g., face-to-face). This method of delivery may be web enhanced/supported.

(ii) “Distance Education” means student and instructor are not physically in the same location. Instruction uses synchronous or asynchronous technology to support regular and substantive interactions between the instructor and students. Instructional methods may include but are not limited to one-way or two-way transmissions, audio, video, the internet, or computer technologies.

(iii) “Hybrid Education” means instruction that uses both distance and traditional education methods of delivery.

~~(mn)~~ “Multi-State License” means a license to practice nursing issued by a home state licensing board authorizing the licensed nurse to practice in all party states under a privilege to practice.

~~(no)~~ “NCLEX Pass Rate ” means the examination pass rate data ~~percentage~~ of a program’s student candidates who take and pass the NCLEX (at the PN or RN levels) ~~and pass on the first attempt.~~

~~(op)~~ “Nurse Administrator” means the nurse with responsibility and authority for the administrative and instructional activities of a nursing education unit and nursing programs within the governing organization (e.g., dean, chairperson, director, etc.).

~~(pq)~~ “Parent Institution” means the organization or agency responsible for the administration and operation of the program.

~~(qr)~~ “Plan of Correction” means a written report in which a program details plans for compliance with relevant statutes and regulations.

~~(rs)~~ “Post-Licensure” means an educational program leading to degree completion of an undergraduate, graduate, or terminal degree in nursing once licensure as a registered nurse has been attained.

~~(st)~~ “Preceptor” also known as partners in education, means a licensed nurse or other health professional who may serve as teacher, mentor, role model, or supervisor in a clinical setting.

(~~t~~u) “Prelicensure” means initial educational program in nursing leading to entry-level licensure as a RN or LPN.

(~~u~~v) “Program” means a nursing or nursing related health education program at any level.

(~~w~~x) “Simulation” means a technique to replace or amplify real clinical experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.

(~~w~~x) “Self-Evaluation Plan” means a comprehensive, written plan for initial and ongoing self-evaluation of program requirements and outcomes. This plan is based on the standards and rules identified in this chapter and the program’s identified accrediting body.

**Section 3. General Standards for Nursing Education Programs.** All nursing education programs operating in Wyoming shall meet these requirements.

(a) Purpose and outcomes are consistent with:

(i) The Wyoming Nurse Practice Act, Board Rules, and other state and federal laws; and

(ii) Accepted standards governing the practice of nursing appropriate for graduates of the type of program offered.

(b) Current accreditation, or approved to pursue accreditation, of:

(i) Parent institution by an accrediting body recognized by the United States Department of Education for postsecondary institutions; and

(ii) Program by a national nursing accreditation agency recognized by the Board.

(c) The parent institution or program shall notify the Board of any changes affecting their respective accreditation status within thirty (30) days.

(d) Prior to any clinical learning experiences, the parent institution shall execute a written contract with the cooperating clinical facility establishing and defining:

(i) The responsibilities of each party;

(ii) The period of the agreement; and

(iii) Conditions under which renewal, renegotiation, or termination could take place.

(e) The parent institution shall maintain a copy of each executed contract and provide it to the Board upon request.

**Section 4. Programmatic Standards for Wyoming Nursing Education Programs.**

(a) Curriculum.

(i) Overview. The curriculum for all programs shall enable the student to develop the nursing knowledge, skills, and abilities necessary for the level, scope, and standards of competent nursing practice expected at the level of licensure or recognition. The program shall revise its curriculum to maintain a program reflecting advances in health care and its delivery.

(ii) Principles. The curriculum, as defined by nursing education, professional, and practice standards, shall include:

(A) A sound foundation in biological, physical, social, and behavioral sciences;

(B) Integration of legal and ethical issues and professional responsibilities into didactic and clinical experiences;

(C) Learning experiences that promote the development of evidence based clinical judgment, skill in clinical management, and the professional commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients;

(D) Evidence-based learning experiences and methods of instruction, including distance education methods if used, consistent with the written curriculum plan;

(E) Delivery of instruction consistent with the program curriculum plan, which enables students to meet the goals, competencies, and outcomes of the program; and

(F) Instruction on the Wyoming Nurse Practice Act and Administrative Rules which shall include:

(I) The mission and purpose of the Wyoming State Board of Nursing relative to licensure, discipline, practice, and nursing education program approval;

(II) Nurse licensure process in Wyoming including eligibility, temporary permits, renewal, continued competency, and inactive status;

(III) The purpose of the Nurse Licensure Compact (NLC) and requirements for a multi-state license;

(IV) The scope of practice for nurses and Certified Nurse Aides in Wyoming; and

(V) The process and potential reasons for disciplinary action.

(iii) Prelicensure Curriculum. The curriculum of prelicensure programs shall include didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social, and economic backgrounds.

(iv) **APRN Curriculum.** The curriculum of the APRN nursing education program must prepare the graduate to practice in one of the four identified APRN roles, i.e., CRNA, CNM, CNS, or CNP, and at least one of the six population foci, i.e., family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related, or psychiatric/mental health. The APRN curriculum shall include:

(A) Three separate graduate level courses (the APRN core) in:

(I) Advanced physiology and pathophysiology, including general principles that apply across the lifespan;

(II) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts, and approaches; and

(III) Advanced pharmacology which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.

(B) Instruction in diagnosis and management of disorders across settings and body systems appropriate to the APRN focus; and

(C) Instruction in the principles for clinical decision-making in the identified role.

(v) APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci.

(vi) There shall be provisions for the recognition of prior learning and advanced placement in the curriculum for individuals who hold a graduate degree as an APRN and are seeking preparation in a different role or population focus. Post-masters nursing students shall complete the requirements of the APRN program through a formal graduate level certificate or degree in the desired role and population focus. Certificate students must meet the same APRN outcome competencies required of other students.

(b) **Clinical Learning Experiences.**

(i) **Prelicensure.**

(A) The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program.

(B) Faculty supervised clinical practice shall include:

(I) Development of skills in direct patient care;

(II) Making clinical judgments; and

(III) Care and management of both individuals and groups of patients across the lifespan; and

(IV) Delegation to, supervision of, and collaboration with, as appropriate to the level of education, and other health care providers.

(C) Measurement of student competency shall focus on student demonstration of care management and decision-making skills when providing patient care in a variety of clinical settings with diverse patients.

(D) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

(I) The faculty/student ratio shall not exceed eight (8) students to one (1) faculty member for each clinical learning experiences involving direct patient care.

(II) When preceptors are used in a clinical setting, one (1) preceptor shall supervise a maximum of two (2) students ~~one (1) student~~. ~~The faculty shall not supervise more than sixteen (16) preceptor/student pairs groups.~~

(III) Nursing faculty should not be responsible for more than sixteen (16) students involved in preceptor relationships at one time.

(ii) APRN. Each instructional track/major shall have a minimum of five hundred (500) supervised clinical hours or as required for national certification exam. The supervised experience shall relate directly to the role and population focus, including pharmacotherapeutic management of patients.

(c) Administrator Responsibilities. The nurse administrator shall:

(i) Have continuous, active, daily, and direct responsibility and authority at all locations for the nursing program;

(ii) Oversee the daily governing organization, nursing education unit, and nursing program matters such as, but not limited to, personnel matters, student matters, curricular matters, and resource matters; and

(iii) Have adequate time and resources on a daily basis at all locations to administer the nursing program.

(d) Administrator Qualifications. The administrator shall have the education and experience necessary to direct the program in preparing graduates for the safe practice of nursing. All program administrators shall:

(i) Hold an active, unencumbered, single-state Wyoming or multi-state RN or APRN license;

(ii) Have at least five (5) years of experience practicing nursing; and

(iii) Have experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration, and evaluation.

(iv) The associate degree and/or practical nursing program administrator shall have a minimum of a master's degree in nursing.

(v) The baccalaureate nursing program administrator shall have a doctoral degree in nursing or a related field.

(vi) The post-licensure nursing program administrator shall have a doctoral degree in nursing or a related field.

(vii) The APRN program administrator may have responsibility for the oversight of multiple program tracks. This administrator shall:

(A) Have a doctoral degree in nursing or related field; and

(B) Hold current national certification as an APRN.

(viii) The APRN program shall also appoint a lead faculty member for each track to coordinate the educational component specific to that track, including curriculum development. This lead faculty member shall:

(A) Meet APRN faculty qualifications defined in Section 4, (f) and (j); and

(B) Hold current national certification in the same role and population focus.

(e) Programmatic Faculty Standards. All programs shall:

(i) Employ sufficient qualified faculty, both in number and expertise, to meet the purpose, philosophy, and outcomes of the program;

(ii) Develop clear workload policies comparable to those of an approved program of equivalent size and type;

(iii) Provide substantive, periodic workshops or presentations devoted to faculty development;

(iv) Provide formal mentoring by established peers for new full-time and part-time faculty; and

(v) Provide formal orientation for new clinical faculty.

(f) Faculty Standards. All faculty shall:

(i) Hold an active, unencumbered, single-state Wyoming or multi-state RN or APRN license;

- (ii) Demonstrate pedagogical competence by:
  - (A) A graduate degree in nursing education; or
  - (B) A minimum of ten (10) hours of educational preparation obtained within six (6) months of the hire date which shall include:
    - (I) Methods of instruction including the use of technology;
    - (II) Teaching in clinical practice settings;
    - (III) Teaching in simulation settings;
    - (IV) How to conduct assessments, including test item writing; and
    - (V) Management of the educational environment such as legal and ethical issues, diversity, and incivility.

(g) Prelicensure Faculty. Full and part-time prelicensure faculty shall meet the following educational requirements:

- (i) Graduate degree in nursing; or
- (ii) Obtain a graduate degree in nursing within five (5) years of hire date. The administrator shall:
  - (A) Notify the Board, in writing, within thirty (30) days of the hire of a non-graduate prepared faculty member; and
  - (B) Submit a written plan, within six (6) months of the hire date, outlining how this faculty member will obtain a graduate degree within the specified timeframe.
- (iii) Adjunct or part-time clinical faculty shall be educationally prepared with a minimum of a baccalaureate degree in nursing.
- (iv) A minimum of fifty percent (50%) of the full-time faculty shall hold a graduate degree with a major in nursing.

(h) Post-licensure Faculty. Faculty teaching in a post-licensure program shall be educationally prepared with a graduate degree in nursing.

(j) APRN Faculty. Faculty teaching in an APRN program shall:

- (i) Be educationally prepared with a graduate degree in nursing; and
- (ii) Demonstrate at least two (2) years of APRN clinical experience.

(k) Interprofessional Faculty. Interprofessional faculty teaching non-clinical nursing

courses shall have advanced preparation appropriate for the content being taught.

(l) Preceptors.

(i) Preceptors may be used to enhance faculty-directed clinical learning experiences.

(ii) Programs shall clearly define the role and performance expectations for preceptors with respect to teaching, supervision, and student evaluation.

(iii) Preceptors shall:

(A) Hold a current unencumbered license as an RN or APRN or unencumbered privilege to practice in the jurisdiction where the clinical practicum is conducted; and

(B) Demonstrate competency related to the area of assigned clinical teaching responsibilities.

(m) Students.

(i) The program shall admit students based upon the number of faculty, available educational facilities, resources, and the availability of clinical learning experiences.

(ii) The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.

(iii) All policies relevant to applicants and students shall be readily available in writing.

(n) Program Evaluation.

(i) The program shall implement a self-evaluation plan which is updated at least yearly and shall be submitted to the Board upon request.

(ii) The evaluation report prepared by the program for the national nursing education accreditation body may be substituted in lieu of the required self-evaluation plan.

(A) If the evaluation report to the national nursing education accreditation body is submitted in lieu of the self-evaluation plan, the program must submit an addendum addressing where the standards pursuant to this chapter are found in the report.

**Section 5. Standards for Simulation in Prelicensure Programs.**

(a) A prelicensure nursing education program may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours per course. A program that uses simulation shall adhere to the standards set in this section.



(b) Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation.

(c) The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

(d) Faculty involved in simulations shall have training in the use of simulation.

(e) The program shall have written policies and procedures on the following:

(i) Method of debriefing each simulated activity; and

(ii) Plan for orienting faculty to simulation.

(f) The program shall develop criteria to evaluate the simulation activities, including student evaluation of simulation experience.

#### **Section 6. Innovative Approaches in Prelicensure Nursing Education Programs.**

(a) A nursing education program may apply to implement an innovative approach by complying with the provisions of this section.

(b) Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently, and ethically within the scope of practice as defined in the Nurse Practice Act.

(c) Eligibility

(i) The nursing education program shall hold full Board approval without conditions.

(ii) The nursing education program has no substantiated complaints in the past two (2) years.

(iii) The nursing education program has had no rule violations in the past two (2) years.

(d) Application

(i) A description of the innovative plan, with rationale, resources, and timeline shall be provided to the Board at least twenty (20) days prior to a regularly scheduled Board meeting.

(ii) Standards for Approval

(A) The nursing education program must meet all eligibility requirements set forth in this section.

(B) The innovative approach will not compromise the quality of education or safe practice of students.

(C) The resources are sufficient to support the innovative approach.

(D) The timeline provides for a sufficient period to implement and evaluate the innovative approach.

(iii) Review of Application

(A) If the application meets the standards, the Board may:

(I) Approve the application; or

(II) Approve the application with modifications as agreed between the Board and the nursing education program.

(B) If the submitted application does not meet the criteria, the Board may deny approval or request additional information.

(e) Requesting Continuation of the Innovative Approach

(i) If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.

(A) Request for the innovative approach to become an ongoing part of the education program must be submitted twenty (20) days prior to a regularly scheduled Board meeting.

(B) The Board may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education.

**Section 67. Home State/Jurisdiction Nursing Education Programs.**

(a) Any program with legal domicile within Wyoming shall obtain and maintain Board approval for any prelicensure or post-licensure program as pursuant to Sections 8 through 13 of this chapter.

**Section 78. Host State/Jurisdiction Nursing Education Programs.**

(a) When acting as the host state (i.e., the parent institution has legal domicile outside of Wyoming), all programs shall document current registration with the Wyoming Department of Education or National Council for State Authorization Reciprocity Agreement (SARA) approval.

(b) Prelicensure.

(i) Programs seeking to operate a prelicensure program in Wyoming shall meet the same standards required of home state/jurisdiction nursing education programs. Programs shall:

(A) Obtain and maintain Board approval;

(B) Maintain general, programmatic, and reporting standards for prelicensure nursing education programs as defined in Sections 3, 4, and 9; and

(C) Instruct students to use the NCLEX program code corresponding to a Wyoming Board-approved program.

(ii) Prelicensure programs seeking permission to either use a Wyoming clinical facility for a portion of a class or to place an individual student for a precepted experience shall submit the following:

(A) Description of the planned educational experience;

(B) Rationale for the use of Wyoming facilities;

(C) Documentation of home state/jurisdiction program approval; and

(D) Documentation of faculty/preceptor licensure.

(I) Faculty who teach only didactic content or supervise a student/preceptor pair, where direct patient care is not provided, shall be licensed in the home state.

(II) Preceptors and faculty providing patient care in Wyoming shall have an active, unencumbered Wyoming, or multi-state RN or APRN license.

(c) Post-Licensure.

(i) Post-licensure programs are not required to have Board approval but shall:

(A) Notify the Board in writing when a student will be completing a clinical learning experience in Wyoming.

(B) Execute a written contract with the cooperating clinical facility as defined in Section 3, (d), and (e).

### **Section 89. Process for Approval of New Programs.**

(a) Step 1 – Submit new program proposal.

(i) Timeframe. At least nine (9) months prior to admitting students, the parent institution shall submit to the Board a statement of intent to establish a program and a proposal.

(ii) Statement of Intent. The statement of intent shall address:

(A) Rationale for the establishment of the program including documentation of the present and future need for the program in Wyoming;

(B) Employment opportunities for program graduates within the geographic region(s) of the proposed program; and

(C) Potential impact on other established programs in Wyoming which shall include:

(I) An analysis of the current usage of the potential clinical site(s) in the area; and

(II) A projection of how the addition of the program will impact use of clinical site(s) by established programs.

(iii) Proposal. The proposal shall address how the program would comply with the standards of nursing education defined in this chapter. At a minimum, the proposal shall include:

(A) Purpose, mission, and level of the proposed program;

(B) Evidence of parent institution and other pertinent governing bodies approval and support;

(C) Accreditation status of the parent institution;

(D) Selection of a national nursing accreditation agency recognized by the Board;

(E) Organizational structure of the educational institution documenting the relationship of the program within the parent institution;

(F) Evidence of financial resources adequate for the planning, implementation, and continuation of the program including budgeted faculty and support positions;

(G) Documentation of adequate academic facilities, including access to a library;

(H) Description of proposed instructional modalities and resources to support these modalities;

(J) Source and description of adequate clinical resources for the level of the program;

(K) Availability of qualified administrator and faculty;

(L) Evidence of community support demonstrated by letters of support from proposed clinical site(s) and community leaders;

- (M) Anticipated student population and enrollment;
- (N) Proposed timeline for planning and initiating the program; and
- (O) If the parent organization operates program(s) in another jurisdiction(s) the applicant shall submit:
  - (I) NCLEX or certifying exam results for the past three (3) years for all graduates taking the examination ~~for the first time~~;
  - (II) The most recent program accreditation report;
  - (III) Documentation of full approval by a nursing or educational regulatory agency that provides oversight of the program, such as a board of nursing from the home state/jurisdiction; and
  - (IV) Documentation of any complaints or grievances from students, clinical facilities, or the public within the past three (3) years and evidence of resolution.
- (iv) The applicant shall respond to any Board requests for additional information.
- (v) New program applications shall not be considered for prelicensure programs operating in Wyoming or any other jurisdiction(s) ~~who that~~ cannot demonstrate NCLEX results as outlined in Section 10 of this chapter, a three (3) year average NCLEX pass rate of eighty percent (80%) or higher for all graduates of the program taking the examination for the first time.
- (vi) Board Action. After reviewing the initial proposal, the Board may grant or deny permission to submit an application for developmental approval.
- (b) Step 2 – Submit Request for Developmental Approval.
  - (i) Timeline. At least six (6) months prior to admitting students, the parent institution shall submit a request for developmental approval.
  - (ii) Request for Developmental Approval. The request for developmental approval shall include verification the following program components and processes have been addressed:
    - (A) Appoint/hire an administrator pursuant to Section 4 and notify the Board of that appointment;
    - (B) Provide evidence the nursing program is actively seeking accreditation from a national nursing accreditation agency recognized by the Board;
    - (C) Develop a written, proposed program plan in accordance with the standards of nursing education and the programmatic standards as defined in Sections 3 and 4. In

addition, the proposed program plan shall include:

- (I) Program content;
  - (II) Schedule (course sequence);
  - (III) Course descriptions;
  - (IV) Contracts for clinical sites;
  - (V) Development of a self-evaluation plan as defined in Section 2
- (w);
- (VI) Course syllabi; and
  - (VII) Identification of faculty needed, including number and experiential qualifications.

(D) Establish student policies for admission, progression, retention, remediation and graduation; and

(E) Request that the Board conduct a site-visit.

(iii) Site-visit. A representative of the Board shall complete an on-site survey of the proposed program, pursuant to Section 11.

(iv) Committee Review. In determining whether to recommend approval ~~approve~~ of the application, the Committee shall consider all evidence, including, but not limited to:

- (A) The proposed program plan;
- (B) The survey report;
- (C) Comments from the petitioning institution;
- (D) Public comments; and
- (E) The status of other nursing programs operated by the parent institution.

(v) The Committee may recommend the Board grant or deny developmental approval. If the Committee recommends denial, the parent institution may request in writing, a hearing within one-hundred eighty (180) days.

(vi) Board Action. After review, the Board may grant or deny developmental approval. Developmental approval shall remain valid until the Board reviews the program following graduation of the first class and submission of the results of NCLEX or applicable certification exam.

(c) Step 3 – Preparation for Admission of Students.

(i) Timeline. At least three (3) months prior to admitting students, the parent institution shall prepare for the admission of students.

(ii) Preparation. The parent institution shall notify the Board when the following conditions have been met:

(A) There are sufficient qualified nurse educators pursuant to Section 4 and the Board has been notified of those appointments;

(B) Readiness for clinical instruction meeting the rules pursuant to Section 4 (b) including;

(I) Signed clinical contracts with adequate clinical placement for the maximum number of students enrolled at one time; and

(II) Clinical facilities and equipment for practice of skills and simulation.

(C) There is evidence of academic and student services that will allow the program to meet planned objectives and the needs of students;

(D) The parent institution has received approval to operate a nursing education program by an accrediting body recognized by the United States Department of Education; and

(E) There is at least one (1) signed agreement for the articulation of undergraduate students to proceed to the next level of nursing education. The program(s) selected for the agreement shall:

(I) Meet the requirements for accreditation approval stipulated in Section 3 (b); and

(II) Allow the student to complete their education while retaining Wyoming residency.

(F) There is evidence of readiness for admission of students.

(iii) Site-visit. The Board may request an on-site survey of the proposed program.

(iv) Board Review. After verifying all components and processes are complete and in place, the Board shall notify the program it may admit students.

(d) Step 4 – Program Reporting Obligations Following Admission of Students. After admission of students, the program shall submit quarterly narrative progress reports to the Board or as requested until graduation of the first cohort.

(e) Step 5 – Submit Request for Initial Full Approval.

(i) Timeline. Within six (6) months after graduation of the first cohort, the program shall submit a request for initial full approval.

(ii) Self-Evaluation Plan. The program shall develop and submit an updated self-evaluation plan.

(iii) Site-visit. A representative of the Board shall conduct an on-site survey of the program.

(iv) Committee Review. The Committee shall consider all evidence, including the self-evaluation plan, the survey report, comments from the petitioning institution, and public comments in considering the request for full approval. The Committee may recommend the Board grant or deny approval. If the Committee recommends denial, the parent institution may request in writing a hearing within one-hundred eighty (180) days.

(v) Board Action. After review of the request for initial full approval, the Board may grant or deny initial full approval.

#### **Section 910. Reports and Notification.**

(a) NCLEX Results. All prelicensure programs operating in Wyoming shall demonstrate that it meets the licensure pass rate of eighty percent (80%) annually (between January 1 and December 31) OR for the three (3) most recent years in at least one of the following: demonstrate NCLEX pass rates of eighty percent (80%) or higher for all graduates of the program taking the examination for the first time between January 1 and December 31 in any jurisdiction

(i) Eighty percent (80%) or greater for all first-time test-takers; or

(ii) Eighty percent (80%) or greater for all first-time test-takers and repeaters; or

(iii) At or above the national/territorial mean based on the nursing program type.

(iv) All prelicensure programs will maintain documentation for the three (3) most recent years of the aggregated and/or disaggregated data, the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' success in passing the licensure and/or certification examination and submitted to the Board upon request

(v) LPN and RN pass rates shall be evaluated separately.

(vi) Within three (3) months of receiving NCLEX results below the eighty percent (80%) requirement, the program shall submit a plan to the Board for assessment and improvement including expected outcomes and timelines.

(vii) The Board may initiate a complaint as pursuant to Section 13 for programs with NCLEX rates that remain below eighty percent (80%) for a period of two (2) years.

(b) Annual Report. All programs operating in Wyoming, excluding those with provisional approval, shall submit an annual report with the date and format specified by the



Board.

(c) The program shall submit a copy of any accreditation related correspondence with the national nursing accrediting agency to the Board within thirty (30) days of receipt.

(d) Unplanned Program Changes. The program shall notify the Board in writing within thirty (30) days of significant, unplanned program changes including, but not limited to:

- (i) Change in accreditation status;
- (ii) Change in the nurse administrator of the program;
- (iii) Appointment of new faculty members; or
- (iv) Any unanticipated, substantive change reported to the nursing accrediting agency.

(e) Planned Program Changes. The program shall notify the Board of any planned, substantive change in curriculum or program. This notice shall occur in writing, at least two (2) months prior to planned implementation.

#### **Section ~~10~~11. Process for Continuing Full Approval.**

(a) Timeline. Programs with full approval status shall be evaluated at least every ten (10) years to ensure continuing compliance with the requirements of this chapter.

(b) Evaluation Process. The evaluation process shall include submission of a self-evaluation plan and may include a site-visit by a representative(s) of the Board and a request for public comment. This evaluation may be made in conjunction with the national nursing accreditation visit. The program shall notify the Board of the dates of an impending accreditation review.

(c) Self-Evaluation Plan. The evaluation report prepared by the program for the national nursing education accreditation body may be substituted in lieu of the required self-evaluation plan.

(i) If the report to the accreditation body is submitted in lieu of the self-evaluation plan, the program must submit an addendum addressing where the requirements of this chapter are found in the report.

(d) Determination of Approval Status.

(i) Committee Review. The committee shall review and analyze various sources of evidence regarding program performance, including, but not limited to:

- (A) Periodic Board survey visits and/or reports;
- (B) Annual report data;
- (C) National nursing accreditation survey report and accreditation-

related correspondence; and

(D) The report of ongoing self-evaluation.

(ii) Committee Action. After reviewing the evaluation documentation, the Committee may recommend the Board grant or deny continuing approval.

(iii) Board Action. After review of the Committee recommendation, the Board may grant or deny continued full approval.

(A) If the Board recommends denial, a formal complaint will be initiated pursuant to Section 13.

#### **Section ~~11~~12. Site Visit Conducted by the Board.**

(a) Pre-Site Visit Process.

(i) Any site visit shall be scheduled at least three (3) months in advance on a mutually acceptable date. The visit may be scheduled in conjunction with the national nursing accreditation body survey visit.

(ii) Thirty (30) days prior to the scheduled site visit, the program shall submit the self-evaluation or plan of correction to the Board.

(iii) The Board representative shall use a site visit template to assess program quality indicators and warning signs.

(iv) The program shall be asked to participate in scheduling site visit activities.

(b) Post Site Visit Report.

(i) Following a site visit, the Board shall provide a report of its findings to the program.

(ii) The program may respond to the report with additional information within ninety (90) days.

#### **Section ~~12~~13. Periodic Evaluation.**

(a) Periodic Evaluation. Periodic evaluation and site visit may be initiated at any time. Warning signs that may trigger this review may include, but are not limited to:

(i) Denial, withdrawal, or change of program or institution accreditation status;

(ii) Turnover of program administrators, defined by more than three (3) in a five (5) year period;

(iii) Frequent nursing faculty turnover or cut in the number of nursing faculty;

- (iv) Failure to achieve NCLEX pass rate requirement defined in Section 9 (a) or decreasing trend in NCLEX pass rates;
- (v) Evidence of non-compliance with remediation plan by programs with deficiencies or violations;
- (vi) Significant complaint(s) or grievances from students, faculty, clinical facilities, or the public;
- (vii) Knowingly providing false or misleading information to students or the public concerning the nursing program; or
- (viii) The Board being in possession of information indicating the program may not be in compliance with the requirements of this chapter.

**Section ~~13~~14. Denying and Withdrawing Approval.**

- (a) Complaint Review Process. Any person may submit a complaint to the Board that a nursing education program has failed to meet the requirements of this chapter.
  - (i) The Board staff may initiate complaints on their own motion.
  - (ii) Complaints must contain the name, address, and signature of the person making the complaint.
  - (iii) The Board shall assign each complaint to the Committee for review and to make a recommendation.
  - (iv) The Board shall notify the nursing education program of the complaint by mail.
- (b) Committee Review.
  - (i) Upon receiving a complaint, the Committee shall review the complaint to determine if it merits investigation.
  - (ii) The Committee may request additional information from the nursing education program or meet informally with the nursing education program.
- (c) Notice of Deficiency.
  - (i) If the Committee believes the complaint states a valid claim that a nursing education program has failed to meet the requirements of this chapter, the Committee shall send a notice of deficiency to the nursing education program's administrator identifying and briefly explaining the program's deficiency.
  - (ii) The nursing education program shall have thirty (30) days to respond to a notice of deficiency with a written plan to correct the deficiency or explanation why there is no deficiency.

- (d) Committee Recommendation and Notice of Intent.
  - (i) After investigating the allegations in the complaint and receiving any response from the nursing education program, the Committee may recommend the Board:
    - (A) Deny approval of a nursing education program;
    - (B) Withdraw approval of a nursing education program; or
    - (C) Place conditions and restrictions on approval of a nursing education program for failing to meet the requirements of this chapter.
  - (ii) If the Committee recommends the Board deny approval of a nursing education program, withdraw approval of a nursing education program, or place conditions and restrictions on approval of a nursing education program, the Committee shall notify the applicant of its recommendation.
  - (iii) The Notice of Intent shall contain:
    - (A) A brief description of the facts or conduct the Committee alleges warrant its recommendations;
    - (B) Citations to the applicable sections of this chapter the Committee alleges the nursing education program violated;
    - (C) Notice that the nursing education program may respond in writing to the allegations within thirty (30) days of the date the Committee mailed the Notice of Intent; and
    - (D) Notice that an applicant may request a hearing before the Board if the nursing education program responds in writing within thirty (30) days of the date the Committee mailed the Notice of Intent.
- (e) Program's Response to Notice of Intent. The nursing education program shall have thirty (30) days from the date the Committee mailed the Notice of Intent to respond. The applicant may:
  - (i) Request the Board hold a hearing on the Committee's recommendation;
  - (ii) Request the Board table consideration of the application; or
  - (iii) Withdraw their application.
- (f) Program's Failure to Respond to Notice of Intent. If a nursing education program fails to timely respond to the Notice of Intent, the Board may accept the Committee's recommendation.
- (g) Notice of Hearing.
  - (i) Upon receipt of a written request for a hearing from a nursing education program, the Board shall conduct a hearing. Board staff shall serve a Notice of Hearing on the nursing education program at least thirty (30) days prior to the hearing.

(ii) The Notice of Hearing shall contain:

(A) A brief statement of the matters asserted, including the Committee's recommendation, the facts upon which the Committee's recommendation is based, and the sections of this chapter that the Committee alleges the nursing education program failed to meet;

(B) The time, place, and nature of the hearing;

(C) The legal authority and jurisdiction for the hearing; and

(D) The applicable burden and standard of proof.

(h) Contested Case. A hearing officer shall preside over the formal contested case hearing and shall conduct the hearing according to the Wyoming Administrative Procedure Act and Chapter 2 of the Office of Administrative Hearings rules concerning contested proceedings as referenced in Chapter 1, Section 6.

(j) Burden of Proof. The Committee shall bear the burden to prove by clear and convincing evidence the nursing education program failed to meet the requirements of this chapter.

(k) Board Order.

(i) The Board may resolve a complaint by denying approval of a nursing education program, withdrawing approval of a nursing education program, or imposing conditions on a nursing education program's approval.

(ii) The Board shall issue a written order. The order shall be sent to the nursing education program by regular U.S. mail.

(iii) No Board action shall be effective until the date the written order is approved by the Board and entered into the administrative record.

(l) Dismissal or Default. If a nursing education program fails to appear at a noticed hearing, the Committee may request the Board enter default against the program.

(i) In entering a default, the Board may:

(A) Order the allegations in the Committee's recommendation to be taken as true for the purposes of the hearing; or

(B) Order the nursing education program may not present evidence on specific issues in the case.

(ii) The nursing education program may request the Board lift its entry of default. The Board may lift its entry of default if the program demonstrates good cause for failing to appear at the noticed hearing.

(m) Lawful Service. There shall be a presumption of lawful service of any communication

required by these rules if sent to the last known address of the nursing education program by regular U.S. mail.

(n) Voluntary Surrender. A nursing education program may petition the Board in writing to voluntarily withdraw their program approval in Wyoming. The Board may accept the program's voluntary surrender at a public meeting.

(o) Petition for Judicial Review. Petitions for judicial review from decisions or orders of the Board are governed by the Wyoming Administrative Procedure Act and the Wyoming Rules of Appellate Procedure.

**Section 1415. Reinstatement.** A program may petition for reinstatement of approval by submitting evidence of compliance with the requirements of this chapter.

**Section 1516. Closure of Nursing Education Program.**

- (a) When closing a program, the parent institution shall:
  - (i) Continue the program until the last class enrolled is graduated; or
  - (ii) Assist in the transfer of students to other Board-approved programs; and
  - (iii) Advise the Board of the arrangements for secure storage and access to academic records and transcripts.
- (b) The program shall meet the requirements of this chapter until the date of closure.
- (c) The date of closure is the date on the degree, diploma, or certificate of the last graduate or the date on which the last student was transferred.
- (d) Closing as a Result of Withdrawal of Approval. Within thirty (30) days of a Board order withdrawing approval of a program, the parent institution shall submit a written plan for termination of the program.

**Section 1617. Approval of Certification Courses.**

- (a) The Board shall establish standards and approve certification courses for:
  - (i) CNA II;
  - (ii) Home Health Aides;
  - (iii) Medication Aide-Certified (MA-C); and
  - (iv) LPN Intravenous (IV) Certification.
- (b) The Board shall review and approve nurse refresher courses.

## CHAPTER 8

### Procedure for Application, Licensure, and Disciplinary Matters

**Section 1. Statement of Authority.** The Board promulgates these rules according to its authority under Wyo. Stat. Ann. § 33-21-122(b), -122(c)(viii), (x), and (xxiv).

**Section 2. Definitions.**

(a) “Abandon” means to terminate a client relationship, with or without the client’s knowledge, without making arrangements for appropriate continuation of care.

(b) “Abuse” means any behavior designed to control or subjugate another human being through the use of fear, humiliation, or assault, either verbal or physical.

(c) “ARC” means Application Review Committee. The Application Review Committee may be comprised of:

(i) At least one (1) Board member; or

(ii) Executive Director in application review matrix process matters.

(d) “Application Review Matrix” means guidelines that delegate limited authority to Board staff to recommend issuance of a license, issuance of a license with a Notice of Warning, or forward an application matter to an ARC for additional review and recommendation.

(e) “Complainant” means the person(s), organization, or agency who files a complaint.

(f) “IC” means Investigative Committee. The Investigative Committee may be comprised of:

(i) At least one (1) Board member; or

(ii) Executive Director in discipline matrix process matters.

(g) “Discipline Decision Matrix” means guidelines that delegate limited authority to Board staff to pursue Summary Suspension, recommend Dismissal of a complaint, recommend issuance of a Notice of Warning, or forward a licensure or disciplinary matter to an IC for additional review and recommendation.

(h) “License” means a license, certificate, recognition, permit, or prescriptive authority issued by the Board or a privilege to practice from a multistate license issued by another compact state.

(j) “Licensee” means an APRN, RN, LPN, or CNA who holds a valid license, certificate, recognition, permit, or prescriptive authority issued by the Board or a privilege to practice from a multistate license issued by another compact state.

(k) “Misappropriation of client property” means negligently or deliberately taking, misusing, exploiting, using, or selling money or property belonging to another, without consent, whether temporarily or permanently.

(l) “Neglect” means the failure to provide necessary goods, services, care, or attention and may include:

(i) Insufficient observation;

(ii) Failure to provide adequate assessment and intervention directly or indirectly through inadequate supervision;

(iii) Failure to intervene when a client condition warrants intervention;

(iv) Inappropriate delegation or assignment of care to an unqualified care giver; or

(v) Accepting assignments beyond level of competency or scope of practice.

### **Section 3. Grounds for Discipline or Denial of License.**

(a) Disciplinary Action. The Board may take disciplinary action or refuse to issue, renew, relicense, or reinstate a license for one (1) or more of the following acts or conduct, upon proof the licensee or applicant:

(i) Was impaired with the intent of practicing nursing or nurse assisting due

to:

(A) Physical or mental disability;

(B) Lack of nursing competence;

(C) Substance abuse; or

(D) Substance dependency.

(ii) Was under the influence of alcohol, drugs, substances, or chemicals with the intent of practicing nursing or nurse assisting;



- (iii) Has abused a client or member of a vulnerable population, including, but not limited to: physical, verbal, mental, emotional, financial, or sexual abuse;
- (iv) Has engaged in sexual misconduct as defined in Wyoming Statute 33-1-118(b)(ii);
- (v) Has neglected a client or member of a vulnerable population;
- (vi) Has abandoned a client;
- (vii) Has distributed, sold, or used without authorization, illegally possessed, or manufactured controlled or illicit drugs;
- (viii) Has diverted drugs or medications for self or others;
- (ix) Has interfered with a client's plan of care;
- (x) Has performed unsafe client care;
- (xi) Has violated client boundaries including, but not limited to: sexual boundaries or entering into financial transactions with clients;
- (xii) Has misappropriated client property;
- (xiii) Has misappropriated property belonging to a hospital, medical clinic, or facility providing care to a client;
- (xiv) Has violated the privacy or confidentiality of a client in any form including, but not limited to: written, verbal, or technological;
- (xv) Has failed to appropriately supervise;
- (xvi) Has improperly delegated a nursing task;
- (xvii) With respect to APRNs, has failed to supervise or monitor the performance of acts by an individual working under the direction of the APRN;
- (xviii) Has aided another licensee in practicing beyond the scope of the nurse's license or experience;

(xix) Prescribing, dispensing, administering, or distributing drugs or medications in an unsafe manner or without adequate instructions to patients according to the acceptable and prevailing standards;

(xx) Prescribing, dispensing, administering, or distributing drugs or medications for other than therapeutic or prophylactic purposes;

(xxi) Prescribing or dispensing drugs or medications to individuals who are not patients of the APRN or who are not within the nurse's role and population focus.

(b) **Volunteer Nurse Discipline.** In addition to those acts identified in subsection (a), the Board may take disciplinary action against a volunteer nurse, upon proof the volunteer nurse:

(i) Has accepted monetary compensation for providing nursing services while holding a volunteer nurse license;

(ii) Has practiced outside the premises of a nonprofit health care facility in the State;

(iii) Has provided care to persons other than low income uninsured; or

(iv) Has engaged in practice outside the scope of the volunteer nurse license in the State.

#### **Section 4. Application Review and Investigation Process.**

(a) **Application Review and Investigation.** In application matters:

(i) Every applicant bears the burden of satisfying licensure requirements; and

(ii) After an applicant has demonstrated that he or she meets the requirements for licensure, the burden shifts to the ARC to prove there are justifiable grounds for denying the license or certificate.

(b) **Application Review Committee Action.** The ARC may recommend:

(i) A license be issued, renewed, reactivated, relicensed, or reinstated;

(ii) A license be issued, renewed, reactivated, relicensed, or reinstated subject to a reprimand, conditions, restrictions, or other disciplinary action;

(iii) Approval of a settlement agreement; or

(iv) Denial of the application.

(c) Notice of Intent to Recommend Approval Subject to Conditions, Restrictions, Other Disciplinary Action or Denial of License.

(i) The ARC shall notify the applicant of its intent to recommend:

(A) Approval of the license subject to a reprimand, conditions, restrictions, or other disciplinary action; or

(B) Denial of the application.

(ii) The Notice of Intent shall contain:

(A) A brief description of the facts or conduct that warrant denial or issuance of a license subject to a reprimand, conditions, restrictions, or other disciplinary action;

(B) A citation to the applicable provisions in the NPA and/or Board Rules; and

(C) Notice of the right to a hearing if a written request is received by the Board office within thirty (30) days of the date of mailing the Notice of Intent.

(d) Applicant's Response. The applicant shall respond to the Notice of Intent within thirty (30) days of the date of the Notice of Intent. The applicant may:

(i) Request the Board hold a hearing on the ARC's recommendation;

(ii) Request the Board table consideration of the application; or

(iii) Withdraw the application.

(e) If the applicant fails to timely respond to the Notice of Intent, the Board shall dismiss the application.

#### **Section 5. Petition for Modification of Conditions or Restrictions.**

(a) Petition for Modification of Conditions or Restrictions.

(i) A licensee may petition the Board for modification of the conditions or restrictions imposed upon their license.

(ii) A licensee shall submit a petition for modification to the Board office in writing, which shall include documentation demonstrating compliance with the Board order, the modification is consistent with their treatment plan, and the modification is sufficient to ensure the public is adequately protected.

(iii) A petition for modification shall be reviewed by the IC.

(b) Investigative Committee Action.

(i) If the IC agrees with the requested modification, the parties may file a stipulated motion with the Board.

(ii) If the IC does not agree with the requested modification, the IC shall notify the licensee of its intent to recommend denial of the petition.

(c) Board Consideration.

(i) The Board shall consider the petition at its earliest convenience. The Board may accept or reject the petition for modification and shall consider the petition and the IC's recommendation or stipulated motion.

## **Section 6. Complaint Review and Investigation Process.**

(a) Complaint Review and Investigation.

(i) Complaints shall be submitted to the Board upon the form provided by the Board and contain the name, address, and signature of the person making the complaint. Board staff may initiate complaints.

(ii) Complaints shall be investigated by Board staff on behalf of the IC.

(iii) IC may meet informally with the licensee.

(b) Voluntary Surrender. A licensee may petition the Board, in writing, to voluntarily surrender their license. The Board shall consider the petition at its earliest convenience. The Board may accept or reject the petition for voluntary surrender and may consider whether the licensee is under investigation.

(c) Investigative Committee Action. The IC may recommend:

(i) Dismissal of the administrative complaint;

(ii) Issuance of a Notice of Warning;

- (iii) Approval of a settlement agreement;
- (iv) Disciplinary action, which may include a reprimand, conditions, restrictions, suspension, revocation, other discipline, or a combination thereof; or
- (v) Summary suspension.

**Section 7. Summary Suspension.**

(a) Recommendation. If the IC recommends summary suspension, the Board shall conduct an expedited proceeding to determine whether the licensee's continued practice presents a clear and imminent danger to public health, safety or welfare.

(b) Notice of Intent to Recommend Summary Suspension.

(i) The IC shall notify the licensee of its intent to recommend summary suspension;

(ii) The Notice of Intent shall contain:

(A) Copy of the administrative complaint;

(B) A citation to the applicable provisions in the NPA and/or Board Rules; and

(C) Notice that an expedited summary suspension proceeding shall be set at the earliest opportunity a quorum of Board members may be assembled.

(c) Notice of Expedited Proceeding. Upon confirmation of the date and time of the expedited proceeding, Board staff shall notify the licensee in writing of the date and time of the proceeding.

(d) Scope of Expedited Proceeding.

(i) Summary Suspension proceedings shall not be governed by Section 26 Office of Administrative Hearings rules concerning contested case proceedings incorporated by reference in Chapter 1.

(ii) The expedited proceeding shall be limited to a presentation of the evidence the IC believes warrants summary suspension.

(iii) The Board shall order summary suspension if it concludes probable cause exists that the licensee's continued practice presents a clear and imminent danger to public

health, safety or welfare. The Board shall incorporate a finding to that effect in an order granting summary suspension.

**Section 8. Evaluations.**

(a) Evaluations. In cases where the physical or mental condition or competence of an applicant or licensee is at issue, the ARC or IC may request the applicant or licensee submit to an evaluation. Such evaluations may include, but are not limited to: psychological, psychiatric, substance abuse, fitness for duty or competency. Such evaluations shall be conducted by a qualified provider selected or approved by the ARC or IC and at the sole expense of the applicant or licensee. In selecting a qualified provider, the ARC or IC shall consider the provider's credentials.

(b) Request. The request for an evaluation shall provide the following:

- (i) Reasonable notice to the applicant or licensee to be evaluated;
- (ii) The time, place, manner, conditions, and scope of evaluation; and
- (iii) Identification of the person(s) who will perform the evaluation.

(c) Report. The ARC or IC shall receive the provider's written report, which shall include:

- (i) Findings, identification, and results of all tests or instruments employed;
- (ii) Reports of any prior evaluations of the same, similar or other relevant condition revealed to or known by the provider, with consideration of prior medical or mental history including treatment; and
- (iii) Diagnoses and conclusions, which shall include a determination of competency or fitness to practice safely.

**Section 9. Formal Proceedings for Disciplinary Action.**

(a) Notice of Intent to Recommend Disciplinary Action.

(i) The IC shall notify the licensee of its intent to recommend disciplinary action.

(ii) The Notice of Intent shall:

(A) Include a brief description of the facts or conduct that warrant the

intended action;

(B) A citation to the applicable provisions in the NPA and/or Board's Rules; and

(C) Provide the licensee an opportunity to show compliance or respond to allegations for disciplinary action within fifteen (15) days of the date of the mailing.

(b) Informal Conference. The licensee may request an informal conference with the IC to provide any additional information or to resolve an administrative complaint without a hearing.

#### **Section 10. Petition.**

(a) The IC shall initiate formal proceedings for disciplinary action by serving a Petition to the last known address of the licensee by certified mail, by regular mail, by electronic mail to the e-mail address indicated to be the preferred method of communication, or by personal service.

(b) Within twenty (20) days of the date of the mailing of the Petition, the licensee may respond by filing an Answer admitting or denying the allegations in the Petition.

#### **Section 11. Notice of Hearing.**

(a) Hearing. Upon receipt of a written request for hearing from an applicant or filing of a Petition in a disciplinary matter, the Board shall conduct a hearing. Board staff shall serve a Notice of Hearing on the applicant or licensee.

(b) Notice of Hearing. The Notice of Hearing shall contain:

(i) A brief statement of the matters asserted:

(A) In application matters, the recommendation to deny the application, the facts upon which the recommendation to deny is based, and citations to the applicable provisions of the NPA and/or Board Rules the applicant is alleged to have violated; or

(B) In discipline matters, the nature of the Petition, the facts upon which the Petition is based, and citations to the applicable provisions of the NPA and/or Board Rules the licensee is alleged to have violated;

(ii) The time, place, and nature of the hearing;

(iii) The legal authority and jurisdiction;

- (iv) Notice of the burden and standard of proof; and
- (v) A statement indicating:

- (A) The applicant's failure to appear at a noticed hearing or pursue proceedings may result in a dismissal; or

- (B) The licensee's failure to answer the allegations contained in the Petition within twenty (20) days of the date of mailing and failure to appear at a noticed hearing may result in a default judgment.

**Section 12. Lawful Service.** There shall be a presumption of lawful service of a Notice of Intent, Petition, and Notice of Hearing or any other communication required by these Board Rules if sent to the last known address of the applicant or licensee by certified mail, by regular mail, by electronic mail to the e-mail address indicated to be the preferred method of communication or by personal service.

**Section 13. Dismissal or Default.**

- (a) Dismissal. The Board may dismiss an application where the applicant or the applicant's representative has not appeared at a noticed hearing or pursued proceedings.

- (b) Default. The Board may enter an order of default judgment based on the allegations contained in the Petition in any case where the licensee or the licensee's representative has not answered the allegations contained in the Petition and has not appeared at a noticed hearing.

**Section 14. Contested Case Hearing.** The hearing officer shall preside over the contested case hearing, which shall be conducted pursuant to the WAPA and the Office of Administrative Hearings rules concerning contested case proceedings incorporated by reference in Chapter 1.

**Section 15. Burden and Standard of Proof.**

- (a) Application Matters. The applicant shall bear the burden, to prove by a preponderance of evidence, they meet the qualifications for licensure. The burden shall shift to the ARC, to prove by clear and convincing evidence, applicant should be denied a license. The burden shall shift to the applicant to persuade the Board the ARC's grounds for denial are insufficient.

- (b) Petition for Modification Matters. The licensee shall bear the burden to prove by a preponderance of evidence that the petition for modification of conditions should be granted.



(c) Discipline Matters. The IC shall bear the burden to prove by clear and convincing evidence a licensee violated the Act, Board Rules, or both.

**Section 16. Board Decision and Order.**

(a) Board Action. The Board may resolve an application matter, administrative complaint, Petition for Modification, or Petition by:

(i) Approving the recommendations of the ARC or IC; or

(ii) Conducting a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the Board may:

(A) Issue, renew, reactivate, relicense, or reinstate a license;

(B) Issue, renew, reactivate, relicense, or reinstate a license subject to reprimand, conditions, restrictions, or other disciplinary action;

(C) Deny a license, renewal, reactivation, relicensure, or reinstatement;

(D) Approve or deny a petition for modification;

(E) Dismiss the Petition for lack of clear and convincing evidence;

(F) Issue a Notice of Warning; or

(G) Impose a reprimand, conditions, restrictions, suspension, revocation, other discipline, or a combination thereof.

(b) Board Order. The Board shall issue a written decision, which:

(i) Shall be sent to the applicant, licensee, or their representative by certified mail or regular mail;

(ii) Shall be deemed a public record and be available for inspection and dissemination in accordance with all federal and state laws.

**Section 17. Judicial Review.**

(a) Appeals from decisions of the Board are governed by the WAPA and Wyoming Rules of Appellate Procedure.

(b) Costs of transcripts and any reasonable cost assessed by the Board regarding the record on appeal shall be borne by the party making the appeal.

## CHAPTER 8

### Procedure for Application, Licensure, and Disciplinary Matters

**Section 1. Statement of Purpose Authority.** ~~The Board promulgates these rules according to its authority under Wyo. Stat. Ann. § 33-21-122(b), -122(c)(viii), (x), and (xxiv). These Board Rules are adopted to implement the Board's authority to:~~

- ~~(a) — Conduct investigations, hearings, and proceedings concerning:
  - ~~(i) — Actions relating to an application for initial licensure, renewal, relicensure, or reinstatement of a license;~~
  - ~~(ii) — Petitions for modification of conditions or restrictions imposed upon a license; or~~
  - ~~(iii) — Alleged violations of the NPA, Board Rules, or both.~~~~
- ~~(b) — Determine and administer appropriate disciplinary action against an applicant or licensee.~~

### Section 2. Definitions.

- (a) “Abandon” means to terminate a client relationship, with or without the client’s knowledge, without making arrangements for appropriate continuation of care.
- (b) “Abuse” means any behavior designed to control or subjugate another human being through the use of fear, humiliation, or assault, either verbal or physical.
- (c) “ARC” means Application Review Committee. The Application Review Committee may be comprised of:
  - (i) At least one (1) Board member; or
  - (ii) Executive Director in application review matrix process matters.
- (d) “Application Review Matrix” means guidelines that delegate limited authority to Board staff to recommend issuance of a license, issuance of a license with a ~~h~~Notice of ~~w~~Warning, or forward an application matter to an ARC for additional review and recommendation.
- (e) “Complainant” means the person(s), organization, or agency who files a complaint.
- (f) “~~DC~~” “IC” means Disciplinary Investigative Committee. The ~~Disciplinary Investigative~~ Committee may be comprised of:
  - (i) At least one (1) Board member; or
  - (ii) Executive Director in discipline matrix process matters.

(g) “Discipline Decision Matrix” means guidelines that delegate limited authority to Board staff to pursue sSummary sSuspension, recommend ~~d~~Dismissal of a complaint, recommend issuance of a ~~n~~Notice of warning, or forward a licensure or disciplinary matter to an ~~D~~IC for additional review and recommendation.

(h) “License” means a license, certificate, recognition, permit, or prescriptive authority issued by the Board or a privilege to practice from a multistate license issued by another compact state.

(j) “Licensee” means an APRN, RN, LPN, or CNA who holds a valid license, certificate, recognition, permit, or prescriptive authority issued by the Board or a privilege to practice from a multistate license issued by another compact state.

(k) “Misappropriation of client property” means negligently or deliberately taking, misusing, exploiting, using, or selling money or property belonging to another, without consent, whether temporarily or permanently.

(l) “Neglect” means the failure to provide necessary goods, services, care, or attention and may include:

- (i) Insufficient observation;
- (ii) Failure to provide adequate assessment and intervention directly or indirectly through inadequate supervision;
- (iii) Failure to intervene when a client condition warrants intervention;
- (iv) Inappropriate delegation or assignment of care to an unqualified care giver; or
- (v) Accepting assignments beyond level of competency or scope of practice.

### **Section 3. Grounds for Discipline or Denial of License.**

(a) Disciplinary Action. The Board may take disciplinary action or refuse to issue, renew, relicense, or reinstate a license for one (1) or more of the following acts or conduct, upon proof the licensee or applicant:

- (i) Was impaired with the intent of practicing nursing or nurse assisting due to:
  - (A) Physical or mental disability;
  - (B) Lack of nursing competence;
  - (C) Substance abuse; or
  - (D) Substance dependency.

- (ii) Was under the influence of alcohol, drugs, substances, or chemicals with the intent of practicing nursing or nurse assisting;
- (iii) Has abused a client or member of a vulnerable population, including, but not limited to: physical, verbal, mental, emotional, financial, or sexual abuse;
- (iv) Has engaged in sexual misconduct as defined in Wyoming Statute 33-1-118(b)(ii);
- (v) Has neglected a client or member of a vulnerable population;
- (vi) Has abandoned a client;
- (vii) Has distributed, sold, or used without authorization, illegally possessed, or manufactured controlled or illicit drugs;
- (viii) Has diverted drugs or medications for self or others;
- (ix) Has interfered with a client's plan of care;
- (x) Has performed unsafe client care;
- (xi) Has violated client boundaries including, but not limited to: sexual boundaries or entering into financial transactions with clients;
- (xii) Has misappropriated client property;
- (xiii) Has misappropriated property belonging to a hospital, medical clinic, or facility providing care to a client;
- (xiv) Has violated the privacy or confidentiality of a client in any form including, but not limited to: written, verbal, or technological;
- (xv) Has failed to appropriately supervise;
- (xvi) Has improperly delegated a nursing task;
- (xvii) With respect to APRNs, has failed to supervise or monitor the performance of acts by an individual working under the direction of the APRN; ~~or~~
- (xviii) Has aided another licensee in practicing beyond the scope of the nurse's license or experience;
- (xix) Prescribing, dispensing, administering, or distributing drugs or medications in an unsafe manner or without adequate instructions to patients according to the acceptable and prevailing standards;
- (xx) Prescribing, dispensing, administering, or distributing drugs or medications for other than therapeutic or prophylactic purposes;

(xxi) Prescribing or dispensing drugs or medications to individuals who are not patients of the APRN or who are not within the nurse's role and population focus.

(b) Volunteer Nurse Discipline. In addition to those acts identified in subsection (a), the Board may take disciplinary action against a volunteer nurse, upon proof the volunteer nurse:

(i) Has accepted monetary compensation for providing nursing services while holding a volunteer nurse license;

(ii) Has practiced outside the premises of a nonprofit health care facility in the State;

(iii) Has provided care to persons other than low income uninsured; or

(iv) Has engaged in practice outside the scope of the volunteer nurse license in the State.

#### **Section 4. Application Review and Investigation Process.**

(a) Application Review and Investigation. In application matters:

(i) Every applicant bears the burden of satisfying licensure requirements; and

(ii) After an applicant has demonstrated that he or she meets the requirements for licensure, the burden shifts to the ARC to prove there are justifiable grounds for denying the license or certificate.

(b) Application Review Committee Action. The ARC may recommend:

(i) A license be issued, renewed, reactivated, relicensed, or reinstated;

(ii) A license be issued, renewed, reactivated, relicensed, or reinstated subject to a reprimand, conditions, restrictions, or other disciplinary action;

(iii) Approval of a settlement agreement, ~~which may include the issuance, renewal, reactivation, relicensure, or reinstatement of a license with the imposition of a reprimand, conditions, restrictions, suspension, other discipline or a combination thereof;~~ or

(iv) Denial of the application.

(c) Notice of Intent to Recommend Approval Subject to Conditions, Restrictions, Other Disciplinary Action or Denial of License.

(i) The ARC shall notify the applicant of its intent to recommend:

(A) Approval of the license subject to a reprimand, conditions, restrictions, or other disciplinary action; or

(B) Denial of the application.

(ii) The Notice of Intent shall contain:

(A) A brief description of the facts or conduct that warrant denial or issuance of a license subject to a reprimand, conditions, restrictions, or other disciplinary action;

(B) ~~A statement of the nature of the actions that warrant denial or issuance of a license subject to conditions, restrictions, or other disciplinary action and a citation to the applicable statutory provisions in the NPA; and/or Board Rules; or both; and~~

(C) Notice of the right to a hearing if a written request is received by the Board office within thirty (30) days of the date of mailing the Notice of Intent.

(d) ~~Applicant's Request for Hearing.~~

~~(i) The applicant may request a hearing if the ARC recommends:~~

~~(A) Approval of the license subject to conditions, restrictions, or other disciplinary action; or~~

~~(B) Denial of the application.~~

~~(ii) The applicant shall submit a written request for hearing to the Board office within thirty (30) days of the date of the Notice of Intent.~~

Applicant's Response. The applicant shall respond to the Notice of Intent within thirty (30) days of the date of the Notice of Intent. The applicant may:

(i) Request the Board hold a hearing on the ARC's recommendation;

(ii) Request the Board table consideration of the application; or

(iii) Withdraw the application.

~~(e) Applicant's Failure to Request a Hearing. If the applicant fails to timely request a hearing respond to the Notice of Intent, of the ARC's recommendation, the Board shall set a hearing dismiss the application.~~

~~(f) An applicant shall not be permitted to withdraw an application in lieu of discipline.~~

## **Section 5. Petition for Modification of Conditions or Restrictions.**

(a) Petition for Modification of Conditions or Restrictions.

(i) A licensee may petition the Board for modification of the conditions or restrictions imposed upon their license.

(ii) A licensee shall submit a petition for modification to the Board office in writing, which shall include documentation demonstrating compliance with the Board order, the

modification is consistent with their treatment plan, and the modification is sufficient to ensure the public is adequately protected.

(iii) A petition for modification shall be reviewed by the ~~DC IC~~.

(b) ~~Disciplinary~~ Investigative Committee Action.

(i) If the ~~DC IC~~ agrees with the requested modification, the parties may file a stipulated motion with the Board.

(ii) If the ~~DC IC~~ does not agree with the requested modification, the ~~DC IC~~ shall notify the licensee of its intent to recommend denial of the petition.

(c) Board Consideration.

(i) The Board shall consider the petition at its earliest convenience. The Board may accept or reject the petition for modification and shall consider the petition and the ~~DC IC~~'s recommendation or stipulated motion.

## **Section 6. Complaint Review and Investigation Process.**

(a) Complaint Review and Investigation.

(i) Complaints shall be submitted to the Board upon the form provided by the Board and contain the name, address, and signature of the person making the complaint. Board staff may initiate complaints.

(ii) Complaints shall be investigated by Board staff on behalf of the ~~DC IC~~.

(iii) ~~DC IC~~ may meet informally with the licensee.

(b) Voluntary Surrender. A licensee may petition the Board, in writing, to voluntarily surrender their license. The Board shall consider the petition at its earliest convenience. The Board may accept or reject the petition for voluntary surrender and may consider whether the licensee is under investigation.

(c) ~~Disciplinary~~ Investigative Committee Action. The ~~DC IC~~ may recommend:

(i) Dismissal of the administrative complaint;

(ii) Issuance of a ~~n~~Notice of ~~w~~Warning;

(iii) Approval of a settlement agreement, ~~which may include a reprimand, conditions, restrictions, suspension, voluntary surrender, other discipline, or a combination thereof;~~

(iv) Disciplinary action, which may include a reprimand, conditions, restrictions, suspension, revocation, other discipline, or a combination thereof; or



- (v) Summary suspension.

**Section 7. Summary Suspension.**

(a) Recommendation. If the ~~DC~~ IC recommends summary suspension, the Board shall conduct an expedited proceeding to determine whether the licensee's continued practice presents a clear and imminent danger to public health, safety or welfare.

(b) Notice of Intent to Recommend Summary Suspension.

(i) The ~~DC~~ IC shall notify the licensee of its intent to recommend summary suspension;

(ii) The Notice of Intent shall contain:

(A) Copy of the administrative complaint;

(B) A citation to the applicable provisions in the NPA and/or Board

Rules; and

(C) Notice that an expedited summary suspension proceeding shall be set at the earliest opportunity a quorum of Board members may be assembled; ~~and~~

~~(D) Statement that failure to answer the complaint or appear at the proceeding may result in default.~~

(c) Notice of Expedited Proceeding. Upon confirmation of the date and time of the expedited proceeding, Board staff shall notify the licensee in writing of the date and time of the proceeding.

(d) Scope of Expedited Proceeding.

(i) Summary Suspension proceedings shall not be governed by Section 26 Office of Administrative Hearings rules concerning contested case proceedings incorporated by reference in Chapter 1.

(ii) The expedited proceeding shall be limited to a presentation of the evidence the ~~DC~~ IC believes warrants summary suspension.

(iii) The Board shall order summary suspension if it concludes probable cause exists that the licensee's continued practice presents a clear and imminent danger to public health, safety or welfare. The Board shall incorporate a finding to that effect in an order granting summary suspension.

**Section 8. Evaluations.**

(a) Evaluations. In cases where the physical or mental condition or competence of an applicant or licensee is at issue, the ARC or ~~DC~~ IC may request the applicant or licensee submit to an evaluation. Such evaluations may include, but are not limited to: psychological, psychiatric,

substance abuse, fitness for duty or competency. Such evaluations shall be conducted by a qualified provider selected or approved by the ARC or ~~DC~~ IC and at the sole expense of the applicant or licensee. In selecting a qualified provider, the ARC or ~~DC~~ IC shall consider the provider's credentials.

- (b) Request. The request for an evaluation shall provide the following:
  - (i) Reasonable notice to the applicant or licensee to be evaluated;
  - (ii) The time, place, manner, conditions, and scope of evaluation; and
  - (iii) Identification of the person(s) who will perform the evaluation.
- (c) Report. The ARC or ~~DC~~ IC shall receive the provider's written report, which shall include:
  - (i) Findings, identification, and results of all tests or instruments employed;
  - (ii) Reports of any prior evaluations of the same, similar or other relevant condition revealed to or known by the provider, with consideration of prior medical or mental history including treatment; and
  - (iii) Diagnoses and conclusions, which shall include a determination of competency or fitness to practice safely.

**Section 9. Formal Proceedings for Disciplinary Action.**

- (a) Notice of Intent to Recommend Disciplinary Action.
  - (i) The ~~DC~~ IC shall notify the licensee of its intent to recommend disciplinary action.
  - (ii) The Notice of Intent shall:
    - (A) Include a brief description of the facts or conduct that warrant the intended action; ~~and~~
    - (B) A citation to the applicable provisions in the NPA and/or Board's Rules; and
    - (C) Provide the licensee an opportunity to show compliance or respond to allegations for disciplinary action within fifteen (15) days of the date of the mailing.
- (b) Informal Conference. The licensee may request an informal conference with the ~~DC~~ IC to provide any additional information or to resolve an administrative complaint without a hearing.

**Section 10. Petition.**

(a) The ~~DC IC~~ shall initiate formal proceedings for disciplinary action by serving a Petition to the last known address of the licensee by certified mail, by regular mail, by electronic mail to the e-mail address indicated to be the preferred method of communication, or by personal service at least ~~thirty (30)~~ days prior to the date set for hearing.

(b) Within twenty (20) days of the date of the mailing of the Petition, the licensee may respond by filing an Answer admitting or denying the allegations in the Petition.

**Section 11. Notice of Hearing.**

(a) Hearing. Upon receipt of a written request for hearing from an applicant or ~~commencement of formal proceedings for disciplinary action against a licensee~~ filing of a Petition in a disciplinary matter, the Board shall conduct a hearing. ~~The Board~~ staff shall serve a Notice of Hearing on the applicant or licensee.

(b) Notice of Hearing. The Notice of Hearing shall contain:

(i) ~~The name and last known address of the applicant or licensee;~~

(ii) A brief statement of the matters asserted:

(A) In application matters, the recommendation to deny the application, the facts upon which the recommendation to deny is based, and ~~the statutory citations to the applicable provisions of~~ the NPA and/or Board Rules the applicant is alleged to have violated; or

(B) In discipline matters, the nature of the Petition, the facts upon which the Petition is based, and ~~the statutory citations to the applicable provisions of~~ the NPA and/or Board Rules the licensee is alleged to have violated;

(iii) The time, place, and nature of the hearing;

(iii) The legal authority and jurisdiction; ~~and~~

(iv) Notice of the burden and standard of proof; and

(v) A statement indicating:

(A) The applicant's failure to appear at a noticed hearing or pursue proceedings may result in a dismissal; or

(B) The licensee's failure to answer the allegations contained in the Petition within twenty (20) days of the date of mailing and failure to appear at a noticed hearing may result in a default judgment.

**Section 12. Lawful Service.** There shall be a presumption of lawful service of a Notice of Intent, Petition, and Notice of Hearing or any other communication required by these Board Rules if sent to the last known address of the applicant or licensee by certified mail, by regular mail, by electronic mail to the e-mail address indicated to be the preferred method of communication or by personal service.

**Section 13. Dismissal or Default.**

(a) Dismissal. The Board may dismiss an application where the applicant or the applicant's representative has not appeared at a noticed hearing or pursued proceedings.

(b) Default. The Board may enter an order of default judgment based on the allegations contained in the Petition in any case where the licensee or the licensee's representative has not answered the allegations contained in the Petition and has not appeared at a noticed hearing.

**Section 14. Contested Case Hearing.** The hearing officer shall preside over the contested case hearing, which shall be conducted pursuant to the WAPA and the Office of Administrative Hearings rules concerning contested case proceedings incorporated by reference in Chapter 1.

**Section 15. Burden and Standard of Proof.**

(a) Application Matters. The applicant shall bear the burden, to prove by a preponderance of evidence, they meet the qualifications for licensure. The burden shall shift to the ARC, to prove by clear and convincing evidence, applicant should be denied a license. The burden shall shift to the applicant to persuade the Board the ARC's grounds for denial are insufficient.

(b) Petition for Modification Matters. The licensee shall bear the burden to prove by a preponderance of evidence that the petition for modification of conditions should be granted.

(c) Discipline Matters. The ~~DC~~ IC shall bear the burden to prove by clear and convincing evidence a licensee violated the Act, Board Rules, or both.

**Section 16. Board Decision and Order.**

(a) Board Action. The Board may resolve an application matter, administrative complaint, Petition for Modification, or Petition by:

(i) Approving the recommendations of the ARC or ~~DC~~IC; or

(ii) Conducting a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the Board may:

(A) Issue, renew, reactivate, relicense, or reinstate a license;

(B) Issue, renew, reactivate, relicense, or reinstate a license ~~with~~

subject to reprimand, conditions, restrictions, or other disciplinary action;

- (C) Deny a license, renewal, reactivation, relicensure, or reinstatement;
- (D) Approve or deny a petition for modification;
- (E) Dismiss the ~~complaint or~~ Petition ~~due to~~ for lack of clear and convincing evidence;
- (F) Issue a ~~n~~Notice of ~~w~~Warning; or
- (G) Impose a reprimand, conditions, restrictions, suspension, revocation, other discipline, or a combination thereof.

(b) Board Order. The Board shall issue a written decision, which:

- (i) Shall be sent to the applicant, licensee, or their representative by certified mail or regular mail;
- (ii) Shall be deemed a public record and be available for inspection and dissemination in accordance with all federal and state laws.

#### **Section 17. Judicial Review.**

- (a) Appeals from decisions of the Board are governed by the WAPA and Wyoming Rules of Appellate Procedure.
- (b) Costs of transcripts and any reasonable cost assessed by the Board regarding the record on appeal shall be borne by the party making the appeal.