NOTICE: This compilation incorporates the most recent revisions of statutes and administrative rules available as of January 16, 2013. Note that this compilation is not an official version of the Indiana Code or the Indiana Administrative Code. It is distributed as a general guide to Indiana nursing laws and regulations. It is not intended to be offered as legal advice, and it may contain typographical errors. Neither the Indiana State Board of Nursing nor the staff of the Indiana Professional Licensing Agency is able to provide legal advice on issues contained herein. For legal advice, please consult an attorney. To obtain official copies of the Indiana Code or Indiana Administrative Code, please contact your nearest public library. If you wish to obtain additional copies of this law book, they are available for free on our website located at http://www.in.gov/pla.
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**ARTICLE 23. NURSES**
**IC 25-23-1**

Chapter 1. Licensing of Nurses; Creation of Board; Education Programs

**IC 25-23-1-0.1**
Application of certain amendments to chapter

Sec. 0.1. The amendments made to this chapter by P.L.185-1993 shall not be construed to limit the authority of a registered nurse to perform services that a registered nurse was authorized to perform under this article before April 30, 1993.

*As added by P.L.220-2011, SEC.408.*

**IC 25-23-1-1**
Definitions

Sec. 1. As used in this chapter:
(a) "Board" means the Indiana state board of nursing.
(b) "Advanced practice nurse" means:
   (1) a nurse practitioner;
   (2) a nurse midwife; or
   (3) a clinical nurse specialist;
who is a registered nurse qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health maintenance organizations.
(c) "Human response" means those signs, symptoms, behaviors, and processes that denote the individual's interaction with the environment.


**IC 25-23-1-1.1**
Additional definitions

Sec. 1.1. (a) As used in this chapter, "registered nurse" means a person who holds a valid license issued:
(1) under this chapter; or
(2) by a party state (as defined in IC 25-23.3-2-11); and
who bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment, and skill derived from the principles of biological, physical, and behavioral sciences.

(b) As used in this chapter, "registered nursing" means performance of services which include but are not limited to:
(1) assessing health conditions; (2) deriving a nursing diagnosis;
(3) executing a nursing regimen through the selection, performance, and management of nursing actions based on nursing diagnoses;
(4) advocating the provision of health care services through collaboration with or referral to other health professionals;
(5) executing regimens delegated by a physician with an unlimited license to practice medicine or osteopathic medicine, a licensed dentist, a licensed chiropractor, a licensed optometrist, or a licensed podiatrist;
(6) teaching, administering, supervising, delegating, and evaluating nursing practice;
(7) delegating tasks which assist in implementing the nursing, medical, or dental regimen; or
(8) performing acts which are approved by the board or by the board in collaboration with the medical licensing board of Indiana.

(c) As used in this chapter, "assessing health conditions" means the collection of data through means such as interviews, observation, and inspection for the purpose of:
(1) deriving a nursing diagnosis;
(2) identifying the need for additional data collection by nursing personnel; and
(3) identifying the need for additional data collection by other health professionals.

(d) As used in this chapter, "nursing regimen" means preventive, restorative, maintenance, and promotion
activities which include meeting or assisting with self-care needs, counseling, and teaching.

(e) As used in this chapter, "nursing diagnosis" means the identification of needs which are amenable to nursing regimen.


IC 25-23-1-1.2
"Licensed practical nurse" defined

Sec. 1.2. As used in this chapter, "licensed practical nurse" means a person who holds a valid license issued under this chapter or by a party state (as defined in IC 25-23.3-2-11) and who functions at the direction of:

1. a registered nurse;
2. a physician with an unlimited license to practice medicine or osteopathic medicine;
3. a licensed dentist;
4. a licensed chiropractor;
5. a licensed optometrist; or
6. a licensed podiatrist;

in the performance of activities commonly performed by practical nurses and requiring special knowledge or skill.


IC 25-23-1-1.3
"Practical nursing" defined

Sec. 1.3. As used in this chapter, "practical nursing" means the performance of services commonly performed by practical nurses, including:

1. contributing to the assessment of the health status of individuals or groups;
2. participating in the development and modification of the strategy of care;
3. implementing the appropriate aspects of the strategy of care;
4. maintaining safe and effective nursing care; and
5. participating in the evaluation of responses to the strategy of care.


IC 25-23-1-1.4
"Certified registered nurse anesthetist" defined

Sec. 1.4. As used in this chapter, "certified registered nurse anesthetist" means a registered nurse who:

1. is a graduate of a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor;
2. is properly certified by successfully completing the certification examination administered by the Council on Certification of Nurse Anesthetists or its predecessor; and
3. is properly certified and in compliance with criteria for biennial recertification, as defined by the Council on Recertification of Nurse Anesthetists.


IC 25-23-1-2
Indiana state board of nursing; establishment; members; term of office; vacancies

Sec. 2. (a) There is established the Indiana state board of nursing consisting of nine (9) members appointed by the governor, each to serve a term of four (4) years subject to death, resignation, or removal by the governor.

(b) Six (6) of the board members must be registered nurses who are committed to advancing and safeguarding the nursing profession as a whole. Two (2) of the board's members must be licensed practical nurses. One (1) member of the board, to represent the general public, must be a resident of this state and not be associated with nursing in any way other than as a consumer.

(c) Each appointed board member may serve until the member's successor has been appointed and qualified. Any vacancy occurring in the membership of the board for any cause shall be filled by appointment by the governor for the unexpired term. Members of the board may be appointed for more than one (1) term. However, no person who has served as a member of the board for more than six (6) consecutive years may be reappointed. Reappointments of persons who have served six (6) consecutive years as a member of the board may be made after three (3) years have
IC 25-23-1-3
Filling vacancies; removal of board members
Sec. 3. On or before December 1 of each year and at any time there is a vacancy, the Indiana State Nurses' Association shall recommend to the Governor a list of qualified registered nurses for appointment to the Board in the number of not less than twice the number of registered nurse vacancies to be filled.

On or before December 1 of each year and at any time there is a vacancy, the Indiana Federation of Licensed Practical Nurses' shall recommend to the Governor a list of qualified licensed practical nurses and nurse educators of Practical Nurse Programs for appointment to the Board in the number of not less than twice the number of vacancies to be filled. The Governor may remove any member from the Board for neglect of any duty required by law or for incompetency or unprofessional or dishonorable conduct.

IC 25-23-1-4
Qualifications of members of board; oath
Sec. 4. (a) Each registered nurse member of the board required by section 2 of this chapter must:
(1) be a citizen of the United States;
(2) be a resident of Indiana;
(3) have:
   (A) graduated from an accredited educational program for the preparation of practitioners of professional nursing;
   (B) been licensed as a registered nurse in Indiana;
   (C) had at least five (5) years successful experience since graduation in administering, teaching, or practicing in an educational program to prepare practitioners of nursing or in administering or practicing in nursing service; and
   (D) been actively engaged in the activities described in clause (C) for at least three (3) years immediately preceding appointment or reappointment; and
(4) be actively engaged in the activities described in subdivision (3)(C) throughout the member's term of office.

(b) Each licensed practical nurse member of the board required by section 2 of this chapter must:
(1) be a citizen of the United States;
(2) be a resident of Indiana;
(3) have:
   (A) graduated from an accredited educational program for the preparation of practitioners of practical nursing;
   (B) been licensed as a licensed practical nurse in Indiana;
   (C) had at least five (5) years successful experience as a practitioner of practical nursing since graduation; and
   (D) been actively engaged in practical nursing for at least three (3) years immediately preceding appointment to the board; and
(4) be actively engaged in practice throughout the member's term of office.

(c) Before entering upon the discharge of official duties, each member of the board shall file the constitutional oath of office in the office of the secretary of state.

IC 25-23-1-5
Meetings; officers; quorum
Sec. 5. (a) The board shall meet annually. At its first meeting of the calendar year, it shall elect from the membership a president, a vice president, and a secretary. It shall hold such other meetings during the year as may be necessary for the transaction of its business.

(b) Five (5) members of the board constitute a quorum. An affirmative vote of a majority of the members appointed to the board is required for action of the board.
IC 25-23-1-6
Repealed

(Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-7
Powers and duties of board
Sec. 7. (a) The board shall do the following:
(1) Adopt under IC 4-22-2 rules necessary to enable it to carry into effect this chapter.
(2) Prescribe standards and approve curricula for nursing education programs preparing persons for licensure under this chapter.
(3) Provide for surveys of such programs at such times as it considers necessary.
(4) Accredit such programs as meet the requirements of this chapter and of the board.
(5) Deny or withdraw accreditation from nursing education programs for failure to meet prescribed curricula or other standards.
(6) Examine, license, and renew the license of qualified applicants.
(7) Issue subpoenas, compel the attendance of witnesses, and administer oaths to persons giving testimony at hearings.
(8) Cause the prosecution of all persons violating this chapter and have power to incur necessary expenses for these prosecutions.
(9) Adopt rules under IC 4-22-2 that do the following:
   (A) Prescribe standards for the competent practice of registered, practical, and advanced practice nursing.
   (B) Establish with the approval of the medical licensing board created by IC 25-22.5-2-1 requirements that advanced practice nurses must meet to be granted authority to prescribe legend drugs and to retain that authority.
   (C) Establish, with the approval of the medical licensing board created by IC 25-22.5-2-1, requirements for the renewal of a practice agreement under section 19.4 of this chapter, which shall expire on October 31 in each odd-numbered year.
(10) Keep a record of all its proceedings.
(11) Collect and distribute annually demographic information on the number and type of registered nurses and licensed practical nurses employed in Indiana.
(12) Adopt rules and administer the interstate nurse licensure compact under IC 25-23.3.
(b) The board may do the following:
(1) Create ad hoc subcommittees representing the various nursing specialties and interests of the profession of nursing. Persons appointed to a subcommittee serve for terms as determined by the board.
(2) Utilize the appropriate subcommittees so as to assist the board with its responsibilities. The assistance provided by the subcommittees may include the following:
   (A) Recommendation of rules necessary to carry out the duties of the board.
   (B) Recommendations concerning educational programs and requirements.
   (C) Recommendations regarding examinations and licensure of applicants.
(3) Appoint nurses to serve on each of the ad hoc subcommittees.
(4) Withdraw from the interstate nurse licensure compact under IC 25-23.2 (repealed).
(5) If requested by the nonprofit corporation formed under IC 12-31-1-3, provide assistance to the public umbilical cord blood bank and umbilical cord blood donation initiative.
(c) Nurses appointed under subsection (b) must:
   (1) be committed to advancing and safeguarding the nursing profession as a whole; and
   (2) represent nurses who practice in the field directly affected by a subcommittee's actions.


IC 25-23-1-7.1
Rules and regulations
Sec. 7.1. The board may adopt rules and regulations applicable to nurse practitioners.

IC 25-23-1-8
Repealed
(Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-9
Repealed
(Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-10
Compensation of board members
Sec. 10. (a) Each member of the board who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). Such a member is also entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the department of administration and approved by the state budget agency.

(b) Each member of the board who is a state employee but who is not a member of the general assembly is entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the department of administration and approved by the state budget agency.

IC 25-23-1-10.5
Temporary permits
Sec. 10.5. (a) The board may issue a temporary permit to practice as a nurse to a nurse licensed to practice in another state or territory of the United States, who has applied to the board for licensure by endorsement and submitted proof of current licensure to the board. The permit is valid for ninety (90) days after issuance or upon denial of licensure by the board. The permit may be renewed by the board, for a period not to exceed ninety (90) days, if, in the determination of the board, it is not possible to complete the application process in that time period.

(b) Persons holding a temporary permit to practice as a nurse are subject to the disciplinary provisions of this chapter and IC 25-1-9.

(c) The board may establish by rule under IC 4-22-2 application procedures and requirements for the issuance of temporary permits under this section.

IC 25-23-1-11
Requirements for registered nurse applicants; endorsement license; fees; use of title
Sec. 11. (a) Any person who applies to the board for a license to practice as a registered nurse must:
(1) not have:
   (A) been convicted of a crime that has a direct bearing on the person's ability to practice competently; or
   (B) committed an act that would constitute a ground for a disciplinary sanction under IC 25-1-9;
(2) have completed:
   (A) the prescribed curriculum and met the graduation requirements of a state accredited program of registered nursing that only accepts students who have a high school diploma or its equivalent as determined by the board; or
   (B) the prescribed curriculum and graduation requirements of a nursing education program in a foreign country that is substantially equivalent to a board approved program as determined by the board. The board may by rule adopted under IC 4-22-2 require an applicant under this subsection to successfully complete an examination approved by the board to measure the applicant's qualifications and background in the practice of nursing and proficiency in the English language; and
   (3) be physically and mentally capable of and professionally competent to safely engage in the practice of nursing as determined by the board.
The board may not require a person to have a baccalaureate degree in nursing as a prerequisite for licensure.

(b) The applicant must pass an examination in such subjects as the board may determine.

(c) The board may issue by endorsement a license to practice as a registered nurse to an applicant who has been licensed as a registered nurse, by examination, under the laws of another state if the applicant presents proof satisfactory to the board that, at the time that the applicant applies for an Indiana license by endorsement, the applicant holds a current license in another state and possesses credentials and qualifications that are substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what constitutes substantial equivalence under this subsection.

(d) The board may issue by endorsement a license to practice as a registered nurse to an applicant who:
   (1) has completed the English version of the:
      (A) Canadian Nurse Association Testing Service Examination (CNAT); or
      (B) Canadian Registered Nurse Examination (CRNE);
   (2) achieved the passing score required on the examination at the time the examination was taken;
   (3) is currently licensed in a Canadian province or in another state; and
   (4) meets the other requirements under this section.

(e) Each applicant for examination and registration to practice as a registered nurse shall pay a fee set by the board, a part of which must be used for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. Payment of the fee or fees shall be made by the applicant prior to the date of examination. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:
   (1) Twenty-five percent (25%) of the license application fee per license applied for under this section.
   (2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.

(f) Any person who holds a license to practice as a registered nurse in:
   (1) Indiana; or
   (2) a party state (as defined in IC 25-23.3-2-11);
may use the title "Registered Nurse" and the abbreviation "R.N.". No other person shall practice or advertise as or assume the title of registered nurse or use the abbreviation of "R.N." or any other words, letters, signs, or figures to indicate that the person using same is a registered nurse.


IC 25-23-1-12
Requirements for practical nurse applicants; endorsement license; fees; use of title

Sec. 12. (a) A person who applies to the board for a license to practice as a licensed practical nurse must:
   (1) not have been convicted of:
      (A) an act which would constitute a ground for disciplinary sanction under IC 25-1-9; or
      (B) a crime that has a direct bearing on the person's ability to practice competently;
   (2) have completed:
      (A) the prescribed curriculum and met the graduation requirements of a state accredited program of practical nursing that only accepts students who have a high school diploma or its equivalent, as determined by the board; or
      (B) the prescribed curriculum and graduation requirements of a nursing education program in a foreign country that is substantially equivalent to a board approved program as determined by the board. The board may by rule adopted under IC 4-22-2 require an applicant under this subsection to successfully complete an examination approved by the board to measure the applicant's qualifications and background in the practice of nursing and proficiency in the English language; and
      (3) be physically and mentally capable of, and professionally competent to, safely engage in the practice of practical nursing as determined by the board.
   (b) The applicant must pass an examination in such subjects as the board may determine.
   (c) The board may issue by endorsement a license to practice as a licensed practical nurse to an applicant who has been licensed as a licensed practical nurse, by examination, under the laws of another state if the applicant presents...
proof satisfactory to the board that, at the time of application for an Indiana license by endorsement, the applicant possesses credentials and qualifications that are substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what shall constitute substantial equivalence under this subsection.

(d) Each applicant for examination and registration to practice as a practical nurse shall pay a fee set by the board, a part of which must be used for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. Payment of the fees shall be made by the applicant before the date of examination. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:

1. Twenty-five percent (25%) of the license application fee per license applied for under this section.
2. The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.

(e) Any person who holds a license to practice as a licensed practical nurse in:

1. Indiana; or
2. a party state (as defined in IC 25-23.3-2-11);
may use the title "Licensed Practical Nurse" and the abbreviation "L.P.N.". No other person shall practice or advertise as or assume the title of licensed practical nurse or use the abbreviation of "L.P.N." or any other words, letters, signs, or figures to indicate that the person using them is a licensed practical nurse.


IC 25-23-1-13
Repealed
(Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-13.1
Midwives
Sec. 13.1. (a) An applicant who desires to practice midwifery shall present to the board the applicant's license as a registered nurse and a diploma earned by the applicant from a school of midwifery approved or licensed by the board or licensing agency for midwives that is located in any state.

(b) The applicant shall submit to an examination in midwifery prescribed or administered by the board. If the application and qualifications are approved by the board, the applicant is entitled to receive a limited license that allows the applicant to practice midwifery.

(c) The board shall adopt rules under IC 25-23-1-7:

1. defining the scope of practice for midwifery; and
2. for implementing this section.


IC 25-23-1-14
Repealed
(Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-15
Repealed
(Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-16
Repealed
(Repealed by Acts 1981, P.L.222, SEC.296.)

IC 25-23-1-16.1
Expiration of license; renewal; fee
Sec. 16.1. (a) A license to practice as a registered nurse expires on October 31 in each odd-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.
(b) A license to practice as a licensed practical nurse expires on October 31 in each even-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.
(c) The procedures and fee for renewal shall be set by the board.
(d) At the time of license renewal, each registered nurse and each licensed practical nurse shall pay a renewal fee, a portion of which shall be for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:
   (1) Twenty-five percent (25%) of the license renewal fee per license renewed under this section.
   (2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.


IC 25-23-1-17
Receipts; use and disposition
Sec. 17. All moneys received shall be deposited with the treasurer of state at the end of each month and be placed by him in the general fund of the state. The expenses of said board shall be paid from the general fund upon appropriation being made therefrom in the manner provided for the making of such appropriations.

IC 25-23-1-18
Failure to renew license; reinstatement; fee
Sec. 18. (a) Any person who fails to renew a license before it expires shall be reinstated by the board upon meeting the requirements under IC 25-1-8-6.
(b) A person who fails to apply to reinstate a license under this section within three (3) years after the date it expires may be issued a license by the board if the person meets the requirements under IC 25-1-8-6.

IC 25-23-1-19
Repealed
(Repealed by P.L.149-1987, SEC.120.)

IC 25-23-1-19.4
Advanced practice nurses; collaboration with licensed practitioner
Sec. 19.4. (a) As used in this section, "practitioner" has the meaning set forth in IC 16-42-19-5. However, the term does not include the following:
   (1) A veterinarian.
   (2) An advanced practice nurse.
   (3) A physician assistant.
   (b) An advanced practice nurse shall operate in collaboration with a licensed practitioner as evidenced by a practice agreement, or by privileges granted by the governing board of a hospital licensed under IC 16-21 with the advice of the medical staff of the hospital that sets forth the manner in which an advanced practice nurse and a licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to their patients.

IC 25-23-1-19.5
Advanced practice nurses; authority to prescribe legend drugs
Sec. 19.5. (a) The board shall establish a program under which advanced practice nurses who meet the requirements established by the board are authorized to prescribe legend drugs, including controlled substances (as defined in IC 35-48-1).
(b) The authority granted by the board under this section:
   (1) expires on October 31 of the odd-numbered year following the year the authority was granted or renewed; and
   (2) is subject to renewal indefinitely for successive periods of two (2) years.
(c) The rules adopted under section 7 of this chapter concerning the authority of advanced practice nurses to prescribe legend drugs must do the following:
   (1) Require an advanced practice nurse or a prospective advanced practice nurse who seeks the authority to submit an application to the board.
   (2) Require, as a prerequisite to the initial granting of the authority, the successful completion by the applicant of a graduate level course in pharmacology providing at least two (2) semester hours of academic credit.
   (3) Require, as a condition of the renewal of the authority, the completion by the advanced practice nurse of the continuing education requirements set out in section 19.7 of this chapter.

IC 25-23-1-19.6
Advanced practice nurses; prescriptions; identification numbers
Sec. 19.6. (a) When the board grants authority to an advanced practice nurse to prescribe legend drugs under this chapter, the board shall assign an identification number to the advanced practice nurse.
   (b) An advanced practice nurse who is granted authority by the board to prescribe legend drugs must do the following:
      (1) Enter on each prescription form that the advanced practice nurse uses to prescribe a legend drug:
          (A) the signature of the advanced practice nurse;  
          (B) initials indicating the credentials awarded to the advanced practice nurse under this chapter; and
          (C) the identification number assigned to the advanced practice nurse under subsection (a).
      (2) Comply with all applicable state and federal laws concerning prescriptions for legend drugs.
   (c) An advanced practice nurse may be granted authority to prescribe legend drugs under this chapter only within the scope of practice of the advanced practice nurse and the scope of the licensed collaborating health practitioner.

IC 25-23-1-19.7
Renewal of prescriptive authority
Sec. 19.7. (a) This subsection applies to an applicant for renewal who has never received a renewal of prescriptive authority under section 19.5 of this chapter and whose prescriptive authority has never lapsed. If the applicant was initially granted prescriptive authority:
   (1) less than twelve (12) months before the expiration date of the prescriptive authority, no continuing education is required; or
   (2) at least twelve (12) months before the expiration date of the prescriptive authority, the applicant shall, subject to IC 25-1-4-3, attest to the board that the applicant has successfully completed at least fifteen (15) contact hours of continuing education. The hours must:
          (A) be completed after the prescriptive authority was granted and before the expiration of the prescriptive authority;
          (B) include at least four (4) contact hours of pharmacology; and
          (C) be approved by a nationally approved sponsor of continuing education for nurses, approved by the board, and listed by the Indiana professional licensing agency as approved hours.
   (b) This subsection applies to an applicant for renewal of prescriptive authority under section 19.5 of this chapter who is not described in subsection (a). The applicant shall, subject to IC 25-1-4-3, attest to the board that the applicant has successfully completed at least thirty (30) contact hours of continuing education. The hours must:
          (1) be completed within the two (2) years immediately preceding the renewal;
          (2) include at least eight (8) contact hours of pharmacology; and
          (3) be approved by a nationally approved sponsor of continuing education for nurses, be approved by the board, and be listed by the Indiana professional licensing agency as approved hours.
Sec. 19.8. (a) Before December 31 of an even-numbered year, the Indiana professional licensing agency or the agency's designee shall randomly audit at least one percent (1%) but not more than ten percent (10%) of the practice agreements of advanced practice nurses with authority to prescribe legend drugs under section 19.5 of this chapter to determine whether the practice agreement meets the requirements of this chapter or rules adopted by the board.

(b) The Indiana professional licensing agency shall establish an audit procedure, which may include the following:

1. Requiring the advanced practice nurse to provide the agency with a copy of verification of attendance at or completion of a continuing education course or program the advanced practice nurse attended during the previous two (2) years.

2. Requiring the advanced practice nurse and the licensed practitioner who have entered into a practice agreement to submit information on a form prescribed by the agency that must include a sworn statement signed by the advanced practice nurse and the licensed practitioner that the parties are operating within the terms of the practice agreement and the requirements under this chapter or rules adopted by the board.

3. Reviewing patient health records and other patient information at the practice location or by requiring the submission of accurate copies to determine if the parties are operating within the terms of the practice agreement and the requirements under this chapter or rules adopted by the board.

4. After a reasonable determination that the advanced practice nurse and the licensed practitioner who have entered into a practice agreement are not operating within the terms of the practice agreement, requiring the parties to appear before the agency or the agency's designee to provide evidence of compliance with the practice agreement.

(c) Not more than sixty (60) days after the completion of the audit required in subsection (a), the Indiana professional licensing agency shall provide the board with the following:

1. A summary of the information obtained in the audit.

2. A statement regarding whether an advanced practice nurse and a licensed practitioner who have entered into a practice agreement that is audited under subsection (a) are operating within the terms of the practice agreement.

The agency shall also provide a copy of the information described in this subsection to the board that regulates the licensed practitioner.

(d) The Indiana professional licensing agency may cause to be served upon the advanced practice nurse an order to show cause to the board as to why the board should not impose disciplinary sanctions under IC 25-1-9-9 on the advanced practice nurse for the advanced practice nurse's failure to comply with:

1. an audit conducted under this section; or

2. the requirements of a practice agreement under this chapter.

(e) Except for a violation concerning continuing education requirements under IC 25-1-4, the board shall hold a hearing in accordance with IC 4-21.5 and state the date, time, and location of the hearing in the order served under subsection (d).

(f) The board that regulates the licensed practitioner may cause to be served upon the licensed practitioner an order to show cause to the board as to why the board should not impose disciplinary sanctions under IC 25-1-9-9 on the licensed practitioner for the licensed practitioner's failure to comply with:

1. an audit conducted under this section; or

2. the requirements of a practice agreement under this chapter.

(g) The board that regulates the licensed practitioner shall hold a hearing in accordance with IC 4-21.5 and state the date, time, and location of the hearing in the order served under subsection (f).

(h) An order to show cause issued under this section must comply with the notice requirements of IC 4-21.5.

(i) The licensed practitioner may divulge health records and other patient information to the Indiana professional licensing agency or the agency's designee. The licensed practitioner is immune from civil liability for any action based upon release of the patient information under this section.


IC 25-23-1-20
Application for nursing education program; employment of registered nurses

Sec. 20. (a) Any institution which desires to conduct a nursing education program shall apply to the board and
submit evidence that:
   (1) it is prepared to give a minimum curriculum of organized instruction and clinical experience in nursing in
 conformity to the provisions of this chapter and the rules of the board. Such instruction and experience may be
 secured in one (1) or more institutions or agencies approved by the board; and
   (2) it is prepared to meet other standards established by this chapter and by the board.
   (b) An institution that conducts a nursing education program may employ a person who:
       (1) is a registered nurse with a bachelor's degree in nursing; and
       (2) has at least three (3) years of experience in nursing in the previous six (6) years;
 to instruct nursing students on a part-time basis for the purpose of clinical instruction.
(Formerly: Acts 1949, c.159, s.20; Acts 1951, c.34, s.6.) As amended by Acts 1982, P.L.154, SEC.81; P.L.149-1987,
SEC.63; P.L.177-2009, SEC.43.

IC 25-23-1-21
Survey of board; approval; surveys of accredited schools
   Sec. 21. (a) A survey of the institution or institutions of which the nursing education program is a part and of
 institutions affiliating with the nursing education program shall be made by the a designated representative of the
 board. The surveyor shall submit a written report of the survey to the board. If, in the opinion of the board, the
 requirements for an accredited school of nursing are met, it shall approve the school as an accredited school of
 nursing.
   (b) From time to time as considered necessary by the board, it shall be the duty of the board, through a designated
 representative of the board, to survey all nursing education programs in the state. Written reports of such surveys
 shall be submitted to the board. If the board determines that any accredited nursing education program is not
 maintaining the standards required by the statutes and by the board, notice in writing specifying the defect or defects
 shall be immediately given to the nursing education program. A nursing education program which fails to correct
 these conditions to the satisfaction of the board within a reasonable time shall be removed from the list of accredited
 nursing education programs.
   (c) The board may elect to utilize a nursing education program's accreditation by a national accrediting body
 approved by the board and the Council on Postsecondary Accreditation (COPA) as evidence that the program has
 met all or part of the required state standards and prescribed curricula for continuing accreditation of nursing
 education programs.

IC 25-23-1-22
Repealed
   (Repealed by P.L.149-1987, SEC.120.)

IC 25-23-1-23
Repealed
   (Repealed by P.L.149-1987, SEC.120.)

IC 25-23-1-24
Repealed
   (Repealed by P.L.169-1985, SEC.97.)

IC 25-23-1-25
Repealed
   (Repealed by Acts 1981, P.L.222, SEC.296.)

IC 25-23-1-25.1
Repealed
   (Repealed by P.L.152-1988, SEC.30.)

IC 25-23-1-26
Duty of attorney general
   Sec. 26. It shall be the duty of the attorney-general to represent the board in any court in which an action may be
filed for the review of an order of the board. The attorney-general may, at his discretion, call to his assistance in such action, the prosecuting attorney of the county in which such action is filed.

(Formerly: Acts 1949, c.159, s.26.)

IC 25-23-1-27
Violations; penalty

Sec. 27. A person who:

(1) sells or fraudulently obtains or furnishes any nursing diploma, license or record;
(2) practices nursing under cover of any diploma or license or record illegally or fraudulently obtained or assigned or issued unlawfully or under fraudulent representation;
(3) practices nursing as a registered nurse or licensed practical nurse unless licensed to do so under this chapter or IC 25-23.3;
(4) uses in connection with the person's name any designation tending to imply that the person is a registered nurse or a licensed practical nurse unless licensed to practice under this chapter or IC 25-23.3;
(5) practices nursing during the time the person's license issued under this chapter or IC 25-23.3 is suspended or revoked;
(6) conducts a school of nursing or a program for the training of practical nurses unless the school or program has been accredited by the board; or
(7) otherwise violates this chapter;

commits a Class B misdemeanor.


IC 25-23-1-27.1
Limitations on application of chapter; "licensed health professional" defined

Sec. 27.1. (a) As used in this section, "licensed health professional" means:

(1) a registered nurse;
(2) a licensed practical nurse;
(3) a physician with an unlimited license to practice medicine or osteopathic medicine;
(4) a licensed dentist;
(5) a licensed chiropractor;
(6) a licensed optometrist;
(7) a licensed pharmacist;
(8) a licensed physical therapist;
(9) a licensed psychologist;
(10) a licensed podiatrist; or
(11) a licensed speech-language pathologist or audiologist.

(b) This chapter does not prohibit:

(1) furnishing nursing assistance in an emergency;
(2) the practice of nursing by any student enrolled in a board approved nursing education program where such practice is incidental to the student's program of study;
(3) the practice of any nurse who is employed by the government of the United States or any of its bureaus, divisions, or agencies while in the discharge of the nurse's official duties;
(4) the gratuitous care of sick, injured, or infirm individuals by friends or the family of that individual;
(5) the care of the sick, injured, or infirm in the home for compensation if the person assists only:
   (A) with personal care;
   (B) in the administration of a domestic or family remedy; or
   (C) in the administration of a remedy that is ordered by a licensed health professional and that is within the scope of practice of the licensed health professional under Indiana law;
(6) performance of tasks by persons who provide health care services which are delegated or ordered by licensed health professionals, if the delegated or ordered tasks do not exceed the scope of practice of the licensed health professionals under Indiana law;
(7) a physician with an unlimited license to practice medicine or osteopathic medicine in Indiana, a licensed dentist, chiropractor, dental hygienist, optometrist, pharmacist, physical therapist, podiatrist, psychologist, speech-language pathologist, or audiologist from practicing the person's profession;
(8) a school corporation or school employee from acting under IC 34-30-14;
(9) a personal services attendant from providing authorized attendant care services under IC 12-10-17.1; or
(10) an attendant who provides attendant care services (as defined in IC 16-18-2-28.5).

IC 25-23-1-27.2
Injunction from continuing violation of chapter; punishment
Sec. 27.2. The attorney general, the board, the prosecuting attorney, or any citizen of any county in which a person violates this article may maintain an action in the name of the state to enjoin the person from continuing in violation of this article. A person who is enjoined and who violates an injunction shall be punished for contempt of court. An injunction issued under this section does not relieve a person from criminal prosecution but is in addition to any remedy provided under criminal law.
As added by P.L.149-1987, SEC.67.

IC 25-23-1-27.5
Repealed  (Repealed by Acts 1981, P.L.222, SEC.296.)

IC 25-23-1-28
Repealed  (Repealed by P.L.134-2008, SEC.52.)

IC 25-23-1-29
Practitioners of Church of Christ Scientist
Sec. 29. (a) This chapter does not apply to a nurse practicing in accordance with the practice and principles of the body known as the Church of Christ Scientist.
(b) A sanitarium, nursing home, or rest home provided that it is listed and certified by the Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc. does not have to comply with any rule adopted by the board, except a rule that concerns the following:
(1) The sanitary and safe conditions of the premises.
(2) The cleanliness of operation.
(3) The physical equipment.
(c) The chapter does not apply to a person if:
(1) the person is licensed as a nurse in another jurisdiction;
(2) the person is employed by an individual, an agency, or a legal business entity located in that jurisdiction;
(3) the person's employment responsibilities include transporting a patient between jurisdictions;
(4) no trip made by the person into Indiana for the purpose of transporting a patient lasts more than seventy-two (72) hours; and
(5) the person does not make more than six (6) trips into Indiana for the purpose of transporting a patient during any twelve (12) month period.

IC 25-23-1-30
Administration of anesthesia by certified registered nurse anesthetist
Sec. 30. (a) A certified registered nurse anesthetist may administer anesthesia if the certified registered nurse anesthetist acts under the direction of and in the immediate presence of a physician.
(b) Nothing in this chapter shall be construed as requiring a certified registered nurse anesthetist to obtain prescriptive authority to administer anesthesia under subsection (a).

IC 25-23-1-31
Rehabilitation of impaired registered nurse or licensed practical nurse; use of information after noncompliance
Sec. 31. (a) As used in this section, "impaired registered nurse or
"licensed practical nurse" means a registered nurse or licensed practical nurse who has been affected by the use or abuse of alcohol or other drugs.

(b) The board shall assist in the rehabilitation of an impaired registered nurse or licensed practical nurse.

c) The board may do the following:

1. Enter into agreements, provide grants, and make other arrangements with statewide nonprofit professional associations, foundations, or other entities specifically devoted to the rehabilitation of impaired health care professionals to identify and assist impaired registered nurses and licensed practical nurses.

2. Accept and designate grants, public and private financial assistance, and licensure fees to fund programs under subdivision (1) to assist impaired registered nurses and licensed practical nurses.

d) Except as provided in subsection (f), all:

1. information furnished to a nonprofit professional association, foundation, or other entity specifically devoted to the rehabilitation of impaired health care professionals, including interviews, reports, statements, and memoranda; and

2. findings, conclusions, or recommendations that result from a proceeding of the professional association, foundation, or other entity specifically devoted to the rehabilitation of impaired health care professionals; are privileged and confidential.

e) The records of a proceeding under subsection (d) may be used only in the exercise of proper functions of the board, and may not become public records or subject to a subpoena or discovery proceeding.

(f) Information received by the board from the board designated rehabilitation program for noncompliance by the registered nurse or licensed practical nurse may be used by the board in any disciplinary or criminal proceedings instituted against the impaired registered nurse or licensed practical nurse.

g) The board designated rehabilitation program shall:

1. immediately report to the board the name and results of any contact or investigation concerning an impaired registered nurse or licensed practical nurse who the program believes constitutes a certain, immediate, and impending danger to either the public or the impaired registered nurse or licensed practical nurse; and

2. in a timely fashion report to the board an impaired registered nurse or licensed practical nurse:

   A) who refuses to cooperate with the program;

   B) who refuses to submit to treatment; or

   C) whose impairment is not substantially or significantly alleviated through treatment, as determined by accepted medical standards.


IC 25-23-1-33
Professing to be nurse practitioner or clinical nurse specialist; use of title

Sec. 33. (a) An individual may not:

1. profess to be a nurse practitioner; or

2. use the title "nurse practitioner";

unless the individual is a nurse practitioner.

(b) An individual may not:

1. profess to be a clinical nurse specialist; or

2. use the title "clinical nurse specialist";

unless the individual is a clinical nurse specialist.


IC 25-23-1-34
Impaired nurses account

Sec. 34. (a) The impaired nurses account is established within the state general fund for the purpose of providing money for providing rehabilitation of impaired registered nurses or licensed practical nurses under this article. The account shall be administered by the Indiana professional licensing agency.

(b) Expenses of administering the account shall be paid from money in the account. The account consists of the following:

1. Funds collected for the rehabilitation of impaired registered nurses and impaired licensed practical nurses under sections 11(e), 12(d), and 16.1(d) of this chapter.

2. Funds collected under section 31(c)(2) of this chapter.
(3) Fines collected from registered nurses or licensed practical nurses under IC 25-1-9.9(a)(6).
(c) The treasurer of state shall invest the money in the account not currently needed to meet the obligations of the account in the same manner as other public money may be invested.
(d) Money in the account is appropriated to the board for the purpose stated in subsection (a).
ARTICLE 1. REGISTERED NURSES AND PRACTICAL NURSES

Rule 1. Definitions; Administration

848 IAC 1-1-1 Evaluation of credentials (Repealed)
Sec. 1. (Repealed by Indiana State Board of Nursing; filed Mar 18, 1980, 4:00 pm: 3 IR 964)

848 IAC 1-1-2 Definitions (Repealed)
Sec. 2. (Repealed by Indiana State Board of Nursing; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4534)

848 IAC 1-1-2.1 Definitions
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1

Sec. 2.1. The following definitions apply throughout this article:

1) "Approved" or "accredited", terms used interchangeably, means those programs that have met requirements of the board. The term also includes approval granted by voluntary, regional, and other state agencies.
2) "Associate degree program" means an educational program leading to an associate degree in nursing, conducted by an educational unit in nursing, within the structure of a college or university.
3) "Audit" means attending a class or course without receiving credit.
4) "Baccalaureate degree program" means an educational program leading to a baccalaureate degree in nursing conducted by an educational unit in nursing within the structure of a senior college or university.
5) "Board" means the Indiana state board of nursing.
6) "Clinical experience" means the learning experiences provided in facilities appropriate to the curriculum objectives.
7) "Clinical preceptor" means an individual employed by the cooperating agency who also has the responsibility to supervise one (1) student at a time in the clinical facility.
8) "Controlling organization" means the agency that assumes the responsibility for overall administration of the program.
9) "Cooperating agency" means an institution that cooperates with the nursing program to provide facilities for the clinical experiences of students.
10) "Curriculum" means the whole body of courses offered in the nursing program.
11) "Deeming authority" means a recognized accrediting organization that has been approved to conduct accreditation surveys and issue accreditation decisions of acute care hospitals by the Center for Medicare and Medicaid Services (CMS).
12) "Diploma program" means an educational program leading to a diploma in registered nursing.
13) "Director" means the registered nurse who is delegated responsibility for the implementation and administration of the nursing program regardless of the official title in any specific institution.
14) "Enroll" means to matriculate and attend a class or course for the purpose of receiving credit.
15) "Faculty" means individuals employed to administer and to teach in the educational program.
16) "May" indicates discretionary use.
17) "Practical nursing program" means an educational program leading to a diploma or certificate in practical nursing conducted by an educational institution or hospital.
18) "Primary state of residence" means the state of an individual's declared fixed permanent and principal home for legal purposes; domicile.
19) "Program" means the curriculum and all the supporting activities organized independently, under an educational institution or hospital, to prepare students for nursing licensure and the practice of nursing.
20) "Rate of successful completion" means the annual number of first time U.S. educated and U.S. territory candidates who successfully complete the National Council Licensure examination and is computed annually from January 1 through December 31.
21) "Rule" or "requirement" means a mandatory standard, which a program shall meet in order to be accredited.
22) "Shall" indicates a mandatory rule, regulation, or requirement.
23) "Should" indicates a recommendation.
24) "Survey visit" means an on-site visit of a nursing program, including clinical facilities by a designated representative of the board for the purpose of evaluating the program of learning.
848 IAC 1-1-3 Accreditation (Repealed)
Sec. 3. (Repealed by Indiana State Board of Nursing; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4534)

848 IAC 1-1-4 Criteria for accreditation (Repealed)
Sec. 4. (Repealed by Indiana State Board of Nursing; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4534)

848 IAC 1-1-5 Appeals
Authority: IC 25-23-1-7
Affected: IC 4-21.5
Sec. 5. Appeals before the Indiana state board of nursing are governed by the Indiana Administrative Orders and Procedures Act (AOPA) under IC 4-21.5. (Indiana State Board of Nursing; Reg 5; filed Jul 18, 1977, 8:55 a.m.: Rules and Regs. 1978, p. 611; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1326; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-1-6 Licensure by examination
Authority: IC 25-23-1-7
Affected: IC 25-23-1-11; IC 25-23-1-12
Sec. 6. (a) Any person who makes application to the board for a license shall submit to the board written evidence, verified by oath, that the registered nurse applicant meets the requirements of IC 25-23-1-11 and the licensed practical nurse applicant meets the requirements of IC 25-23-1-12.
(b) A copy of a marriage certificate or court order shall be submitted by a candidate who wishes to change her or his name after the application is filed.
(c) Candidates shall present the authorization to test and a photo identification for entrance to the testing center.
(d) The required Indiana passing criteria for the licensure examination is set by the National Council of State Boards of Nursing using the computerized adaptive testing methodology.
(e) An applicant may take the examination at any testing center in the United States approved by the National Council for State Boards of Nursing. An authorization to test must be provided by the Indiana board before testing.
(f) Graduates of foreign schools of nursing shall meet the following qualifications before being licensed in Indiana:
(1) Be licensed in the territory or country in which they graduated.
(2) Meet the qualifications required in Indiana as determined by the board.
(3) Obtain the official records from the territory or country in which the applicant graduated verifying academic qualification or be referred to state accredited nursing programs to establish the necessary credits if the original records are unobtainable.
(4) Show evidence of having passed the examination prepared by the commission on graduates of foreign nursing schools.
(5) Pass the appropriate nurse licensing examination in Indiana.
(g) Requirements for unsuccessful candidates are as follows:
(1) Any candidate who fails the Indiana licensing examination shall not be licensed until she or he has passed the licensing examination.
(2) A complete application shall be submitted each time an examination is taken.
(3) The full examination fee shall be charged for each reexamination.
(4) A candidate who has failed the licensing examination (in any jurisdiction) should undertake a special study program before retaking the examination. This study program may include one (1) or all of the following:
(A) Auditing nursing courses at an approved program in nursing.
(B) A self-study program, such as review of course work or professional reading.
(C) Tutoring.
(D) Reenrollment in a state-accredited program of nursing.
(h) Written informed consent from the candidate is necessary before individual licensing examination scores are released to anyone other than the candidate.
Candidates applying for the practical nursing licensing examination shall be required to meet the board's curricular requirements for the program in practical nursing as stated in the rules in effect at the time of their graduation. Candidates applying for the registered nursing licensing examination shall be required to meet the board's curricular requirements for the program in registered nursing as stated in the rules in effect at the time of their graduation.

848 IAC 1-1-7 Licensure by endorsement

Authority: IC 25-23-1-7

Affected: IC 25-23-1-11; IC 25-23-1-12

Sec. 7. (a) An applicant for licensure as a practical nurse who was originally licensed by the National Council Licensure Examination (NCLEX®) or the State Board Test Pool Examination (SBTPE) in another jurisdiction will be accepted for registration in Indiana by endorsement from the board that granted the original license if the applicant meets the following qualifications:

1) Is of good moral character.
2) Has graduated from:
   (A) high school or the equivalent thereof; and
   (B) a state approved program in practical nursing.

(b) An applicant for licensure as a registered nurse who was originally licensed by the NCLEX® or the SBTPE in another jurisdiction will be accepted for registration in Indiana by endorsement from the board that granted the original license if the applicant meets the following qualifications:

1) Is of good moral character.
2) Has graduated from:
   (A) high school or the equivalent thereof; and
   (B) a state approved program in registered nursing.

(c) Applicants who are graduates of foreign schools of nursing are eligible for Indiana practical nursing licensure by endorsement provided that the following conditions are met:

1) Have:
   (A) written and passed the NCLEX® or the SBTPE in another jurisdiction or country; and
   (B) achieved Indiana's passing scores in all areas.
2) Submit:
   (A) copies of all scholastic records; and
   (B) proof of:
      (i) good moral character;
      (ii) high school graduation or equivalent thereof; and
      (iii) having graduated from a program that meets the board's curricular requirements for a program in practical nursing as stated in the rules in effect at the time of their graduation with concurrent theory and clinical experience in all areas.

(d) Applicants who are graduates of foreign schools of nursing are eligible for Indiana registered nursing licensure by endorsement provided that the following conditions are met:

1) Have:
   (A) written and passed the NCLEX® or the SBTPE in another jurisdiction or country;
   (B) achieved Indiana's passing scores in all areas; and
   (C) licensure in another jurisdiction.
2) Submit:
   (A) copies of all scholastic records; and
   (B) proof of:
      (i) good moral character;
      (ii) high school graduation or equivalent thereof; and
      (iii) having graduated from a program that meets the board's curricular requirements for a program in registered nursing.
nursing as stated in the rules in effect at the time of their graduation with concurrent theory and clinical experience in all areas.
(e) The completed application accompanied by the fee, photograph, and proof of current licensure in another jurisdiction shall be submitted to the Indiana board of nursing. The fee is nonrefundable. (Indiana State Board of Nursing; Reg 7; filed Mar 1, 1978, 8:51 a.m.: Rules and Regs. 1979, p. 165; filed Mar 18, 1980, 4:00 p.m.: 3 IR 963; filed Mar 29, 1985, 10:43 a.m.: 8 IR 1028; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1327; filed Jun 23, 2003, 4:12 p.m.: 26 IR 3654, eff Jul 1, 2003 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #02-247 was filed Jun 23, 2003.]; filed Mar 16, 2005, 11:50 a.m.: 28 IR 2384; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-1-8 Renewal of license
Authority: IC 25-23-1-7
Affected: IC 25-23-1-16.1
Sec. 8. (8.1) The application form and instructions for renewal of the license to practice nursing will be mailed in odd numbered years to registered nurse licensees and in even numbered years to practical nurse licensees. (8.2) Applicants for renewal of license shall pay a renewal fee.
(8.3) Applications for renewal shall be mailed to the last known address of the licensee. Failure to receive the application for renewal shall not relieve the licensee of the responsibility for renewing the license by the renewal date. (Indiana State Board of Nursing; Reg 8; filed Mar 1, 1978, 8:51 am: Rules and Regs. 1979, p. 166; filed Mar 29, 1985, 10:43 am: 8 IR 1028; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-1-9 Inactive status (Repealed) Sec. 9. (Repealed by Indiana State Board of Nursing; filed Dec 19, 1996, 10:00 a.m.: 20 IAC 1122)

848 IAC 1-1-10 Duplicate license
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7; IC 25-23-1-16.1
Sec. 10. (a) The licensee shall report, in writing, on the form supplied by the board, the loss of the original certificate of licensure or the biennial renewal license.
(b) A license that has been lost or destroyed shall be replaced upon proper identification of the registrant. (Indiana State Board of Nursing; Reg 10; filed Mar 1, 1978, 8:51 a.m.: Rules and Regs. 1979, p. 166; filed Mar 29, 1985, 10:43 a.m.: 8 IR 1028; readopted filed Nov 6, 2001, 10:23 a.m.: 25 IR 1328; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-1-11 Name change
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7; IC 25-23-1-16.1
Sec. 11. CHANGE OF NAME. (11.1) If a change of name is requested, licensee shall submit a copy of a marriage certificate or court order. Licensees may maintain the legal name of preference. (Indiana State Board of Nursing; Reg 11; filed Mar 1, 1978, 8:51 am: Rules and Regs. 1979, p. 166; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-1-12 Failure to renew license; reinstatement (Repealed)
Sec. 12. (Repealed by Indiana State Board of Nursing; filed Dec 19, 1996, 10:00 a.m.: 20 IR 1122)

848 IAC 1-1-13 Employment conditions; enforcement powers and duties; records and reports
Authority: IC 25-23-1-7
Affected: IC 4-1-6; IC 25-23-1-7; IC 25-23-1-16.1
Sec. 13. Any person who practices or offers to practice nursing as either a registered or licensed practical nurse in Indiana shall hold a current Indiana license as proof of their legal authorization to practice.
(b) The Indiana board of nursing (board) shall be responsible for the following:
(1) The verification of licensure of nurses to employers of nurses.
(2) Initiating appropriate action as authorized by the Nurse Practice Act under IC 25-23-1 on reports to the board concerning incidents involving a licensee that may be cause for disciplinary action.
(3) Assuring that imposters are not functioning in roles normally assumed by the licensed nurse.
(4) Carrying out the duties of the board in compliance with the Fair Information Practice Act under IC 4-1-6.

848 IAC 1-1-14 Fees
Authority: IC 25-1-8-2; IC 25-23-1-7
Affected: IC 25-1-8-6; IC 25-23-1-10.5
Sec. 14. (a) The fee for licensure by examination is the cost equal to the fee charged by the national provider of the exam and an additional administrative fee of fifty dollars ($50) for the registered nurse examination or fifty dollars ($50) for the practical nurse examination.
(b) The fee for licensure by endorsement is fifty dollars ($50).
(c) Verification of licensure to another state or jurisdiction shall be obtained through Nursys, the nurse license verification system of the National Council of State Boards of Nursing, Inc., 35331 Eagle Way, Chicago, Illinois 60678-1353, http://www.ncsbn.org. The individual requesting verification of licensure is responsible for paying the fee assessed by Nursys.
(d) If verification is not available through Nursys, the fee for verification of licensure to another state or jurisdiction is ten dollars ($10).
(e) The fee for licensure renewal is fifty dollars ($50) for the biennium or any part thereof.
(f) The penalty fee for late renewals is as established by the health professions bureau.
(g) The fee for a temporary permit to practice nursing as an applicant awaiting licensure by endorsement, pursuant to IC 25-23-1-10.5, is ten dollars ($10).
(h) The fee for a duplicate wall certificate is ten dollars ($10).
(i) The filing fee for a multistate licensure privilege form is twenty-five dollars ($25).
(j) The fee for updating the multistate licensure privilege form is twenty-five dollars ($25) per biennium.
(k) The fee for reinstatement of a license invalidated under IC 25-23.2-3-4 [IC 25-23.2 was repealed by P.L.1-2007, SECTION 248, effective March 30, 2007.] is to be determined by IC 25-1-8-6. (Indiana State Board of Nursing; 848 IAC 1-1-14; filed Mar 29, 1985, 10:43 a.m.; 8 IR 1028; filed Sep 12, 1985, 3:29 p.m.; 9 IR 289; filed Jun 6, 1996, 9:00 a.m.; 19 IR 3105; readopted filed Jul 30, 2001, 2:07 p.m.; 24 IR 4237; filed Jun 17, 2003, 8:50 a.m.; 26 IR 3651; readopted filed Jul 19, 2007, 12:54 p.m.; 20070808-IR-848070058RFA)

848 IAC 1-1-15 Temporary permits
Authority: IC 25-23-1-7
Affected: IC 25-23-1-11; IC 25-23-1-12
Sec. 15. (a) The board may issue a temporary permit to practice nursing to an applicant awaiting licensure by endorsement providing the following conditions are met:
(1) The applicant meets the requirements for licensure pursuant to IC 25-23-1-11 or IC 25-23-1-12.
(2) A completed application for licensure by endorsement is submitted.
(3) Proof of current licensure in another state is submitted.
(4) The fee for licensure by endorsement is submitted.
(5) The application for temporary permit is submitted.
(6) The fee for temporary permit is submitted.
(b) The temporary permit will be valid for sixty (60) days after issuance or until notice of denial of licensure by the board.

Rule 2. Accreditation
848 IAC 1-2-1 Opening a program
Authority: IC 25-23-1-7
Affected: IC 25-23-1
Sec. 1. (a) A controlling organization wishing to open a state accredited nursing program shall submit a letter of intent to the board six (6) months prior to the anticipated admission of its first group of students, which shall include the following:
(1) Expansion plans of the existing programs within a fifty (50) mile radius.
(2) Nursing manpower studies documenting the need for the program.
(b) The controlling organization shall submit a completed application on forms provided by the board and shall request a personal appearance before the board. The application shall include documented evidence of resources and needs necessary to start a program. This documentation shall include the following:
1. Availability of qualified faculty.
2. Budgeted faculty positions.
3. Availability of adequate clinical facilities for the program.
4. Availability of adequate academic facilities for the program.
5. Evidence of financial resources adequate for the planning, implementation, and continuation of the program.
(c) The board shall meet with representatives of the controlling organization for review of documented evidence of need.
(d) The board requires that a program in nursing in a state assisted college or university be authorized by the Indiana commission for higher education.
(e) Prior to the board meeting, the proposed program site shall be visited by a representative of the board or a survey visitor appointed by the board, or both. The visitors shall meet with administrative personnel of the controlling institution and shall examine the academic and clinical facilities in terms of appropriateness for the implementation of the proposed program in nursing.
(f) After the meeting with the controlling organization, the board shall approve or disapprove the application for initial accreditation upon evidence:
1. submitted in the application;
2. presented at the meeting; and
3. collected on the survey visit.
(g) If the program is approved for initial accreditation, the board shall stipulate the following:
1. The maximum class size for the first year.
2. The maximum number of classes to be admitted during the first year.
3. Approved clinical facilities for the first year.
4. The number and qualifications of nursing faculty.
(h) A second site visit shall be made by a representative of the board or a survey visitor appointed by the board, or both, at the end of the first year of the operation of the new program and again prior to granting full accreditation.

848 IAC 1-2-2 Closing a program
Authority: IC 25-23-1-7
Affected: IC 25-23-1
Sec. 2. (a) Within thirty (30) days of a decision to close a state accredited nursing program, the controlling organization shall send a written notice to the board.
(b) The minimum legal standards for accreditation shall be maintained until the last student completes or leaves the program.
(c) The controlling organization shall be responsible for assisting students to transfer to accredited programs.
(d) The controlling organization shall provide for the safekeeping and accessibility of the program records of former students and graduates of the program. Plans for future custody of the records shall be documented in writing to the board.

848 IAC 1-2-3 Purpose for accreditation
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 3. The purpose for accreditation shall be as follows:
1. To ensure the safe practice of nursing by setting legal standards for the programs preparing the practitioner.
2. To certify minimal educational standards and practices for the preparation of:
   (A) registered nurses; and
   (B) licensed practical nurses.
(3) To assist in developing the programs of nursing education in accordance with sound social, educational, and professional principles.
(4) To ensure continuous evaluation and improvement of educational programs in nursing.
(5) To keep the public informed by publishing a list of the institutions that conduct accredited programs of nursing education.

(Indiana State Board of Nursing; 848 IAC 1-2-3; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4527; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-4 Eligible programs
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 4. Eligible programs for purposes of accreditation shall be as follows:
(1) Registered nurse programs that prepare students for registered nurse licensure. The program shall award an associate's degree in nursing or a baccalaureate degree with a major in nursing or a diploma in nursing.
(2) Practical nursing programs that prepare students for practical nurse licensure. The program shall award a diploma or certificate in practical nursing.

(Indiana State Board of Nursing; 848 IAC 1-2-4; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4527; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-5 Accreditation status
Authority: IC 25-23-1-7
Affected: IC 25-23
Sec. 5. (a) Initial accreditation shall be granted to a new program that meets the regulations for opening a nursing program until the first class graduates.
(b) Full accreditation shall be granted to a program following the initial accreditation, providing it meets the following regulations for Indiana accredited programs in nursing:
(1) Criteria indicating a program's successful attainment of state standards shall include the rate of successful completion of the National Council Licensure Examination (NCLEX). If a program's annual rate of successful completion of the NCLEX is lower than one (1) standard deviation below the average national pass rate for first time U.S. educated and U.S. territory candidates for three (3) consecutive years, the program shall submit a report to the board outlining the following:
   (A) Results of the faculty's review of factors that may have contributed to the low pass rate, including, but not limited to, the following:
      (i) Curriculum content.
      (ii) Curriculum design.
      (iii) Outcome evaluation.
      (iv) Admission policies.
      (v) Progression policies.
   (vi) Graduation policies and annual number of graduates for the period in question.
   (vii) Factors of graduate performance documented by faculty to be outside the control of the program.
   (B) The faculty's plan for correction with identified implementation dates and expected levels of achievement for any identified problems as result of evaluation.
(2) If the program's next annual rate of successful completion of the NCLEX is lower than one (1) standard deviation below the average national pass rate for first time U.S. educated and U.S. territory candidates, the board shall send a surveyor to review the program's ability to comply with this article. After review of the survey visit report and a meeting with the program representatives, the board shall determine the accreditation status.
(3) The accreditation status shall be communicated to the program in writing.
(c) Conditional accreditation shall be granted to a program that fails to maintain the legal requirements for accreditation.
Written notification from the board shall specify requirements to be met in order to comply with accreditation standards and a definite amount of time that will be given for the program to meet this article.
(d) The program shall be revisited by a representative of the board or a survey visitor appointed by board, or both, and be given an opportunity for a hearing before accreditation is withdrawn. Withdrawal of accreditation may occur if the program, which has been placed on conditional accreditation, fails to prove compliance with IC 25-23,
title, and any additional requirements imposed by the board. The program shall assist students in transferring to accredited programs. A program with accreditation that has been withdrawn may apply for reinstatement by following the procedure established in section 1 of this rule. (Indiana State Board of Nursing; 848 IAC 1-2-5; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4527; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 594; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-6 Survey visits
Authority: IC 25-23-1-7
Affected: IC 25-23-1-21
Sec. 6. (a) All programs with full accreditation status shall be visited at regular intervals as determined by the board. The survey visitor or visitors shall evaluate the program's ability to meet the requirements of this article and prepare a written report for review and action by the board. Visits shall be conducted under impartial and objective conditions.
(b) The written report of the survey visit to the educational program is submitted to the director for review to permit comments for clarification by the director prior to board action.
(c) The final survey report accompanied by a written report of board action shall be sent to the administrative officer of the controlling agency. A copy shall be sent simultaneously to the director of the program.
(d) An institution used as a clinical facility for students may be visited by a representative or representatives of the board as part of the program survey.
(e) In lieu of a regular cycle survey visit, the board may elect to accept the results of an accreditation survey visit by a nationally recognized accrediting organization of nursing education, such as the accrediting organization recognized by the U.S. Department of Education or the Council for Higher Education Accreditation. The program of nursing shall file:
(1) the response by the program to the survey visitors; and
(2) the final report including the action taken by the nationally recognized accrediting organization of nursing education programs.

848 IAC 1-2-7 Eligible institutions
Authority: IC 25-23-1-7
Affected: IC 25-23-1-20
Sec. 7. (a) The program in nursing shall be incorporated or be a part of an incorporated institution.
(b) Educational institutions, colleges, or universities conducting a nursing program or with which a program of nursing is affiliated shall be accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools or the Indiana commission on proprietary education. Hospitals conducting a nursing program shall be accredited by an organization that has been granted deeming authority. Long term care facilities shall be licensed by the Indiana state department of health.
(c) The philosophy, mission, and objectives of the program in nursing shall be in accordance with this rule.
(d) There shall be assurance that the program can meet the requirements for Indiana accredited programs in nursing.
(Indiana State Board of Nursing; 848 IAC 1-2-7; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4528; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 596; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-8 Change of ownership
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 8. (a) The board shall be notified in writing of any changes in ownership of a program.
(b) Information shall include the following:
(1) The official name of the program.
(2) The organizational chart of the contracting agency.
(3) The names of administrative officials.
(c) The new controlling organization shall submit any change in curriculum to the board for approval prior to implementation.
848 IAC 1-2-8.5 Transfer of program to another controlling organization
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 8.5. (a) A controlling organization transferring a state accredited nursing program from its control to that of another controlling organization shall submit to the board, in writing, within sixty (60) days of the decision to transfer the following:
(1) The terms and conditions or contractual arrangements of the transfer.
(2) The plan identifying the actions being taken to maintain the minimum legal standards for accreditation until completion of the transfer.
(3) The plan for student notification and program completion requirements.
(4) The plan to assist students to transfer to another accredited program if requested by a student.
(5) The provisions for the record retention and accessibility of former students and graduates of the program and the plan for future custody of those records.
(b) The controlling organization accepting the transfer of control shall submit documented evidence of resources necessary to support the program within sixty (60) days of the decision to accept the transferring program. This documentation shall include the following:
(1) Availability of qualified faculty.
(2) Budgeted faculty positions and faculty-student ratio.
(3) Availability of adequate clinical facilities for the program.
(4) Availability of adequate academic facilities for the program.
(5) Evidence of financial resources adequate for the implementation and continuation of the program.
(c) The board shall meet with representatives of both controlling organizations for review of documented evidence of agreements and resources.
(d) The board requires that a program in nursing in a state assisted college or university be authorized by the Indiana commission for higher education to transfer control from one (1) state assisted college or university to another state assisted college or university.
(e) Prior to board hearing and approval, the controlling organization accepting the program may be visited by a representative of the board or a survey visitor appointed by the board. The visitor shall meet with administrative personnel of the controlling organization accepting the program and shall examine the academic and clinical facilities in terms of appropriateness for the implementation of the program in nursing.
(f) After the hearing with the controlling organization accepting the transfer, the board shall approve or disapprove the transfer based upon evidence:
(1) submitted in the notification of transfer;
(2) presented at the hearing; and
(3) collected on the survey.
(g) The new controlling organization shall submit any change in curriculum to the board for approval prior to implementation.

848 IAC 1-2-9 Philosophy, mission, and objectives
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 9. The philosophy, mission, and objectives of the program in nursing shall be as follows:
(1) Clearly defined in writing in the official records.
(2) Consistent with the philosophy and mission of the controlling institution.
(3) Formulated and accepted by the faculty.
(4) Inclusive of program beliefs regarding education, nursing, and the learning process.
(5) Descriptive of the practitioner to be prepared.
(6) The basis for planning, implementing, and evaluating the total program.
(7) Reviewed periodically and revised as necessary by the nursing faculty.
848 IAC 1-2-10 Organization and administration
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 10. (a) Responsibility for developing and implementing the program in nursing shall be placed in the faculty of the nursing education unit.
(b) The institution shall have an effective plan of organization and administration appropriate to the purpose and implementation of the instructional program in nursing. There shall be an organizational chart of the:
(1) institution indicating the place of the nursing program; and
(2) nursing program.
(c) There shall be a controlling body that recognizes the program in nursing as an educational program and delegates authority to the chief administrative officer of the institution who, in turn, delegates authority to the program director.
(d) When a program director resigns, it is the responsibility of the administration of the controlling organization to inform the board in writing within thirty (30) days of notification of the following:
(1) Intended resignation.
(2) Effective date.
(3) Plans for filling the position.
(e) The program in nursing shall be assured of stable, financial resources adequate for and effectively allocated to support its educational activities. There shall be a budget prepared in accordance with sound educational and financial practices. The financial statement shall give a clear picture of the status of the program. The program director, with documentation of faculty input, shall have the following responsibilities relating to the financial operation of the program in nursing:
(1) Preparing the budget for one (1) year in advance of the fiscal period and recommending it to the proper authorities.
(2) Controlling the use of the approved budget through an accurate system of records.
(3) Reviewing financial reports routinely and making necessary revisions.
(4) Consulting with proper authorities within the institution in regard to interpretation, preparation, and implementation of the budget.

848 IAC 1-2-11 Admissions
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 11. (a) There shall be published policies for admission established by the nursing faculty.
(b) Students shall be selected on the basis of established criteria and in compliance with all applicable state and federal laws.
(c) There shall be well defined written policies governing payment and refund of tuition and other fees.
(d) The number of students admitted to a nursing education program shall be determined by the following:
(1) The number of qualified faculty.
(2) The availability of the following:
(A) Adequate educational facilities and resources.
(B) Appropriate clinical learning activities.
(e) An applicant shall be graduated from a state approved high school or its equivalent. A complete high school transcript shall be on file.
(f) A person who has qualified for equivalency to high school graduation on the basis of satisfactory completion of the general equivalency degree test (GED) shall be eligible for entrance to an Indiana accredited program in nursing upon proof of the following:
(1) A copy of the test results listing individual and total scores on the GED test shall be on file to validate satisfactory test completion.
(2) Satisfactory completion of college courses relevant to nursing may nullify unsatisfactory test scores.
(g) There shall be written policies regarding the following:

1. The readmission of a student who:
   (A) withdrew from the program; or
   (B) failed required courses.

2. The admission of a transfer student.

(Indiana State Board of Nursing; 848 IAC 1-2-11; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4529; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-12 Faculty
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7

Sec. 12. (a) The program in nursing shall provide and maintain a qualified faculty. The general qualifications for all nurse faculty members shall include the following:

1. Graduation from an approved program of nursing accepted by the board.
2. Current, unencumbered registered nurse licensed in Indiana.

(b) The personnel policies for faculty members shall be defined in writing.

(c) Faculty, other than registered nurses, who teach nonclinical nursing courses, including, but not limited to:

1. issues and trends;
2. nutrition;
3. research;
4. management; and
5. statistics;
shall hold master's degrees in areas appropriate to the responsibilities inherent in the position.

(d) Clinical preceptorships may be used for the clinical experiences of students. When clinical preceptors are used, the following conditions shall be met:

1. Written agreements between the cooperating agency and nursing program shall delineate the functions and responsibilities of the parties involved.
2. Criteria for selecting clinical preceptors shall be developed and in writing.
3. The clinical preceptors shall have the following minimum qualifications:
   (A) Current licensure as a registered nurse.
   (B) Three (3) years of experience as a registered nurse.
4. Written clinical objectives shall be specific and shared with the clinical preceptor prior to the experience.
5. The designated faculty member shall:
   (A) be responsible for the learning experience of each student; and
   (B) meet with each clinical preceptor and student for the purpose of monitoring and evaluating the learning experience.
6. The designated faculty member shall be available by phone or in person when students are in the clinical area.
7. A faculty member shall be responsible for coordinating the clinical preceptorships of no more than ten (10) students.

(Indiana State Board of Nursing; 848 IAC 1-2-12; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4530; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 598; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-13 Faculty qualifications; registered nurse programs
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7

Sec. 13. (a) The director shall be a registered nurse with a minimum of a master's degree in nursing and be employed full-time, excluding vacations and holidays, during the enrollment period of the students. A doctoral degree is recommended. The director shall have experience in the following:

1. The practice of nursing.
2. Nursing education.
3. Administration.

(b) The nurse faculty member shall have experience in the practice of nursing and hold a master's degree. The majority of the faculty shall hold master's degrees with majors in nursing. The remainder of the faculty shall hold master's degrees in a field appropriate to their teaching or clinical responsibilities. The majority of the faculty shall be full-time employees of the institution. The reappointment of a person who does not hold a master's degree in
nursing shall be made only if that person, within one (1) year of initial appointment, has a written plan of study for degree completion and has matriculated in a college or university. Continuing reappointment of a person who does not hold a master's degree in nursing shall be contingent upon orderly progression toward degree completion. (Indiana State Board of Nursing; 848 IAC 1-2-13; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4530; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 598; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)
(c) There shall be concurrent didactic instruction and clinical experiences in the care of patients from all age groups except when students repeat courses for failing or withdrawal. Those students may repeat the failed course by itself without also repeating the concurrent course.

(d) The clinical experiences shall be determined by the philosophy, mission, and objectives of the program.

(e) Classroom and clinical experiences shall be the responsibility of program faculty.

(f) Observational experiences shall be determined by the philosophy, mission, and objectives of the program. As used in this subsection, "observational experiences" means those experiences in which the student is in the role of observer. Observational experiences shall be:

(1) planned for and guided by the faculty, but may not require direct supervision; and

(2) included in the program's annual report to the board.

(g) There shall be an outline of the total curriculum showing the placement of courses according to:

(1) year and semester or term;

(2) the ratio of credits to hours; or

(3) the total number of hours.

(h) The school year shall be divided into definite terms with dates set for the beginning and ending of each. The dates shall be communicated to the students at the beginning of the academic year.

(i) Board approval shall be granted prior to the initiation of any major curriculum change. If the change is minor, in that it does not substantially alter the curriculum, it shall be reported to the board in writing in the program's annual report to the board.

(j) A major change, which would require the board's approval prior to implementation, includes the following:

(1) Major changes in philosophy, mission, or objectives.

(2) The number of credits required for successful completion of the program or the major in nursing.

(3) The number and type of general education courses.

(4) Relocation of the program or any of its components.

(5) Change in required clinical hours.

(6) Admission times.

(7) Progression options.

(8) Additions of satellite locations.

(k) There shall be a systematic written plan for program evaluation that is ongoing according to the time frame specified by the faculty. The findings from the systematic evaluation shall be used for development, maintenance, and revision of the program components. The written plan shall include, but is not limited to, the following:

(1) Philosophy, mission, and objectives of the nursing education program.

(2) Expected knowledge, skills, and abilities of the graduates.

(3) Teaching and learning experiences.

(4) Student evaluation of courses.

(5) Instructor evaluation of students.

(6) Pass rates on licensure examination.

(7) Follow-up studies of graduates' evaluation of the program of learning.

(8) Employment performance of graduates.

(Indiana State Board of Nursing; 848 IAC 1-2-16; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4531; readopted filed Nov 6, 2001, 4:18 p.m.:25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 599; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-17 Curriculum; registered nurse programs
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 17. (a) The length of a full-time program shall be a minimum of two (2) academic years or its equivalent.

(b) The curriculum shall provide instruction in the following areas:

(1) Physical and biological sciences, including content drawn from the areas of:

(A) anatomy;

(B) physiology;

(C) chemistry;

(D) microbiology;

(E) pharmacology;

(F) physics; and

(G) nutrition;
that may be integrated, combined, or presented as separate courses.
(2) Social and behavioral sciences shall include content drawn from the areas of:
(A) interpersonal communications, English composition, or speech;
(B) psychology; and
(C) sociology;
that may be integrated, combined, or presented as separate courses.
(3) The nursing content shall establish the following:
(A) Provide concurrent theory and clinical experience in the following areas:
(i) Adult nursing.
(ii) Maternity nursing.
(iii) Nursing of children.
(iv) Mental health nursing.
(v) Gerontological nursing.
(vi) For baccalaureate programs, community health nursing and research.
(B) Include:
(i) history;
(ii) trends;
(iii) legal aspects; and
(iv) ethical aspects;
of nursing that may be integrated, combined, or presented as separate courses.
(C) Include content about chemical substance abuse among professionals.
(D) Computer technology shall be integrated, combined, or presented as a separate course.
(E) Standard precautions education shall be integrated, combined, or presented as a separate course.

Indiana State Board of Nursing; 848 IAC 1-2-17; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4532; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 600; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-18 Curriculum; licensed practical nurse program
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 18. (a) The length of a full-time program shall be a minimum of one (1) calendar year or its equivalent.
(b) The curriculum shall provide instruction in the following areas:
(1) Physical and biological sciences, including content drawn from the areas of:
(A) anatomy;
(B) physiology;
(C) nutrition; and
(D) pharmacology;
that may be integrated, combined, or presented as separate courses.
(2) Social and behavioral sciences, including content drawn from the concepts of mental health that may be integrated,
combined, or presented as separate courses.
(3) The nursing content shall establish the following:
(A) Provide concurrent theory and clinical experience in the following areas:
(i) Adult nursing.
(ii) Maternity nursing.
(iii) Nursing of children.
(iv) Gerontological nursing.
(B) Include:
(i) history;
(ii) trends;
(iii) legal aspects; and
(iv) ethical aspects;
of nursing that may be integrated, combined, or presented as separate courses.
(C) Include content about chemical substance abuse among professionals.
(D) Computer technology shall be integrated, combined, or presented as a separate course.
(E) Standard precautions education shall be integrated, combined, or presented as a separate course.
848 IAC 1-2-19 Clinical experience; all programs
Authority: IC 25-23-1-7
Affected: IC 25-23-1-20
Sec. 19. (a) Clinical facilities used for learning experiences shall be approved by an organization that has been
granted deeming authority or appropriate licensing bodies. Long term care facilities shall be licensed by the Indiana
state department of health.
(b) There shall be written agreements between the program and any institution or agency, which is used for clinical
experiences. Agreements shall state the responsibilities and privileges of both parties. Written agreements are not
necessary for observational experiences.
(c) Nursing program faculty shall:
(1) assign;
(2) guide;
(3) evaluate; and
(4) supervise;
the learning activities of students in the clinical experience.
(d) The ratio of faculty to students shall be a maximum of 1:10 or any portion thereof in the clinical or observational
experience, exclusive of the nurse director or coordinator. (Indiana State Board of Nursing; 848 IAC 1-2-19; filed
IR 601; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-20 Educational resources
Authority: IC 25-23-1-7
Affected: IC 25-23-1-20
Sec. 20. (a) Classrooms, laboratories, and conference rooms shall be provided to meet the needs of the students.
(b) The library shall be adequate in size and have current holdings to meet the educational needs of the students and
faculty. There shall be a variety of current audiovisual and computer aids for individual and group instruction. The
annual budget shall provide for accessions to the library.
(c) Furnishings, supplies, and office equipment shall be provided for the director, faculty, and clerical staff.
(d) Adequate office space shall be provided for the director, faculty, and clerical staff.
(e) There shall be adequate support services and secretarial personnel to meet the needs of the program.
(f) There shall be adequate support for faculty development. (Indiana State Board of Nursing; 848 IAC 1-2-20; filed
a.m.: 28 IR 601; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-21 Progression and graduation
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 21. (a) There shall be written requirements for progression and graduation prepared by the faculty of each
program. There shall be a written policy and procedure for academic probation and termination from the program.
There shall be a code of conduct for students.
(b) The nursing program shall provide to enrolled students a student handbook that shall include all information
specific to the nursing program.
(c) Candidates for the registered nurse licensing examination shall have successfully completed the educational
program with an accumulative average grade of "C" or better, and a grade of "C" or better in each course as
identified in section 17 of this rule.
(d) Candidates for the practical nurse licensing examination shall have successfully completed the educational
program with a grade of "C" or better in each course. (Indiana State Board of Nursing; 848 IAC 1-2-21; filed Jul 30,
IR 602; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 1-2-22 Records and program catalog
Sec. 22. (a) There shall be a record system that provides for accurate recording of admission data and student academic records. Provisions shall be made for safe storage of records to prevent loss by destruction and unauthorized use.

(b) Individual student files, maintained by the program of nursing during the student’s enrollment, shall include, at a minimum, the following:

1. Documents required for admission.
2. Results of performance evaluation relating to the student’s progression or lack thereof.
3. Documentation of standard precautions training.

(c) The institution must maintain in readily accessible form, or cause to be maintained in readily accessible form, sufficient records to generate an official student transcript for a period of sixty (60) years after the date the student attended the institution.

(d) Information about the program shall be published periodically, at least every two (2) years. The publication shall be dated and include the following:

1. Philosophy, mission, and objectives of the nursing program.
2. A general description of the program.
3. The curriculum plan.
4. Brief course descriptions.
5. Facilities and conditions provided for student learning and welfare.
6. Faculty information.
7. A statement of tuition, fees, and refund policies.
8. A statement regarding nondiscriminatory policies for student and faculty recruitment.
9. A statement regarding student complaint and grievance procedures.
10. Housing and residence facilities information.

Sec. 23. The director of the nursing program shall submit an annual report to the board on forms provided by the board. The report shall provide current data on the following:

1. Administrative personnel, credit hours, and faculty to student ratios.
2. Organizational, administrative, and physical changes.
3. Any curriculum changes.
4. Student statistics.
5. A faculty list with a:
   A) completed faculty qualification record for each new member;
   B) supplemental qualification record for each faculty member pursuing a master's degree; and
   C) list of faculty no longer employed by the institution since the last annual report.
6. A clinical agency list and a list of those agencies no longer used since the last annual report.
7. An organizational chart for the nursing program and for the parent institution.

Sec. 24. A copy of each annual report to the board, the program catalog, and nursing student handbook shall be maintained in the permanent records of the institution.
ARTICLE 2. STANDARDS FOR THE COMPETENT PRACTICE OF REGISTERED AND LICENSED PRACTICAL NURSING

Rule 1. Definitions

848 IAC 2-1-1 Applicability
Authority: IC 25-23-1-7
Affected: IC 25-23
Sec. 1. The definitions in this rule apply throughout this article. (Indiana State Board of Nursing; 848 IAC 2-1-1; filed Oct 25, 1991, 5:00 p.m.: 15 IR 242; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 2-1-2 "Competence" defined
Authority: IC 25-23-1-7
Affected: IC 25-23
Sec. 2. "Competence" means performing skillfully and proficiently the functions that are within the role of the licensee and demonstrating behavior that is consistent with the interrelationship of essential knowledge, judgment, and skill. (Indiana State Board of Nursing; 848 IAC 2-1-2; filed Oct 25, 1991, 5:00 p.m.: 15 IR 242; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 2-1-3 "Health team" defined
Authority: IC 25-23-1-7
Affected: IC 25-23
Sec. 3. "Health team" means a group of health care providers which may, in addition to health care practitioners, include the patient/client, family, and any significant others. (Indiana State Board of Nursing; 848 IAC 2-1-3; filed Oct 25, 1991, 5:00 p.m.: 15 IR 243; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

Rule 2. Registered Nursing

848 IAC 2-2-1 Responsibility to apply the nursing process
Authority: IC 25-23-1-7
Affected: IC 25-23
Sec. 1. The registered nurse shall do the following:
(1) Assess the patient/client in a systematic, organized manner.
(2) Formulate a nursing diagnosis based on accessible, communicable, and recorded data which is collected in a systematic and continuous manner.
(3) Plan care which includes goals and prioritized nursing approaches or measures derived from the nursing diagnosis.
(4) Implement strategies to provide for patient/client participation in health promotion, maintenance, and restoration.
(5) Initiate nursing actions to assist the patient/client to maximize his or her health capabilities.
(6) Evaluate with the patient/client the status of goal achievement as a basis for reassessment, reordering priorities, new goalsetting, and revision of the plan of nursing care.
(7) Seek educational resources and create learning experiences to enhance and maintain current knowledge and skills for his or her continuing competence in nursing practice and individual professional growth. (Indiana State Board of Nursing; 848 IAC 2-2-1; filed Oct 25, 1991, 5:00 p.m.: 15 IR 243; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 2-2-2 Responsibility as a member of the nursing profession
Authority: IC 25-23-1-7
Affected: IC 25-23
Sec. 2. The registered nurse shall do the following:
(1) Function within the legal boundaries of nursing practice based on the knowledge of statutes and rules governing nursing.
(2) Accept responsibility for individual nursing actions and continued competence.
(3) Communicate, collaborate, and function with other members of the health team to provide safe and effective care.
(4) Seek education and supervision as necessary when implementing nursing practice techniques.
(5) Respect the dignity and rights of the patient/client regardless of socioeconomic status, personal attributes, or nature of health problem.
(6) Maintain each patient/client's right to privacy by protecting confidential information unless obligated, by law, to disclose the information.
(7) Provide nursing care without discrimination on the basis of diagnosis, age, sex, race, creed, or color.
(8) Delegate and supervise only those nursing measures which the nurse knows, or should know, that another person is prepared, qualified, or licensed to perform.
(9) Retain professional accountability for nursing care when delegating nursing intervention.
(10) Respect and safeguard the property of patient/client, family, significant others, and the employer.
(11) Notify, in writing, the appropriate party, which may include:
(A) the office of the attorney general, consumer protection division;
(B) his or her employer or contracting agency; or
(C) the board;
of any unprofessional conduct which may jeopardize the patient/client safety.
(12) Participate in the review and evaluation of the quality and effectiveness of nursing care.

Indiana State Board of Nursing; 848 IAC 2-2-2; filed Oct 25, 1991, 5:00 p.m.: 15 IR 243; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA

848 IAC 2-2-3 Unprofessional conduct
Authority: IC 25-23-1-7
Affected: IC 25-23

Sec. 3. Nursing behaviors (acts, knowledge, and practices) failing to meet the minimal standards of acceptable and prevailing nursing practice, which could jeopardize the health, safety, and welfare of the public, shall constitute unprofessional conduct. These behaviors shall include, but are not limited to, the following:
(1) Using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care.
(2) Performing any nursing technique or procedure for which the nurse is unprepared by education or experience.
(3) Disregarding a patient/client's dignity, right to privacy, or right to confidentiality.
(4) Failing to provide nursing care because of diagnosis, age, sex, race, color, or creed.
(5) Abusing a patient/client verbally, physically, emotionally, or sexually.
(6) Falsifying, omitting, or destroying documentation of nursing actions on the official patient/client record.
(7) Abandoning or knowingly neglecting patients/clients requiring nursing care.
(8) Delegating nursing care, functions, tasks, or responsibility to others when the nurse knows, or should know, that such delegation is to the detriment of patient safety.
(9) Providing one's license/temporary permit to another individual for any reason.
(10) Failing to practice nursing in accordance with prevailing nursing standards due to physical or psychological impairment.
(11) Diverting prescription drugs for own or another person's use.
(12) Misappropriating money or property from a patient/client or employee.
(13) Failing to notify, in writing, the appropriate party, which may include:
(A) the office of the attorney general, consumer protection division;
(B) his or her employer or contracting agency; or
(C) the board;
of any unprofessional conduct which may jeopardize patient/client safety.

Indiana State Board of Nursing; 848 IAC 2-2-3; filed Oct 25, 1991, 5:00 p.m.: 15 IR 243; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA

Rule 3. Licensed Practical Nursing

848 IAC 2-3-1 Responsibility to apply the nursing process
Authority: IC 25-23-1-7
Affected: IC 25-23
Sec. 1. The licensed practical nurse shall do the following:
(1) Know and utilize the nursing process in planning, implementing, and evaluating health services and nursing care to the individual patient or client.

(2) Collaborate with other members of the health team in providing for patient/client participation in health promotion, maintenance, and restoration.

(3) Seek educational resources and create learning experiences to enhance and maintain current knowledge and skills for his or her continuing competence in nursing practice and individual professional growth.

(4) Assess the health status of the patient/client, in conjunction with other members of the health care team, for analysis and identification of health goals.

(5) Evaluate with the patient/client the status of goal achievement as a basis for reassessment, reordering of priorities, and new goal setting for contribution to the modification of the plan of nursing care.

(Indiana State Board of Nursing; 848 IAC 2-3-1; filed Oct 25, 1991, 5:00 p.m.: 15 IR 244; readopted filed Nov 6, 2001, 4:18 p.m.:25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 2-3-2 Responsibility as a member of the health team

Authority: IC 25-23-1-7

Sec. 2. The licensed practical nurse shall do the following:

(1) Function within the legal boundaries of practical nursing practice based on the knowledge of statutes and rules governing nursing.

(2) Accept responsibility for individual nursing actions and continued competence.

(3) Communicate, collaborate, and function with other members of the health care team to provide safe and effective care.

(4) Seek education and supervision as necessary from registered nurses and/or other members of the health care team when implementing nursing techniques or practices.

(5) Respect the dignity and rights of the patient/client regardless of socioeconomic status, personal attributes, or nature of health problems.

(6) Maintain each patient/client's right to privacy by protecting confidential information unless obligated, by law, to disclose the information.

(7) Provide nursing care without discrimination on the basis of diagnosis, age, sex, race, creed, or color.

(8) Accept only those delegated nursing measures which he or she knows he or she is prepared, qualified, and licensed to perform.

(9) Respect and safeguard the property of patient/client, family, significant others, and the employer.

(10) Notify, in writing, the appropriate party which may include:

(A) the office of the attorney general, consumer protection division;

(B) his or her employer or contracting agency; or

(C) the board;

of any unprofessional conduct which may jeopardize the patient/client safety.

(11) Participate in the review and evaluation of the quality and effectiveness of nursing care.

(Indiana State Board of Nursing; 848 IAC 2-3-2; filed Oct 25, 1991, 5:00 p.m.: 15 IR 244; readopted filed Nov 6, 2001, 4:18 p.m.:25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 2-3-3 Unprofessional conduct

Authority: IC 25-23-1-7

Affected: IC 25-23

Sec. 3. Nursing behaviors (acts, knowledge, and practices) failing to meet the minimal standards of acceptable and prevailing licensed practical nursing practices, which could jeopardize the health, safety, and welfare of the public shall constitute unprofessional conduct. These behaviors shall include, but are not limited to, the following:

(1) Using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care.

(2) Performing any nursing technique or procedure for which the nurse is unprepared by education or experience.

(3) Disregarding a patient/client's dignity, right to privacy, or right to confidentiality.

(4) Failing to provide nursing care because of diagnosis, age, sex, race, color, or creed.

(5) Abusing a patient/client verbally, physically, emotionally, or sexually.

(6) Falsifying, omitting, or destroying documentation of nursing actions on the official patient/client record.

(7) Abandoning or knowingly neglecting patients/clients requiring nursing care.

(8) Accepting delegated nursing measures that he or she knows that he or she is not prepared, qualified, or licensed to perform.
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(9) Providing one's license/temporary permit to another individual for any reason.
(10) Failing to practice nursing in accordance with prevailing practical nursing standards due to physical or psychological impairment.
(11) Diverting prescription drugs for own or another person's use.
(12) Misappropriating money or property from a patient/client or employee.
(13) Failing to notify, in writing, the appropriate party which may include:
(A) the office of the attorney general, consumer protection division;
(B) his or her employer or contracting agency; or
(C) the board;

of any unprofessional conduct which may jeopardize patient/client safety.

(Indiana State Board of Nursing; 848 IAC 2-3-3; filed Oct 25, 1991, 5:00 p.m.: 15 IR 245; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

ARTICLE 3. NURSE-MIDWIVES

Rule 1. Definitions
848 IAC 3-1-0.5 Applicability
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 0.5. The definitions in this rule apply throughout this article. (Indiana State Board of Nursing; 848 IAC 3-1-0.5; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2871; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-1-0.6 "Board" defined
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 0.6. "Board" means the Indiana state board of nursing. (Indiana State Board of Nursing; 848 IAC 3-1-0.6; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2871; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-1-1 "Certified nurse-midwife" defined; use of initials
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1
Sec. 1. (a) "Certified nurse-midwife" means a registered nurse who has graduated from a nationally accredited school of midwifery, has passed the National Certifying Examination given by the American College of Nurse-Midwives, and is licensed by the board to practice as a nurse-midwife.
(b) "CNM" means certified nurse-midwife and are the designated authorized initials to be used by the certified nurse-midwife.

(Indiana State Board of Nursing; Nurse-Midwifery Rule 1, Art 1; filed Jun 15, 1979, 4:41 p.m.: 2 IR 1131; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2871; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA) NOTE: Transferred from the Medical Licensing Board of Indiana (844 IAC 3-1-2) to the Indiana State Board of Nursing (848 IAC 3-1-1) by P.L.185-1993, SECTION 16, effective July 1, 1993.

848 IAC 3-1-2 "Practice of nurse-midwifery" defined
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 2. "Practice of nurse-midwifery" means the practice of nursing and the extension of that practice, including well-woman gynecological healthcare, family planning, and care to the normal and expanding family throughout pregnancy, labor, delivery, and post-delivery. (Indiana State Board of Nursing; Nurse-Midwifery Rule 1, Art 2; filed Jun 15, 1979, 4:41 p.m.: 2 IR 1131; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA) NOTE: Transferred from the Medical Licensing Board of Indiana (844 IAC 3-1-2) to the Indiana State Board of Nursing (848 IAC 3-1-2) by P.L.185-1993, SECTION 16, effective July 1, 1993.

848 IAC 3-1-3 Association with licensed physician; jurisdiction of board (Repealed)
Sec. 3. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
848 IAC 3-1-4 Registration requirement (Repealed)
Sec. 4. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
484 IAC 3-1-5 Application for registration; qualifications (Repealed)
Sec. 5. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
484 IAC 3-1-6 Fees for registration (Repealed)
Sec. 6. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
484 IAC 3-1-7 Photograph submitted with application (Repealed)
Sec. 7. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
484 IAC 3-1-8 Screening applicant; approval (Repealed)
Sec. 8. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
484 IAC 3-1-9 Temporary registration not offered (Repealed)
Sec. 9. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
484 IAC 3-1-10 Biennial re-registration (Repealed)
Sec. 10. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
484 IAC 3-1-11 Notice of re-registration (Repealed)
Sec. 11. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
484 IAC 3-1-12 Fee for re-registration (Repealed)
Sec. 12. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
484 IAC 3-1-13 Delinquency fee (Repealed)
Sec. 13. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
484 IAC 3-1-14 Suspension of registration for delinquency (Repealed)
Sec. 14. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
484 IAC 3-1-15 Retirement and surrender of registration (Repealed)
Sec. 15. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)
484 IAC 3-1-16 Hearings regarding registration or disciplinary proceedings (Repealed)
Sec. 16. (Repealed by Indiana State Board of Nursing; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879)

Rule 2. General Provisions

848 IAC 3-2-1 Application for limited license; qualifications
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 1. Every applicant for limited license shall file an application on a form supplied by the board. (Indiana State Board of Nursing; 848 IAC 3-2-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-2-2 Fees for limited license
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 2. (a) Each applicant for a limited license in nurse-midwifery shall pay a fee as provided in 848 IAC 1-1-14 in the form of a personal check, certified check, cashier's check, or money order payable to the health professions bureau. This fee is not refundable, but may be used up to and including one (1) year from the original submission of the application.
(b) The fee for any reapplication shall be the same as determined by the board for the original application and is payable in the form of a personal check, certified check, cashier's check, or money order payable to the health professions bureau. (Indiana State Board of Nursing; 848 IAC 3-2-2; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1328; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-2-3 Photograph submitted with application
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 3. A recent passport type photograph of the applicant taken within six (6) weeks prior to filing shall be submitted with each application. The photograph shall be in color on semigloss paper, not less than three (3) inches wide and four (4) inches high.
848 IAC 3-2-4 Temporary permit not issued
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 4. No temporary permit will be issued under any circumstances. (Indiana State Board of Nursing; 848 IAC 3-2-4; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-2-5 Biennial renewal of limited license
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 5. Every person with a limited license to practice nurse-midwifery shall renew such limited license with the board on or before October 31 of odd-numbered years. (Indiana State Board of Nursing; 848 IAC 3-2-5; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-2-6 Notice of renewal
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 6. On or before August 31 of odd-numbered years, the health professions bureau shall notify each nurse-midwife that he or she is required to renew their limited license to practice nurse-midwifery. At the time of such notice, the health professions bureau shall mail a form to each nurse-midwife to the last known address of record. (Indiana State Board of Nursing; 848 IAC 3-2-6; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-2-7 Fee for renewal
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 7. At the time of submitting his or her limited license renewal form to the board, each nurse-midwife shall submit a fee as provided in 848 IAC 1-1-14 and proof of current licensure as a registered nurse. A personal check, certified check, cashier's check, or money order shall be submitted to the health professions bureau with the renewal form and shall be made payable to the health professions bureau. (Indiana State Board of Nursing; 848 IAC 3-2-7; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2872; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 3-2-8 Delinquent fee
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1; IC 25-23-1-13.1
Sec. 8. In the event any nurse-midwife fails to complete the renewal process on or before October 31 of odd-numbered years, he or she shall be required to pay a delinquent fee to be determined by the board in addition to the fees prescribed in section 7 of this rule for each year that the limited license is delinquent. (Indiana State Board of Nursing; 848 IAC 3-2-8; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

Rule 3. Competent Practice of Nurse-Midwifery
848 IAC 3-3-1 Competent practice of nurse-midwives
Authority: IC 25-23-1-7
Affected: IC 16-21; IC 25-23-1-1; IC 25-23-1-13.1
Sec. 1. A nurse-midwife shall perform as an independent and interdependent member of the health care team as defined in 848 IAC 2-1-3. The following are standards for each nurse-midwife:
(1) Assess clients by using advanced knowledge and skills to:
   (A) identify abnormal conditions;
   (B) diagnose health problems;
   (C) develop and implement nursing treatment plans; and
(D) evaluate patient outcomes.
(2) Use advanced knowledge and skills in teaching and guiding clients and other health care team members.
(3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of the practice of nurse-midwifery.
(4) Function within the legal boundaries of the practice of nurse-midwifery and shall have and utilize knowledge of the statutes and rules governing the practice of nurse-midwifery, including the following:
   (A) State and federal drug laws and regulations.
   (B) State and federal confidentiality laws and regulations.
   (C) State and federal medical records access laws.
   (5) Consult and collaborate with other members of the health care team as appropriate to provide reasonable client care.
(6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
(7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.
(8) Maintain current knowledge and skills in the practice of nurse-midwifery.
(9) Manage and provide health care services in the practice of nurse-midwifery.
(10) Provide individual and group counseling and teaching throughout the life cycle.
(11) Participate in periodic and joint evaluation of services rendered, including, but not limited to, the following:
   (A) Chart reviews.
   (B) Case reviews.
   (C) Client evaluations.
   (D) Outcome statistics.
(12) Conduct and apply research findings appropriate to the area of practice.
(13) Participate, when appropriate, in the joint review and revision of written guidelines involving the plan of care.

Rule 4. Limitations of Rules
848 IAC 3-4-1 Limitations of rules (Repealed)
Sec. 1. (Repealed by Indiana State Board of Nursing; filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329)

Rule 5. Fees for Nurse-Midwives
848 IAC 3-5-1 Fees for nurse-midwives
Authority: IC 25-23-1-7
Affected: IC 25-23-1-13.1
Sec. 1. (a) The application fee for limited licensure as a nurse-midwife shall be fifty dollars ($50).
   (b) The fee for renewal of a nurse-midwife limited license shall be fifty dollars ($50).
   (c) The penalty fee for late renewals is as established by the health professions bureau.
   (d) The fee for a duplicate nurse-midwife wall certificate shall be ten dollars ($10).
   (e) The fee for endorsement out of Indiana for a nurse-midwife shall be ten dollars ($10). (Indiana State Board of Nursing; 848 IAC 3-5-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2873; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

ARTICLE 4. ADVANCED PRACTICE NURSING AND PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE NURSING

Rule 1. Definitions
848 IAC 4-1-1 Applicability
Authority: IC 25-23-1-7
Affected: IC 25-23-1
Sec. 1. The definitions in this rule apply throughout this article and 848 IAC 5. (Indiana State Board of Nursing; 848 IAC 4-1-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2874; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)
848 IAC 4-1-2 "Board" defined
Authority: IC 25-23-1-7
Affected: IC 25-23-1
Sec. 2. "Board" means the Indiana state board of nursing. (Indiana State Board of Nursing; 848 IAC 4-1-2; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2874; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 4-1-3 "Advanced practice nurse" defined
Authority: IC 25-23-1-7
Affected: IC 16-21; IC 25-23-1-1
Sec. 3. (a) "Advanced practice nurse" means a registered nurse holding a current license in Indiana who:
(1) has obtained additional knowledge and skill through a formal, organized program of study and clinical experience, or its equivalent, as determined by the board;
(2) functions in an expanded role of nursing at a specialized level through the application of advanced knowledge and skills to provide healthcare to individuals, families, or groups in a variety of settings, including, but not limited to:
(A) homes;
(B) institutions;
(C) offices;
(D) industries;
(E) schools;
(F) community agencies;
(G) private practice;
(H) hospital outpatient clinics; and
(3) makes independent decisions about the nursing needs of clients.
(b) The three (3) categories of advanced practice nurses as defined in IC 25-23-1-1 are as follows:
(1) Nurse practitioner as defined in section 4 of this rule.
(2) Certified nurse-midwife as defined in 848 IAC 3-1.
(3) Clinical nurse specialist as defined in section 5 of this rule.
(Indiana State Board of Nursing; 848 IAC 4-1-3; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2874; readopted filed Nov 21, 2001, 10:23 a.m.:25 IR 1329; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 4-1-4 "Nurse practitioner" defined
Authority: IC 25-23-1-7
Affected: IC 25-23-1
Sec. 4. (a) "Nurse practitioner" means an advanced practice nurse who provides advanced levels of nursing client care in a specialty role, who meets the requirements of an advanced practice nurse as outlined in section 3 of this rule, and who has completed any of the following:
(1) A graduate program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation which prepares the registered nurse to practice as a nurse practitioner and meets the requirements of section 6 of this rule.
(2) A certificate program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation which prepares the registered nurse to practice as a nurse practitioner and meets the requirements of section 6 of this rule. Nurse practitioners who complete a certificate program must be certified and maintain certification as a nurse practitioner by a national organization which requires a national certifying examination.
(3) Prior to the promulgation of this article, the following:
(A) A formal organized program of study and clinical experience which prepares the registered nurse to practice as a nurse practitioner.
(B) The required program of study at a time when there was no credentialing or certification process available in the specialty area of the program of study.
(b) "NP" means nurse practitioner and are the designated authorized initials to be used by the nurse practitioner.

*Indiana State Board of Nursing; 848 IAC 4-1-4; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2874; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)*

**848 IAC 4-1-5 "Clinical nurse specialist" defined**

Authority: IC 25-23-1-7
Affected: IC 25-23-1

Sec. 5. (a) "Clinical nurse specialist" means an advanced practice nurse who does the following:

1. Meets the requirements of an advanced practice nurse as outlined in section 3 of this rule.
2. Has completed a graduate program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation designed to train clinical nurse specialists which grants, at a minimum, a master's degree and which meets the requirements of section 6 of this rule.
3. Provides advanced levels of client care and assists other health professionals in establishing and meeting health goals.

Clinical nurse specialists collaborate and consult with other health care providers who may need assistance in dealing with complex client problems.

(b) "CNS" means clinical nurse specialist and are the designated authorized initials to be used by the clinical nurse specialist.

*Indiana State Board of Nursing; 848 IAC 4-1-5; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2874; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)*

**848 IAC 4-1-6 "Formal organized program of study and clinical experience or the equivalent as determined by the board" defined**

Authority: IC 25-23-1-7
Affected: IC 25-23-1-1

Sec. 6. "Formal organized program of study and clinical experience or the equivalent as determined by the board" means:

1. A program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation that includes:
   - (A) instruction in the biological, behavioral, medical, and nursing sciences relevant to practice as an advanced practice nurse in a specified category;
   - (B) instruction in the legal, ethical, and professional responsibilities of advanced practice nursing; and
   - (C) supervised clinical practice of those skills used by the advanced practice nurse in a specialty role; or
2. Experience obtained in collaboration with a physician, prior to the promulgation of this article, which was required by a national organization as a prerequisite for a national certifying examination used to certify a registered nurse in a specialty area.

*Indiana State Board of Nursing; 848 IAC 4-1-6; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2875; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)*

**Rule 2. Competent Practice of Nurse Practitioners**

**848 IAC 4-2-1 Competent practice of nurse practitioners**

Authority: IC 25-23-1-7
Affected: IC 25-23-1-19.4

Sec. 1. A nurse practitioner shall perform as an independent and interdependent member of the health team as defined in 848IAC 2-1-3. The following are standards for each nurse practitioner:

1. Assess clients by using advanced knowledge and skills to:
   - (A) identify abnormal conditions;
   - (B) diagnose health problems;
   - (C) develop and implement nursing treatment plans;
   - (D) evaluate patient outcomes; and
   - (E) collaborate with or refer to a practitioner, as defined in IC 25-23-1-19.4, in managing the plan of care.
2. Use advanced knowledge and skills in teaching and guiding clients and other health team members.
3. Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of a nurse practitioner.
(4) Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice area, including the following:
(A) State and federal drug laws and regulations.
(B) State and federal confidentiality laws and regulations.
(C) State and federal medical records access laws.
(5) Consult and collaborate with other members of the health team as appropriate to provide reasonable client care, both acute and ongoing.
(6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
(7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.
(8) Maintain current knowledge and skills in the nurse practitioner area.
(9) Conduct an assessment of clients and families which may include health history, family history, physical examination, and evaluation of health risk factors.
(10) Assess normal and abnormal findings obtained from the history, physical examination, and laboratory results.
(11) Evaluate clients and families regarding development, coping ability, and emotional and social well-being.
(12) Plan, implement, and evaluate care.
(13) Develop individualized teaching plans with each client based on health needs.
(14) Counsel individuals, families, and groups about health and illness and promote attention to wellness.
(15) Participate in periodic or joint evaluations of service rendered, including, but not limited to, the following:
(A) Chart reviews.
(B) Client evaluations.
(C) Outcome statistics.
(16) Conduct and apply research findings appropriate to the area of practice.
(17) Participate, when appropriate, in the joint review of the plan of care.

Rule 3. Competent Practice of Clinical Nurse Specialists
848 IAC 4-3-1 Competent practice of clinical nurse specialists
Authority: IC 25-23-1-7
Affected: IC 16-21; IC 25-23-1-1; IC 25-23-1-33
Sec. 1. A clinical nurse specialist shall perform as an independent and interdependent member of the health care team as defined in 848 IAC 2-1-3. The following are standards for each clinical nurse specialist:
(1) Assess clients by using advanced knowledge and skills to:
(A) identify abnormal conditions;
(B) diagnose health problems;
(C) develop and implement nursing treatment plans; and
(D) evaluate patient outcomes.
(2) Use advanced knowledge and skills in teaching and guiding clients and other health team members.
(3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of the clinical nurse specialist.
(4) Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice areas, including the following:
(A) State and federal drug laws and regulations.
(B) State and federal confidentiality laws and regulations.
(C) State and federal medical records access laws.
(5) Consult and collaborate with other members of the health team as appropriate to provide reasonable client care.
(6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
(7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.
(8) Maintain current knowledge and skills in their clinical nurse specialist area.
(9) Provide direct nursing care utilizing advanced scientific knowledge, nursing theory, and nursing skills in the assessment, planning, implementation, and evaluation of health and nursing care of individual clients.
(10) Provide indirect nursing care through planning, guiding, evaluating, and directing nursing care delivered by nursing and ancillary personnel as authorized by IC 25-23-1 and this title.

(11) Conduct nursing research, including methods of nursing intervention and healthcare in the area of specialization, and apply research findings appropriate to the area of practice.

(12) Teach and counsel individuals or groups by utilizing communication skills and teaching or learning theories to increase knowledge or functioning of individuals or groups, nursing personnel, students, and other members of the health care team.

(13) Serve as a consultant and as a resource, utilizing advanced health knowledge and skills, to those who are directly and indirectly involved in patient care.

(14) Participate in periodic evaluation of services rendered, including, but not limited to, the following:
   (A) Chart reviews.
   (B) Case reviews.
   (C) Patient evaluations.
   (D) Outcome of case statistics.

(Indiana State Board of Nursing; 848 IAC 4-3-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2876; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

Rule 4. Limitations of Rules
848 IAC 4-4-1 Limitations of rules (Repealed)
Sec. 1. (Repealed by Indiana State Board of Nursing; filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329)

ARTICLE 5. PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE NURSING
Rule 1. Prescriptive Authority

848 IAC 5-1-1-1 Initial authority to prescribe legend drugs
Authority: IC 25-23-1-7
Affected: IC 25-23-1
Sec. 1. (a) An advanced practice nurse may be authorized to prescribe legend drugs, including controlled substances, if the advanced practice nurse does the following:
   (1) Submits an application on a form prescribed by the board with the required fee, including, but not limited to, the following information:
      (A) Complete name, residence and office addresses with zip codes, and residence and business telephone numbers with area codes.
      (B) All names used by the applicant, explaining the reasons for any name change or use.
      (C) Date and place of birth.
      (D) Citizenship and visa status, if applicable.
      (E) A complete statement of all nursing education received, providing the following:
         (i) Names and locations of all colleges, schools, or universities attended.
         (ii) Dates of attendance.
         (iii) Degrees obtained or received.
      (F) Whether the applicant has ever had any disciplinary action taken against the applicant's nursing license by the board or by the licensing agency of any other state or jurisdiction and the details and dates thereof.
      (G) A complete list of all places of employment, including the following:
         (i) The names and addresses of employers.
         (ii) The dates of each employment.
         (iii) Employment responsibilities held or performed that the applicant had since graduation from nursing school.
      (H) Whether the applicant is, or has been, addicted to any narcotic drug, alcohol, or other drugs and, if so, the details thereof.
      (I) Whether the applicant has been convicted of any violation of law relating to drug abuse, controlled substances, narcotic drugs, or any other drugs.
      (J) Whether the applicant has previously been licensed to practice nursing in any other state or jurisdiction and, if so, the following:
         (i) The names of such states or jurisdictions that previously licensed the applicant.
         (ii) The dates of such licensure.
         (iii) The license number.
         (iv) The current status of such licensure.
(K) Whether the applicant has been denied a license to practice nursing by any state or jurisdiction and, if so, the
details thereof, including the following:
(i) The name and location of the state or jurisdiction denying licensure.
(ii) The date of denial of such licensure.
(iii) The reasons relating thereto.
(L) A certified statement that the applicant has not been convicted of a criminal offense (excluding minor traffic
violations) or a certified statement listing all criminal offenses of which the applicant has been convicted. This
listing must include the following:
(i) The offense of which the applicant was convicted.
(ii) The court in which the applicant was convicted.
(iii) The cause number in which the applicant was convicted.
(M) All information in the application shall be submitted under oath or affirmation, subject to the penalties for
perjury.
(2) Submits proof of holding an active, unrestricted:
(A) Indiana registered nurse license; or
(B) registered nurse license in another compact state and having filed a Multi-state Privilege Notification Form with
the health professions bureau.
(3) Submits proof of having met the requirements of all applicable laws for practice as an advanced practice nurse
in the state of Indiana.
(4) Submits proof of a baccalaureate or higher degree in nursing.
(5) If the applicant holds a baccalaureate degree only, submits proof of certification as a nurse practitioner or
certified nurse midwife by a national organization recognized by the board and which requires a national certifying
examination.
(6) Submits proof of having successfully completed a graduate level pharmacology course consisting of at least two
(2) semester hours of academic credit from a college or university accredited by the Commission on Recognition of
Postsecondary Accreditation:
(A) within five (5) years of the date of application; or
(B) if the pharmacology course was completed more than five (5) years immediately preceding the date of filing the
application, the applicant must submit proof of the following:
(i) Completing at least thirty (30) actual contact hours of continuing education during the two (2) years
immediately preceding the date of the application, including a minimum of at least eight (8) actual contact hours
of pharmacology, all of which must be approved by a nationally approved sponsor of continuing education for
nurses.
(ii) Prescriptive experience in another jurisdiction within the five (5) years immediately preceding the date of
the application.
(7) Submits proof of collaboration with a licensed practitioner in the form of a written practice agreement that sets
forth the manner in which the advanced practice nurse and licensed practitioner will cooperate, coordinate, and
consult with each other in the provision of health care to patients. Practice agreements shall be in writing and shall
also set forth provisions for the type of collaboration between the advanced practice nurse and the licensed
practitioner and the reasonable and timely review by the licensed practitioner of the prescribing practices of the
advanced practice nurse. Specifically, the written practice agreement shall contain at least the following information:
(A) Complete names, home and business addresses, zip codes, and telephone numbers of the licensed practitioner
and the advanced practice nurse.
(B) A list of all other offices or locations besides those listed in clause (A) where the licensed practitioner authorized
the advanced practice nurse to prescribe.
(C) All specialty or board certifications of the licensed practitioner and the advanced practice nurse.
(D) The specific manner of collaboration between the licensed practitioner and the advanced practice nurse,
including how the licensed practitioner and the advanced practice nurse will:
(i) work together;
(ii) share practice trends and responsibilities;
(iii) maintain geographic proximity; and
(iv) provide coverage during absence, incapacity, infirmity, or emergency by the licensed practitioner.
(E) A description of what limitation, if any, the licensed practitioner has placed on the advanced practice nurse's
prescriptive authority.
(F) A description of the time and manner of the licensed practitioner's review of the advanced practice nurse's
prescribing practices. The description shall include provisions that the advanced practice nurse must submit
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documentation of the advanced practice nurse's prescribing practices to the licensed practitioner within seven (7) days. Documentation of prescribing practices shall include, but not be limited to, at least a five percent (5%) random sampling of the charts and medications prescribed for patients.

G) A list of all other written practice agreements of the licensed practitioner and the advanced practice nurse.

H) The duration of the written practice agreement between the licensed practitioner and the advanced practice nurse.

8) Written practice agreements for advanced practice nurses applying for prescriptive authority shall not be valid until prescriptive authority is granted by the board.

(b) When the board determines that the applicant has met the requirements under subsection (a), the board shall send written notification of authority to prescribe to the advanced practice nurse, including the identification number and designated authorized initials to be used by the advanced practice nurse.

c) Advanced practice nurses who have been granted prescriptive authority will immediately notify the board in writing of any changes in, or termination of, written practice agreements, including any changes in the prescriptive authority of the collaborating licensed practitioner. Written practice agreements shall terminate automatically if the advanced practice nurse or licensed practitioner no longer has an active, unrestricted license.

d) Advanced practice nurses wishing to prescribe controlled substances must obtain an Indiana controlled substances registration and a federal Drug Enforcement Administration registration. (Indiana State Board of Nursing; 848 IAC 5-1-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2876; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; filed Dec 24, 2003, 10:45 a.m.: 27 IR 1571; readopted filed Nov 17, 2010, 9:50 a.m.: 20101215-IR-848100406RFA)

848 IAC 5-1-2 Prescribing legend drugs; use of forms (Repealed)
Sec. 2. (Repealed by Indiana State Board of Nursing; filed Dec 19, 1996, 10:00 a.m.: 20 IR 1122)

848 IAC 5-1-3 Renewal of authority to prescribe legend drugs
Authority: IC 25-23-1-7
Affected: IC 25-23-1

Sec. 3. (a) Prescriptive authority for the advanced practice nurse expires on October 31 in each odd-numbered year. Failure to renew the prescriptive authority on or before the expiration date will automatically render the authority invalid without any action by the board.

(b) A notice of expiration and instructions for renewal of the authority to prescribe legend drugs will be mailed in odd numbered years with the renewal for registered nurse licensure.

c) Applicants for renewal of the prescriptive authority shall pay a renewal fee in addition to the fee for renewal of the registered nurse license.

(d) The notice of expiration for renewal of the prescriptive authority shall be mailed to the last known address of the licensee. Failure to receive the application for renewal shall not relieve the licensee of the responsibility for renewing the registered nurse license and the authorization to prescribe by the renewal date.

(e) Applicants for renewal of prescriptive authority shall submit the following to the board along with the renewal form and fee:

1) Proof of at least thirty (30) actual contact hours of continuing education during the two (2) years immediately preceding renewal, including at least eight (8) actual contact hours of pharmacology, approved by a nationally approved sponsor of continuing education for nurses.

2) A current signed and dated written collaborative practice agreement that contains all of the information required under section 1 of this rule.

(Indiana State Board of Nursing; 848 IAC 5-1-3; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2878; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; filed Dec 24, 2003, 10:45 a.m.: 27 IR 1573; readopted filed Nov 17, 2010, 9:50 a.m.: 20101215-IR-848100406RFA)

Rule 2. Limitations of Rules
848 IAC 5-2-1 Limitations of rules
Authority: IC 25-23-1-7
Affected: IC 25-23-1

Sec. 1. No written practice agreement shall be necessary unless the advanced practice nurse seeks prescriptive authority.

(Indiana State Board of Nursing; 848 IAC 5-2-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2878; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)
Rule 3. Fees for Prescriptive Authority
848 IAC 5-3-1 Fees for prescriptive authority
Authority: IC 25-23-1-7
Affected: IC 25-23-1
Sec. 1. (a) The application fee for an advanced practice nurse to receive prescriptive authority shall be fifty dollars ($50).
(b) The fee for renewal of advanced practice nurse prescriptive authority shall be ten dollars ($10).
(c) The penalty fee for late renewals is as established by the health professions bureau.
(d) The fee for a duplicate wall certificate for advanced practice nurse prescriptive authority shall be ten dollars ($10).
(e) The fee for written verification of advanced practice nurse prescriptive authority shall be ten dollars ($10).
(Indiana State Board of Nursing; 848 IAC 5-3-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879; filed Jun 6, 1996, 9:00 a.m.: 19 IR 3105; readopted filed Jul 30, 2001, 2:07 p.m.: 24 IR 4237; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

ARTICLE 7. INDIANA STATE NURSES ASSISTANCE PROGRAM

848 IAC 7-1-1 Definitions
Authority: IC 25-23-1-7
Affected: IC 25-23-1-1.1; IC 25-23-1-1.2; IC 25-23-1-31
Sec. 1. The following definitions apply throughout this article:
1) "Board" means the Indiana state board of nursing.
2) "Indiana State Nurses Assistance Program" or "ISNAP" means an abstinence based program for the rehabilitation and monitoring of:
   (A) impaired registered nurses; or
   (B) licensed practical nurses;
   that have been affected by the personal use or abuse of alcohol or other drugs.
3) "IPLA" means the Indiana professional licensing agency.
4) "Nurse" means either of the following:
   (A) Registered nurse as defined in IC 25-23-1-1.1.
   (B) Licensed practical nurse as defined in IC 25-23-1-1.2.
5) "Recovery monitoring agreement" or "RMA" means the written document establishing the terms for an individual registered nurse’s or licensed practical nurse’s participation in the abstinence based rehabilitation monitoring program.
6) "Treatment program" means an abstinence based program or facility that is accredited by any of the following:
   (A) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
   (B) Other appropriate agencies that accredit addiction treatment programs, including, but not limited to, the following:
   (i) The Commission on Accreditation for Rehabilitation Facilities (CARF).
   (ii) The Council on Accreditation of Services for Families and Children (COA).
   (iii) The Health Facilities Accreditation Program (HFAP).
   (iv) The Indiana Family and Social Services Administration (FSSA).
   (v) The Indiana State Department of Health (ISDH).
(Indiana State Board of Nursing; 848 IAC 7-1-1; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1927)

848 IAC 7-1-2 Eligibility
Authority: IC 25-23-1-7
Affected: IC 25-23-1-31
Sec. 2. (a) A nurse who has been affected by the personal use or abuse of alcohol or other drugs is eligible for participation in ISNAP if the nurse:
1) is licensed by the board;
2) has:
   (A) applied for:
   (i) licensure by examination;
(ii) licensure by endorsement; or
(iii) reinstatement of a lapsed license; or
(B) submitted a renewal application.
(b) In order to participate in ISNAP, the nurse must sign an abstinence based RMA with ISNAP. Failure to comply with the terms of the RMA may subject the nurse to termination from participation in ISNAP.
(c) A nurse shall maintain an active Indiana nursing license to be and to remain eligible for participation in ISNAP. A nurse who allows the nurse’s license to lapse while enrolled in ISNAP shall be terminated from participation in ISNAP until the nurse’s license is renewed. A nurse whose license is revoked may no longer participate in ISNAP at the expense of the state of Indiana.
(d) A nurse who holds:
   (1) an Indiana nursing license; and
   (2) a nursing license in another state;
but practices in another state shall be monitored by the state in which the nurse practices if the other state has a monitoring program.
(e) If a nurse is being monitored by another state’s program, the nurse shall be responsible for causing the monitoring program in the other state to submit copies of that program’s monitoring reports to the board and adherence information requested if the nurse has had disciplinary action imposed on the nurse’s license by the Indiana board.
(f) A nurse who practices in another state that does not have a monitoring program is eligible for monitoring by ISNAP if the nurse maintains an active Indiana license.
(g) A nurse who signs an RMA with ISNAP and begins practicing in another state shall be monitored by the other state unless the other state does not have a monitoring program. (Indiana State Board of Nursing; 848 IAC 7-1-2; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1927)

848 IAC 7-1-3 Recovery monitoring agreement requirements for participants
Authority: IC 25-23-1-7
Affected: IC 25-23-1-31
Sec. 3. (a) A nurse participating in ISNAP must execute and abide by the terms of an RMA. The RMA shall identify the requirements and responsibilities of the parties to the agreement.
(b) The RMA shall include, but is not limited to, the following:
   (1) The length of time the nurse shall participate in ISNAP.
   (2) The abstinence based treatment plan to be followed by the nurse.
   (3) The consequences of failure to comply with the abstinence based treatment plan or other terms of the RMA.
   (4) The restrictions placed on the nurse’s activities regarding the practice of nursing and the duration of such restrictions.
   (5) The requirements for monitoring and supervision that must be met by the nurse.
   (6) A statement that will allow the IPLA and the board to do the following:
      (A) Review the nurse’s file for compliance with the RMA.
      (B) Audit the services provided by ISNAP.
   (7) The releases for seeking information or records related to the nurse’s impairment from the following:
      (A) Family.
      (B) Peers.
      (C) Medical personnel.
      (D) Employers.
      (E) Treatment providers.
   (8) A statement that costs accruing to the nurse, including, but not limited to, treatment and body fluid screens, shall:
      (A) be the responsibility of the nurse; and
      (B) not be the responsibility of ISNAP.
   (9) The fee to be assessed to the nurse for participation in the program, including the following:
      (A) The fee assessed for all participants, if any.
      (B) An additional fee that may be assessed if the nurse is terminated or otherwise released from the program and then readmitted.
      (C) An additional fee that may be assessed if the length of the nurse’s RMA is extended.
      (10) Any other information related to the rehabilitation and monitoring of the nurse.
      (Indiana State Board of Nursing; 848 IAC 7-1-3; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1928)
848 IAC 7-1-4 Recovery monitoring agreement requirements; length of agreement
Authority: IC 25-23-1-7
Affected: IC 25-23-1-31
Sec. 4. (a) The RMA will last a minimum of three (3) years, except as provided in subsections (b) and (c). The requirements for monitoring will be:
(1) more stringent in the first two (2) years; and
(2) eased in the third year if the nurse’s recovery is progressing well.
(b) Relapses and other failures to comply with the terms of the RMA may result in a longer period of monitoring. As appropriate, an addendum to the RMA may be initiated by ISNAP. However, the monitoring program shall not exceed five (5) years, except in case of extenuating circumstances. Participation in the monitoring program beyond the five (5) year maximum must receive preauthorization from the board.
(c) Mitigating factors including, but not limited to, the following may be taken into consideration by ISNAP in determining the length of an individual nurse’s participation in the program and may cause the RMA to last less than three (3) years:
(1) Time spent in a treatment facility or treatment program before executing the RMA.
(2) Documented sobriety or recovery before executing the RMA.
(3) The severity of the nurse’s use or abuse of alcohol or other drugs.
(Indiana State Board of Nursing; 848 IAC 7-1-4; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1928)

848 IAC 7-1-5 Recovery monitoring agreement requirements; voluntary and involuntary referrals
Authority: IC 25-23-1-7
Affected: IC 25-23-1-31
Sec. 5. (a) An impaired nurse may enter the rehabilitation and monitoring program either by voluntary referral or by involuntary referral.
(b) If the nurse contacts ISNAP voluntarily:
(1) the rehabilitation monitoring program shall be explained by ISNAP; and
(2) an appointment shall be scheduled for an initial screening.
(c) A nurse may enter the rehabilitation monitoring program by an involuntary referral if:
(1) the rehabilitation monitoring program is contacted by:
(A) individuals;
(B) supervisors; or
(C) professional organizations;
regarding the nurse in need of assistance; or
(2) a nurse is referred to the rehabilitation monitoring program by order of the board.
If a nurse is involuntarily referred under subdivision (1), ISNAP shall assist in developing individual strategies, including techniques for intervention to arrange a referral to the program.
(d) If the nurse does not agree to participate in the program by voluntary or involuntary referral, a written complaint shall be filed by ISNAP with the consumer protection division of the office of the attorney general. (Indiana State Board of Nursing; 848 IAC 7-1-5; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1929)

848 IAC 7-1-6 Recovery monitoring agreement requirements; additional program requirements
Authority: IC 25-23-1-7
Affected: IC 16-39; IC 25-23-1-31
Sec. 6. (a) ISNAP shall monitor each nurse’s participation in the rehabilitation monitoring program for compliance with the program.
(b) The treatment plan referenced in the RMA must be abstinence based.
(c) Monitoring shall include the following, as each applies to the individual nurse’s treatment plan:
(1) Treatment and therapy:
(A) recommendations;
(B) participation;
including aftercare.
(2) Participation in an abstinence based support group.
(3) Professional support group participation.
(4) Work activities, including the following:
(A) Return-to-work issues for all participants.
(B) Ongoing monitoring of work performance and compliance with restrictions or limitations imposed by the program contract or the board.
(5) Random drug testing.
(6) A determination by ISNAP whether or not the nurse shall be terminated from participation in the program for failure to comply with program requirements.
(d) In addition to subsection (a), ISNAP may monitor each nurse for compliance in family treatment and special treatment, including, but not limited to, the following if those treatments are included in the individual nurse’s treatment plan:
(1) Pain management.
(2) Psychiatric treatment.
(3) Psychological treatment.
(e) ISNAP:
(1) shall report to the board the name and license number of a nurse that has failed to comply with the provisions of the rehabilitation and monitoring program and the circumstances surrounding the failure to comply;
(2) may release information to the board or to the consumer protection division of the office of the attorney general, in compliance with:
(A) IC 25-23-1-31; and
(B) all applicable state and federal confidentiality laws and regulations.
(f) ISNAP shall, upon the written request of the nurse, purge participant records provided that no additional occurrences of alcohol or other drug related violations have been reported to the board over a period of seven (7) years from the nurse’s last use of alcohol or other drugs, under IC 16-39. ISNAP may purge records after seven (7) years as provided for in IC 16-39.
(g) After a nurse has completed the RMA period, upon the nurse’s request, the nurse will be permitted to voluntarily sign a subsequent agreement for an additional period of time. The nurse is directly responsible for the cost of all monitoring conducted by ISNAP. The cost of monitoring of these individuals shall not be assessed to the board.
(Indiana State Board of Nursing; 848 IAC 7-1-6; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1929)

848 IAC 7-1-7 Violations
Authority: IC 25-23-1-7
Affected: IC 25-1-9; IC 25-23-1-31
Sec. 7. A nurse’s failure to:
(1) comply with the program requirements that result in the termination of that nurse’s participation in ISNAP; or
(2) sign an RMA;
will subject the nurse to discipline under IC 25-1-9. (Indiana State Board of Nursing; 848 IAC 7-1-7; filed Jan 23, 2006, 8:35 a.m.:29 IR 1929)
Non-Code Provision under Public Law 206-2005

P.L. 206-2005, SECTION 16
(a) The rules adopted by the health professions bureau before July 1, 2005, and in effect on June 30, 2005, shall be treated after June 30, 2005, as the rules of the Indiana professional licensing agency.
(b) On July 1, 2005, the Indiana professional licensing agency becomes the owner of all of the property of the health professions bureau. An appropriation made to the health professions bureau shall be treated after June 30, 2005, as an appropriation to the Indiana professional licensing agency.
(c) Any reference in a law, a rule, a license, a registration, a certification, or an agreement to the health professions bureau shall be treated after June 30, 2005, as a reference to the Indiana professional licensing agency.

Non-Code Provision under Public Law 177-2009

P.L. 177-2009, SECTION 66.
(a) As used in this SECTION, "board" means a board, commission, or committee.
(b) As used in this SECTION, "committee" refers to the professional licensing study committee established under this SECTION.
(c) The professional licensing study committee is established.
(d) The committee shall do the following:
(1) Study all of the boards that regulate occupations or professions under the Indiana professional licensing agency or the state department of health.
(2) Make recommendations concerning any changes that should be made to a board described under subdivision (1) or the regulation of a profession or occupation by a board described under subdivision (1), including the following recommendations:
   (A) Eliminating the board.
   (B) Having the board continue regulating the profession or occupation in the same manner that the profession or occupation is currently regulated by the board.
   (C) Requiring registration of a profession or occupation through the electronic registry of professions under IC 25-1-5.5, as added by this act.
   (D) Requiring national certification or registration of a profession or occupation.
   (E) Restructuring the board.
   (F) Merging two (2) or more boards.
(e) The committee shall operate under the policies governing study committees adopted by the legislative council.
(f) Before November 1, 2009, the committee shall issue a final report to the legislative council containing the findings and recommendations of the committee.
(g) This SECTION expires December 31, 2009.
Criminal Background Check Instructions

Please wait for the Email notice. Do not submit to a criminal background check until you receive an email notifying you that the board has received your application. A criminal background check (CBC) completed prior to the submission of an application for licensure will not be considered valid. An application is not considered “received” until it is manually entered into the IPLA licensing system by board staff. An email is sent out notifying you that the application is in our system and you are eligible for the CBC. If an application is not received before scheduling a CBC, the applicant will be required to submit to another check resulting in additional fees. As stated, you will receive an email from your board notifying you that you are eligible for the CBC.

Fingerprint rejections may lead to delay. If your fingerprints are rejected two (2) times by the FBI, you will be required to submit a written verification to complete your criminal background check. This written verification process can take up to six (6) weeks or longer to complete once the written verification form is received. Fingerprint rejections occur for different reasons including the prolonged use of hand sanitizer and the wearing of latex gloves. IPLA does not conduct or administer the criminal background checks and cannot assist you with expediting the process.

Follow the simple steps outlined below to complete the fingerprinting process (for a printable PDF of these instructions, click here):

1. Once you receive the email from the board notifying you that your application has been received, go to http://www.L1enrollment.com and choose Indiana.
2. If you do not have access to the internet, you may call L1/Morpho toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked for demographic and personal information instead of completing these steps yourself.
3. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish).
4. Enter your first and last name and click “go”.
5. Choose your Agency Name Professional Licensing Agency and click “go”.
6. Choose the correct Applicant Category for your license type and click “go”.
7. Select the location where you want to be fingerprinted. You may choose a region of the state, by clicking on the map, or entering a zip code to view a list of locations in a specific area. Press “go”.
8. Click on the words “Click to Schedule” across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the “Next Week>>” link to display more dates. Once you select the location/date combination, select the time for your appointment and click “go”.
9. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click “Send Information”.
10. Confirm the information by following the on screen directions to make any changes necessary. Once you review and verify the data is correct, click “Send Information”.
11. Complete your payment process and click “Send Payment Information”.
12. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
13. Bring one (1) of the following with you to your fingerprinting appointment:

- valid driver license;
- valid state issued identification card;
- valid passport;
- student identification card with picture and date of birth (DOB);
- work identification card with picture and DOB; or
- valid alien identification card with picture and DOB.

If you do not have the above identification, you will need **both** a valid birth certificate and a social security card.

14. Arrive at the facility at your appointed date and time.
15. The enrollment officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
16. You will receive a signed receipt at the end of your fingerprinting session, which can be provided to your agency for proof of fingerprinting, if needed.
17. All results will be processed and delivered to the Indiana Professional Licensing Agency. L-1 is never in possession of criminal record data results.