MISSISSIPPI BOARD OF NURSING RULES AND REGULATIONS

FOREWORD

The authority of the Mississippi Board of Nursing is to promulgate rules and regulations for the licensure of registered nurses, advanced practice registered nurses, licensed practical nurses, expanded role licensed practical nurses and certified clinical hemodialysis technicians as provided for in the laws of the Miss. Code Ann. Sections 73-15-17 (a), & 73-15-101. Members of the Board of Nursing have held hearings for input from interested groups and individuals in developing and revising these rules and regulations. The following regulations have been promulgated by the Mississippi Board of Nursing according to the Administrative Procedures Act.

PURPOSE OF THE BOARD

The Mississippi Board of Nursing is a consumer protection agency with the authority to regulate the practice of nursing through licensure as provided for by Miss. Code Ann. of 1972, Annotated, Title 73, Chapter 15. This regulatory board is responsible for the quality of nursing care rendered by the practitioners of nursing to the consumers of health care.

FUNCTIONS OF THE BOARD

A. Regulate the practice of nursing by establishing scope of practice.
B. Regulate certified clinical hemodialysis technicians by establishing scope of practice.
C. Facilitate the National Council Licensure Examination or its successor examination for registered nurses and licensed practical nurses.
D. Recognizes the following certifications for hemodialysis technicians: Nephrology Nursing Certification Commission (NNCC); Board of Nephrology Examiners for Nursing and Technology (BONENT); and National Nephrology Certification Organization (NNCO).
E. Licensure or certification of all qualified candidates. This involves the issuance and renewal of the license, as defined in the Mississippi Code, and all disciplinary proceedings associated with violations of the law.

AVAILABILITY OF INFORMATION

Information concerning the following is available on the Board's website www.msbn.state.ms.us:

A. Nursing Practice Law and Rules and Regulations; formal and informal meeting and hearing proceedings are included within;
B. Public records/open records request documents and verification of licensure including but not limited to Board Orders;
C. Board hearing and meeting dates; and
D. Declaratory Rulings/Position Statements and Responses to Frequently Asked Questions.

The procedure for the adoption of Rules and Regulations including but not limited to public hearings may be found in the Mississippi Administrative Procedures Act available at www.state.ms.us.

CHAPTER I. EXAMINATIONS AND LICENSURE

1. Licensure by Examination

1.1 The Mississippi Board of Nursing (hereinafter referred to as board) shall accept annually the National Council Licensure Examination (NCLEX) or its successor examination for registered nurses (RNs) and licensed practical nurses (LPNs) and shall contract with the National Council of State Boards of Nursing, Inc., for the examination.

1.2 The passing score for RNs and LPNs shall be a standard score as recommended by NCSBN and adopted by the board.

1.3 Candidates shall be determined eligible to take the NCLEX examination. Notification of the national statistical data provided by the testing service shall be sent to the accredited nursing education programs within the state a minimum of once quarterly.

1.4 Examination candidates will be sent authorization to test from the designated testing service, via email or US mail prior to the examination date.

1.5 Candidate responses to the examination shall be sent to the appropriate testing service for scoring. In the event that candidate responses are lost or destroyed through circumstances beyond the control of the board, the candidate will be required to retake the examination.

1.6 Candidates shall receive official examination results by mail and a copy of the results will be filed in each candidate's permanent record in the board office.

1.7 The board shall release a candidate's official examination results to the candidate, the school from which the candidate graduated, and the state agencies authorized to accredit schools of nursing. The board may release a candidate's examination results to any individual or agency upon written authorization from the candidate and payment of required fee.

1.8 Applicants from state accredited Mississippi programs shall be eligible to qualify for licensure by examination and must:

a. Submit an official transcript to the board from a state accredited Mississippi nursing program showing successful completion of such program.

b. Submit official documentation of eligibility for graduation to the board if applicant has met all requirements for graduation, but degree has not been formally conferred. Applicant must submit an official transcript within 30 days after the degree is conferred. Failure to submit such transcript shall result in the voiding of the license;

c. Comply with criminal background checks and fingerprinting in accordance with Miss. Code Ann. Section 73-15-19 (1) and 73-15-21 (1);

d. Submit completed board-approved application, including the notarized authorization to release information form;

e. Pay required nonrefundable application fee upon submission of application to the board;

f. Submit the application by deadline dates established by the board;
g. Register for the examination with the designated testing service; and
h. Pay required fee upon examination registration to the designated testing service.

1.9 Applicants from other state-approved programs in the United States or territories shall be eligible to qualify for licensure by examination in Mississippi and must:

a. Submit an official transcript to the board that indicates graduate has successfully completed a program that meets substantially the same or exceeds nursing program educational content requirements in Mississippi;
b. Submit official documentation of eligibility for graduation to the board if applicant has met all requirements for graduation, but degree has not been formally conferred. Such applicant must submit an official transcript within 30 days after the degree is conferred. Failure to submit such transcript shall result in the voiding of the license;
c. Comply with criminal background checks and fingerprinting in accordance with Miss. Code Ann. Section 73-15-19 (1) and 73-15-21 (1);
d. Submit completed board application;
e. Pay required nonrefundable application fee upon submission of application to the board;
f. Submit the application by deadline dates established by the board;
g. Register for the examination with the designated testing service; and
h. Pay required fee upon examination registration to the designated testing service.

1.10 An applicant for licensure who does not complete the application process within one (1) year of the date of receipt of the original application shall begin the application process again, including payment of the application fee, submission of a new application and all supporting documentation.

1.11 The board reserves the right to determine who is duly qualified for the examination and licensure.

1.12 An applicant for reexamination must meet criteria as outlined above in Section 1.8 or 1.9, submit a board-approved application, and pay a required nonrefundable fee by the deadline date established by the board. Applicants for reexamination shall be eligible to qualify for licensure by examination provided applicants pass the examination within four (4) attempts and within two (2) years of graduation.

1.13 Graduates from approved or accredited RN programs as required in Miss. Code Ann. Section 73-15-19 (1)(b) who are applying to write NCLEX-PN shall be eligible to qualify for licensure by examination by meeting the following requirements:

a. Complete a role delineation course approved by the board;
b. Comply with criminal background checks and fingerprinting in accordance with Miss. Code Ann. Section 73-15-21 (1);
c. Submit an official transcript documenting graduation from a RN education program.
d. Submit application to take the NCLEX-PN examination and pay the required nonrefundable fee.
e. Submit notarized authorization to release information form;
f. Pay required nonrefundable application fee upon submission of application to the board.
g. Register for the examination with the designated testing service; and

h. Pay required fee upon examination registration to the designated testing service.

1.14 Any applicant who falsifies the application for examination may be denied licensure in accordance with Miss. Code Ann. Section 73-15-29 of the Mississippi Nursing Practice Law.

2. Licensure by Endorsement

2.1 Graduates of state approved or accredited programs who are licensed in another state or territory of the United States shall be eligible for licensure by endorsement in Mississippi, providing the educational requirements prevailing in other jurisdictions are substantially equivalent to those in Mississippi at the time of the applicant's graduation and providing the applicant has met the Mississippi minimum passing standard on the licensure examination.

2.2 A temporary permit to practice nursing for a 90 day period may be issued to applicants for licensure by endorsement upon submission of application and fee. Temporary permits may be renewed by the board in extraordinary situations. A fee may be required.

2.3 Requirements to be completed for licensure by endorsement:

a. Registered nurse applicants shall:

(1) Submit official transcript of graduation from an approved or accredited RN nursing program;

(2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19 (1);

(3) Submit official evidence of licensure by examination and passing scores or results equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed;

(4) Submit proof of current licensure in another state or territory or evidence of eligibility for reinstatement of licensure in a compact state if that compact state were the applicant's primary state of residence; and

(5) Submit required nonrefundable licensure fee and completed application for endorsement.

b. Licensed practical nurse applicants shall:

(1) Submit official transcript of graduation from an approved or accredited LPN nursing program;

(2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-21(1);

(3) Submit official evidence of licensure by examination and passing scores or results equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed;

(4) Submit proof of current licensure in another state or territory or evidence of eligibility for reinstatement of licensure in a compact state if that compact state were the applicant's primary state of residence; and

(5) Submit required nonrefundable licensure fee and completed application for endorsement.

c. Equivalency applicants, graduates of RN programs who are applying for endorsement as LPNs, shall:

(1) Submit official evidence of graduation from an approved or accredited RN nursing program;
(2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-21(1);
(3) Submit official evidence of licensure by examination and passing scores or results equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed;
(4) Submit proof of current licensure in another state or territory or evidence of eligibility for reinstatement of licensure in a compact state if that compact state were the applicant's primary state of residence; and
(5) Submit required nonrefundable licensure fee and completed application for endorsement.

Equivalency applicants will be required to complete a role delineation course approved by the board.

3. Licensure of Applicants from Countries outside the State and Territories of the United States

3.1 Applicants for RN licensure by examination shall:

a. Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19 (1);
b. Present evidence of competence in English related to nursing, provided the first language is not English;
c. Present evidence of meeting immigration requirements;
d. Submit evidence of certification issued by the Commission on Graduates of Foreign Nursing Schools (CGFNS);
e. Present written official evidence of completion of a board-approved nursing program preparing RNs. The transcript must be in English or a certified translation;
f. Submit application to take the examination and pay the nonrefundable fees;
g. Be required to pass NCLEX-RN or its successor examination by obtaining a passing score or results equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed;

3.2 Applicants for RN licensure by endorsement shall:

a. Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19(1);
b. Submit proof of current licensure in another state or territory or evidence of eligibility for reinstatement of licensure in a compact state if that compact state were the applicant's primary state of residence;
c. Present written official evidence of completion of a board-approved nursing program preparing RNs. The transcript must be in English or a certified translation;
d. Submit evidence of certification issued by the Commission on Graduates of Foreign Nursing Schools (CGFNS);
e. Submit applications for endorsement and pay the nonrefundable fees;

f. Present official evidence of licensure by examination and passing scores or results equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed; and

g. Be permitted to apply for a temporary permit and may be issued such permit upon the acceptance of the application and payment of the required fee.

3.3 Applicants for LPN licensure by examination shall:

a. Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-21(1);

b. Present evidence of competence in English related to nursing, provided the first language is not English;

c. Present evidence of meeting immigration requirements;

d. Submit evidence of certification issued by the Commission on Graduates of Foreign Nursing schools (CGFNS);

e. Present written official evidence of a board-approved nursing program preparing LPNs. The transcript must be in English or a certified translation;

f. Submit application to take the examination and pay the required nonrefundable fees; and

g. Be required to pass NCLEX-PN or its successor examination by obtaining a passing score or result equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed;

3.4 Applicants for LPN licensure by endorsement shall:

a. Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-21(1);

b. Submit proof of current licensure in another state or territory or evidence of eligibility for reinstatement of licensure in a compact state if that compact state were the applicant's primary state of residence;

c. Present written official evidence of completion of a board-approved nursing program preparing LPNs. The transcript shall be in the English language or a certified translation;

d. Submit application for endorsement and pay the nonrefundable fees;

e. Present official evidence of licensure by examination and passing scores or results equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed; and

f. Be permitted to apply for a temporary permit and may be issued such permit upon acceptance of the application and payment of the required fee.

4. Renewal and Reinstatement of Licenses

4.1 Biennial renewal of active license:

a. Registered Nurses:

The license shall be valid for two (2) calendar years beginning January 1 of each uneven-numbered year and expiring December 31 of each even-numbered year.

b. Licensed Practical Nurses:

The license shall be valid for two (2) calendar years, beginning January 1 of each even-numbered year and expiring December 31 of each uneven-numbered year.

4.2 Notification of renewal shall be published on or before November 1 of the year in which the license expires

4.3 Renewal and payment shall be completed online through the board's website on or before December 31 of the year in which the license expires. Information on the application shall be subject to verification by the board.

4.4 Active licensure means the practice of nursing as defined in Miss. Code Ann. Section 73-15-5 (2) and ~~(3)~~ (5).

4.5 Inactive licensure means the state of licensure granted at the discretion of the board to persons not engaged in the active practice of nursing but desiring to maintain licensure.

a. Any person practicing as a RN or LPN during the time the nurse holds inactive licensure shall be considered to be practicing illegally and shall be subject to disciplinary action by the board.

b. The only title which may be used by a person with inactive licensure is "RN-I" or "LPN-I", as appropriate, with "I" meaning inactive as defined in the Mississippi Board of Nursing Rules and Regulations.

c. In order to be considered for inactive licensure a person shall submit a written request to the board. Upon completion of the appropriate application and fee, inactive licensure may be conferred at the discretion of the board.

d. Inactive licensure shall not be granted to a person during the pendency of disciplinary proceedings against that person.

e. Licensees holding inactive licensure may apply for reinstatement of active licensure. Upon completion of the reinstatement process and pursuant to all other provisions of this Chapter, the board may reinstate active licensure.

f. Inactive licensure may be reinstated to active licensure pursuant to Miss. Code Ann. Section 73-15-27 (a) (v) and (b) (v) and *Mississippi Board of Nursing Rules and Regulations*, Chapter I, Section 4.

4.6 Lapsed license:

a. Any person practicing as a RN or LPN during the time the license has lapsed shall be considered to be practicing illegally and is subject to disciplinary action by the board.

b. Any RN or LPN who allows the license to lapse by failing to renew the license as provided above may be reinstated by the board on satisfactory explanation for such failure to renew and upon payment of the required reinstatement fee and renewal fee.

c. A lapsed license may be reinstated pursuant to Miss. Code Ann. Section 73-15-27 (a) (v) and (b) (v) and *Mississippi Board of Nursing Rules and Regulations*, Chapter I, Section 4.

4.7 Evidence of Continuing Basic Nursing Competencies:

a. Any RN or LPN applying for a license (including endorsement), renewal of an active license, reinstatement of a lapsed license or change from inactive to active status must submit evidence of continuing basic nursing competencies when such nurse has not practiced nursing for compensation or performed

the function of a RN or LPN in a voluntary capacity with or without compensation within the five (5) year period immediately prior to such application for a license, renewal, reinstatement or change of status.

b. Evidence of continuing basic nursing competencies shall include submission of written documentation of one of the following:

(1) Successful completion of a board-approved Reorientation Program for RNs or LPNs within the five (5) year period immediately prior to such application for renewal or reinstatement of the nursing license. The board may issue a temporary permit to any nurse during the time enrolled in a board-approved nursing reorientation program upon submission of required application and fees;

(2) Completion of twenty contact hours of continuing education directly related to nursing practice within the two (2) year period immediately prior to such application for renewal or reinstatement of the nursing license. Acceptable continuing education offerings are those which are currently approved, accredited, provided, or offered by a recognized credentialing agency;

(3) Successful completion of a minimum of three (3) semester hours of nursing credit offered by a nursing education program within the two (2) year period immediately prior to such application for renewal or reinstatement of the nursing license. An acceptable nursing program is one which is approved or accredited by the appropriate agency within the state.

4.8 Change of name and/or address:

a. The licensee shall supply evidence of name change, i.e., copies of court records, marriage certificate, etc., in order for any official change to be made on records.

b. The licensee shall keep the board informed in writing as to change in address.

4.9 Loss of license, temporary permit, or certification card:

a. The licensee shall report any lost or stolen license, temporary permit, or certification card with complete identifying information.

b. Upon receipt of information surrounding the loss or theft of the license, temporary permit, or certification card and receipt of required fee, the board will issue a duplicate document.

5. Disaster Relief Permits

5.1 The board may issue disaster relief permits to an individual to practice as a registered nurse, advance practice nurse, or licensed practical nurse to provide gratuitous nursing service in the state of Mississippi during a public health emergency, and for such periods thereafter as approved by the board provided such individual:

a. Holds a current unrestricted license in good standing issued by the licensing authority of another state to practice as an advanced practice nurse, registered nurse, or licensed practical nurse;

b. Submit to the board:

(1) picture identification;

(2) proof of current licensure in another state; and

(3) a completed disaster permit affidavit.

5.2 A disaster relief permit may be issued upon such terms, conditions, limitations or restrictions as to time, place, nature, and scope of practice as determined by the board.

5.3 A disaster relief permit will be valid for sixty (60) days from the date of issuance and may be extended for additional sixty (60) day periods as determined appropriate and necessary by the board, deemed necessary or appropriate to its responsibilities under law.

5.4 A disaster relief permit shall be recalled if allegations of acts or omissions which constitute grounds for disciplinary action as defined in Miss. Code Ann. Section 73-15-29.

6. Camp Nurses

The board, pursuant to the Miss. Code Ann. Section 75-74-8, may issue a ninety (90) day temporary license to practice nursing at a youth camp to qualified applicants upon receipt of a completed application and fee.

7. Penalty for Presentation of Bad Checks

A fee as established by Miss. Code Ann. Section 97-19-5 shall be assessed to any individual who presents a check that is later dishonored by the bank. Payment shall be made by ~~cash,~~ certified check~~,~~ or money order within fifteen (15) days of notification by certified mail of the returned check. Such fees shall be in addition to the amount due. Licenses or temporary permits obtained by payment of a bad check shall be considered invalid until full payment has been made.

CHAPTER II. DENIAL, REVOCATION, SUSPENSION OF LICENSE

1.1 The board shall have power to deny, revoke, suspend, or refuse to renew any license or permit to practice nursing issued by the board or applied for in accordance with the provision of this act, including the power to fine said individual, upon proof that such person has violated the provisions of Miss. Code Ann. Chapter 15 as more specifically defined in Section 73-15-29.

1.2 Unprofessional conduct shall include but not be limited to the following:

a. Conviction of a felony within the past five (5) years;

b. Filing false, forged or altered documents when applying for a license;

c. Misrepresentation, deception or failure to disclose information as requested on any licensure or board of nursing document when attempting to secure or obtain a nursing license;

d. Practicing nursing beyond the authorized scope of the license or directing others to practice beyond their authorized scope;

e. Failure to maintain medical records in a professional manner:

(1) Altering entries or destroying medical records;

(2) Failure to make intelligible essential entries;

(3) Recording entries prior to patient care including but not limited to medication administration and treatments; and/or

(4) Making false entries in patient records.

f. Practicing the profession while under the influence of alcohol or other mood altering substances as evidenced by any of the following:

(1) Positive screen for alcohol, an illegal substance or unauthorized medication;

(2) Pattern of abuse or habitual abuse of authorized or unauthorized medications;

(3) Impairment while on duty while using authorized or unauthorized medications;

(4) Refusal to submit drug screen;

(5) Submission of diluted, adulterated or substituted specimen for testing; and/or

(6) Noncompliance with a treatment plan for a substance abuse disorder.

g. Practicing nursing while the ability to practice is impaired by a physical or emotional condition;

h. Misappropriation of drugs, supplies or equipment;

i. Practicing nursing in this state without a current active Mississippi license, privilege to practice or permit or while the license, privilege or permit is revoked;

j. Permitting, aiding or abetting an unlicensed person to perform activities requiring a license;

k Assuming duties and responsibilities in the practice of nursing when competency has not been established or maintained;

l. Inappropriately delegating tasks to individuals licensed or unlicensed when the person lacks educational preparedness, experience, credentials, competence or physical or emotional ability to complete the task.

m. Failure to adequately supervise, manage or train persons to whom nursing functions are delegated or assigned.

n. Violating confidentiality of information or knowledge concerning the patient;

o. Willfully altering medications;

p. Passing or attempting to pass a forged prescription;

q. Selling or attempting to sell a controlled substance;

r. Possessing, obtaining, furnishing or administering drugs to any person, including self, except as legally directed;

s. Violating professional boundaries of the nurse patient relationship including but not limited to:

(1) Engaging in conduct that is sexual, or reasonably interpreted as sexual, with a patient, patient's immediate family or patient's significant other;

(2) Emotional or financial exploitation of the patient or the patient's immediate family member or significant other;

(3) Engaging in inappropriate behavior such as exposure or gratification in the presence of a patient.

t. Failing to immediately report facts known regarding a nurse who fails to render care in accordance with current standards of practice or illegal practice of any

licensed nurse. This requirement excludes the reporting of chemically dependent nurses who have sought and complied with treatment for chemical dependency provided that no other provision of the *Mississippi Nursing Practice Law and Rules and Regulations* has been violated;

u. Practicing in an expanded role without certification by the board;

v. Failure to adhere to the standards of practice for nurses in the expanded role;

w. Having a license denied, conditionally issued, reprimanded, placed on probation, suspended, revoked or voluntarily surrendered in another state, territory or country;

x. Failure to safeguard the patient's rights and dignity;

x. Intentionally or negligently causing or allowing others to physically, sexually, emotionally or verbally abuse a patient;

z Abandoning patients;

aa. Impersonating another licensed practitioner;

bb. Failure to appropriately act in safeguarding the patient from incompetent healthcare practices or practitioners;

cc. Inappropriately prescribing controlled substances by an advanced practice registered nurse.

1.3 The board may administratively sanction and impose fines for any of the following:

a. Failing to timely renew a nursing license while continuing to practice nursing or engage in activities or duties related to nursing.

b. Failing to notify the board in writing within thirty days after a change in residence address.

c. Failing to notify the board immediately after a change in practice site of the APRN and collaborative physician of the APRN.

d. Violating the provisions of Miss. Code Ann. Section 37-101-291.

e. Failing to divulge current disciplinary action of a nursing license to an employer.

A person who fails to pay an administrative penalty within thirty (30) days after notification may be subject to further disciplinary action.

CHAPTER III. PRACTICE OF NURSING

1. Functions of the Registered Nurse

1.1 The RN shall be responsible and accountable for:

a. Making decisions that are based upon knowledge, competency, experience and the use of the nursing process;

b. Knowledge of and compliance with the laws and regulations governing the practice of nursing in Mississippi;

c. Practicing within the scope of practice as established by the board and according to generally accepted standards of practice.

1.2 The RN shall be held accountable for the quality of nursing care given to patients. This includes:

a. Providing for nursing leadership in the planning for and provision of nursing care to patients for whom responsibility has been accepted;

b. Giving individualized nursing care and respecting the rights of the patient according to the needs or assigning these functions to others in accordance with the educational preparedness, experience, credentials, competence, physical and emotional ability to complete the task of the staff. Respecting the rights of the patient includes but is not limited to:
   (1) Conducting practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, disability or disease;
   (2) Respecting the dignity and rights of patients regardless of social or economic status, personal attributes or nature of health problems;
   (3) Respecting the patient's right to privacy by protecting confidential information unless obligated by law to disclose the information;
   (4) Respecting the rights of patients by protecting the patient from abuse, inflicted by self or others, neglect or exploitation; and
   (5) Respecting the property of patients, family, significant others, and the employer.

c. Directing, supervising and evaluating nursing practice; applying nursing knowledge, administrative techniques and teaching principles toward the ultimate goal, excellence in patient care and promotion of good health practices;

d. Recognizing the abilities and potentialities of all nursing personnel and providing supervision, management and training to each individual in the attainment of optimum performance;

e. Obtaining instruction and supervision as necessary when implementing nursing techniques or practices;

f. Assessing the patient's needs, formulating a nursing diagnosis, planning for, implementing and evaluating the nursing care in the promotion and the maintenance of health of each patient for whom responsibility has been accepted;

g. Organizing, administering and supervising the implementation and evaluation of a written nursing care plan for each patient for whom responsibility has been accepted.

1.3 The RN shall be held accountable for the quality of nursing care given by self or others being supervised. The registered nurse:

a. May:
   (1) Assign specific nursing duties and/or patient treatments to other qualified personnel based on educational preparation, experience, knowledge credentials, competency, and physical and emotional ability to perform the duties.
   (2) Assign duties of administration of patient medications to other licensed nurses only (either a RN or LPN, or one authorized by a temporary permit to practice) except as set out in Mississippi Board of Nursing Rules and Regulations, Chapter VI;

b. Shall:
   (1) Appraise the care given by the licensed nursing staff and auxiliary workers under the licensee's direction and shall give guidance and assistance as needed;

(2) Be responsible for the clinical nursing record which reflects the patient's nursing care and progress. The nurse may delegate any or all of the recording of care given and the observations made to assistants who rendered the service.

1.4 The RN shall be responsible and accountable for communicating patient response to nursing interventions to other members of the health team.

2. Functions of the Licensed Practical Nurse

2.1 The LPN gives nursing care under the direction of the RN, licensed physician or licensed dentist which does not require the specialized skill, judgment and knowledge required of a RN.

2.2 The LPN shall be responsible for:

a. Knowledge of and compliance with the laws and regulations governing the practice of nursing in the State of Mississippi;

b. Practicing within the scope of practice as established by the board and according to generally accepted standards of practice.

2.3 The LPN shall not be supervised by unlicensed personnel.

2.4 The LPN performs the following functions in any area of the health care facility: Assist the RN in the planning, implementation and evaluation of nursing care by:

a. Respecting the rights of the patient which includes but is not limited to:

(1) Conducting practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, disability or disease;

(2) Respecting the dignity and rights of patients regardless of social or economic status, personal attributes or nature of health problems;

(3) Respecting the patient's right to privacy by protecting confidential information unless obligated by law to disclose the information;

(4) Respecting the rights of patients by not intentionally or negligently causing or allowing others to physically, sexually, emotionally or verbally abuse a patient; and

(5) Respecting the property of patients, family, significant others and the employer.

b. Providing for the emotional and physical comfort of patients;

c. Observing, recording and reporting to the appropriate person the signs and symptoms which may be indicative of change in the patient's condition. The LPN shall not perform nursing assessments on patients.

d. Performing nursing procedures for which the LPN has the necessary degree of skill and judgment;

e. Assisting with the rehabilitation of patients according to the patient's care plan.

2.5 LPNs may assume "charge nurse" responsibilities:

a. In nursing situations where rapid change is not anticipated and supervision is provided by a RN who is physically on the premises where the patient is having nursing care provided.

b. In long-term units if RN supervision is available at all times for consultation.

2.6 The LPN shall not function as a director of nursing or in a supervisory capacity over other licensed nurses.

3. Declaratory Rulings/Position Statements

Any person substantially affected by a statute, rule or order may petition the board for a declaratory ruling/position statement with respect to the validity of a rule or the applicability to any person, property or state of facts of any rule or statute enforceable by it or with respect to the meaning and scope of any order of the board.

a. The petition shall be in writing and shall include:
   (1) The name and address of the petitioner.
   (2) A statement of facts sufficient to show that the person seeking relief is substantially affected by the rule.
   (3) The rule, statute or order and the specific facts upon which an opinion is requested.
b. Each request will be forwarded to the appropriate division of the board's office. A written response will be provided to each request in accordance with statutory requirements.
c. Circumstances in which rulings shall not be issued include but are not necessarily limited to:
   (1) Lack of jurisdiction.
   (2) Lack of clarity of the issue presented.
   (3) No clear answer determinable.
   (4) Litigation has been filed or prosecution has begun.

CHAPTER IV. ADVANCED PRACTICE

1. Clinical Nurse Specialists

In order to use the title Clinical Nurse Specialist, the RN must:

a. Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi, and
b. Hold a master's degree or higher degree in a nursing clinical specialty area.

2. Advanced Practice Registered Nurses (APRNs) include Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Certified Nurse Practitioners.

2.1 Certification, Renewal, Reinstatement, Discipline.

a. Initial certification.

Prior to board certification allowing the RN to practice as an APRN, the RN must:

(1) Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi;
(2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19 (1);
(3) Submit required applications and fees; and
*(4) Submit official transcript of graduation from:
   (a) an accredited master's degree or higher program with a major in nursing; or

(b) a master's degree or higher nurse anesthesia or midwifery program accredited by a board-approved accrediting body;

(c) Submit evidence of graduation from an accredited educational program for APRNs if applicant graduated from an APRN program and was nationally certified as an APRN prior to December 31, 1993.

**(5) Submit official evidence of graduation from a master's degree or higher program in one of the four recognized advanced practice roles in which clinical experience has occurred. APRN applicants graduating from an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program with a concentration in the applicant's respective advanced practice nursing specialty.

The APRN program must be accredited by a national accreditation organization approved by the board; and

(6) Hold current national certification as an APRN in a designated area of practice by a national certification organization recognized by the board;

(7) Submit required practice documentation for approval by the board prior to beginning practice..

(8) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.

* APRN applicants who graduated from a nurse practitioner an APRN program and were nationally certified as a nurse practitioner an APRN prior to December 31, 1993, may submit evidence of graduation from an accredited educational program for registered nurses APRNs.

** APRN applicants graduating from a nurse practitioner an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program with a concentration in the applicant's respective advanced practice nursing specialty.

b. New graduate certification.

Graduates of an APRN program may be issued temporary certification to practice for a maximum of 120 days from the date of completion of an APRN program. Graduates of APRN programs must have monitored practice with either a licensed physician or a certified APRN while practicing with a temporary permit for 720 hours. Prior to practicing as an APRN, the new graduate must:

(1) Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi; and

(2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19(1);

(3) Submit required applications and fees; and

*(4) Submit official evidence of graduation from:

(a) an accredited master's degree or higher program with a major in nursing; or

(b) a master's degree or higher nurse anesthesia or midwifery program accredited by a board-approved national accrediting body;

(c) Submit evidence of graduation from an accredited educational program for APRNs if applicant graduated from an APRN program and was nationally certified as an APRN prior to December 31, 1993.

**(5) Submit official transcript of graduation from a master's degree or higher program in one of the four recognized advanced practice roles in which clinical experience has occurred. APRN applicants graduating from an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program with a concentration in the applicant's respective advanced practice nursing specialty.

(6) Submit evidence of registration to take the national certification examination within 90 days of completion of an APRN program; and

(7) Submit evidence that certification examination results will be sent directly to the board from the national certifying body; and

(8) Submit required practice documentation for approval by the board (approval must be granted prior to practicing as an APRN).

(9) Complete a board-approved educational program prior to making application and after completion of 720 hours monitored practice, if the APRN applicant is applying for controlled substance prescriptive authority.

(10) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.

* Nurse practitioner APRN applicants who graduated from a nurse practitioner an APRN program prior to December 31, 1993, may submit evidence of graduation from an accredited educational program for registered nurses.

** Nurse practitioner APRN applicants graduating from a nurse practitioner an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program or higher with a concentration in the applicant's respective advanced practice nursing specialty.

c. Renewal of state certification.

APRNs shall renew certification in conjunction with renewal of the RN license online only and shall submit the following:

(1) Renewal application and fee; and

(2) Documentation of review of protocol/practice guidelines; and

(3) Documentation of at least forty (40) contact hours (four [4] continuing education units), or equivalency, related to the advanced clinical practice of the APRN which have been obtained within the previous two (2) year period; and

(4) Documentation of current national certification as an APRN in a designated area of practice by a national certification organization recognized by the board.

(5) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.

d. Reinstatement of lapsed state certification.

APRNs may reinstate a lapsed state certification online only and must:

(1) Submit documentation of a current, active Mississippi RN license; and

(2). Comply with criminal background checks and fingerprinting in accordance with Miss. Code Ann. Section 73-15-19 (1):

(3) Submit the APRN reinstatement application and fee; and

(4) Submit a protocol/practice guidelines for approval by the board (approval must be granted prior to practicing as an APRN); and

(5) Submit documentation of current national certification as an APRN in a designated area of practice by a national certification organization recognized by the board; and

(6) Submit documentation of at least forty (40) contact hours (four [4] continuing education units), or equivalency, related to the advanced clinical practice of the APRN which have been obtained within the previous two (2) year period.

(7) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.

e. Changes in status.

(1) Relationship with collaborating physician/dentist.

The APRN shall notify the board immediately regarding changes in the collaborative/consultative relationship with a licensed physician or dentist. If changes leave the APRN without a board-approved collaborative/consultative physician/dentist relationship, the APRN may not practice until such a relationship is approved by the board.

(2) Practice site.

Changes or additions regarding practice sites shall be submitted with a fee to the board by the APRN on forms supplied by the board. The APRN may not practice at a site prior to approval by the board.

(3) Protocol or practice guidelines.

Revisions of protocols or practice guidelines shall be submitted with a fee to the board prior to implementation. The APRN may not implement revisions prior to board approval.

f. Fees are nonrefundable.

g. Disciplinary action.

Any APRN who is in violation of the *Mississippi Nursing Practice Law and/or Rules and Regulations* shall be subject to disciplinary action by the board. Such action is of public record and shall be reported by the board to the appropriate national credentialing organization.

2.2 Advisory Committee.

There may be an advisory committee with representatives from each role including CNMs, CRNAs, CNPs and CNSs. The purpose of this committee shall include functioning in an advisory capacity on matters related to advanced practice nursing.

2.3 Practice Requirements.

The APRN shall practice:

a. According to standards and guidelines of the national certification organization for which he/she are certified; and

b. In a collaborative/consultative relationship with a Mississippi licensed physician whose practice is compatible with that of the APRN. The APRN must be able to communicate reliably with a collaborating/consulting physician while practicing. CRNAs may also collaborate/consult with licensed dentists; and

c. According to a board-approved protocol or practice guidelines:

(1) APRNs practicing as nurse anesthetists must practice according to board-approved practice guidelines which address the following: Preanesthesia preparation and evaluation; anesthesia induction, maintenance, and emergence; postanesthesia care; perianesthetic and clinical support functions. There must be an agreement between CRNA, the collaborating/consulting physician/dentist, and the institution in which anesthesia services are being provided which outlines clinical privileges or guidelines for practice.

(2) APRNs practicing in other specialty areas must practice according to a board-approved protocol which has been mutually agreed upon by the APRN and a Mississippi licensed physician whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order. The protocol must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the APRN.

(3) Each collaborative/consultative relationship shall include and implement a formal quality assurance/quality improvement program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi Board of Nursing and Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program criteria shall consist of:

(a) Review by collaborative physician of a sample of charts that represent 10% or 20% charts, whichever is less, of patients seen by the advanced practice registered nurse every month. Charts should represent the variety of patient types seen by the advanced practice registered nurse. Patients that the advanced practice registered nurse and collaborating physician have consulted on during the month will count as one chart review.

(b) The advanced practice registered nurse shall maintain a log of charts reviewed which includes the identifier for the patients' charts, reviewers' names, and dates of review.

(c) Each advanced practice registered nurse shall meet face to face with a collaborating physician once per quarter for the purpose of quality assurance.

(4) APRNs may not write prescriptions for, dispense or order the use of or administration of any schedule of controlled substances except as follows or as outlined in Section 2.4.

(5) APRNs may not write prescriptions for, dispense or order the use of or administration of any schedule of controlled substances except as follows:

(a) Certified nurse midwives may determine the need for, order, and administer controlled substances in the practice of nurse midwifery within a licensed health care facility as set forth in the board-approved protocol.

(b) Certified nurse anesthetists may determine the need for, order, and administer controlled substances in the practice of nurse anesthesia within a licensed health care facility as set forth in board-approved practice guidelines.

2.4 Prescribing Controlled Substances and Medications by certified APRNs:

a. Scope.

These regulations apply to all individuals authorized to practice as a APRN in the State of Mississippi. Pursuant to these regulations, authorized certified APRNs may prescribe Schedules II, III, IV, or V. Application for this privilege requires an additional fee.

b. Definitions.

(1) The words “administer”, “controlled substances”, and “ultimate user”, shall have the same meaning as set forth in Miss. Code Ann. Section 41-29-105, unless the context otherwise requires.

(2) The word “board” shall mean the Mississippi Board of Nursing.

(3) The word “prescribe” shall mean to designate or order by means of either a written or oral prescription, the delivery of a controlled substance or legend drug to an ultimate user.

(4) The word “distribute” shall mean to deliver a noncontrolled prepackaged device, medication or manufacturer’s starter pack, other than by administration or prescription, to a patient for whom the certified APRN has prescribed such device or medication in accordance with the certified APRN’s Board of Nursing approved protocol.

(5) The words "prescription drug" or "legend drug" shall mean a drug required under federal law to be labeled with the following statement prior to being dispensed or delivered; "Caution: Federal law prohibits dispensing without prescription," or a drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use only by those authorized to prescribe.

(6) The words “electronic prescribing” or E-prescribing” shall mean the electronic entry of a prescription by a practitioner, the secure electronic transmission of the prescription to a pharmacy, the receipt of an electronic message by the pharmacy and E-prescription renewal requests sent electronically by the pharmacy to the practitioner. Electronic transmissions may be computer to computer or computer to facsimile.

c. Registration for Controlled Substances Certificate Prescriptive Authority.

(1) Every certified APRN authorized to practice in Mississippi who prescribes any controlled substance within Mississippi or who proposes to engage in the prescribing of any controlled substance within Mississippi must be registered with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.

(2) Pursuant to authority granted in Miss. Code Ann. Section 41-29-125, the Mississippi Board of Nursing hereby adopts, in addition to required regulations with the board, the registration with the U.S. Drug Enforcement Administration as required in Sub-paragraph 2.4 c.(1) above. In the event, however, certified APRN has had limitations or other restrictions placed upon his/her license wherein he/she is prohibited from handling controlled substances in any or all schedules, said APRN shall be prohibited from registering with the U.S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Mississippi Board of Nursing.

(3) Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Miss. Code Ann. Section 41-29-101 et seq.

d. Maintenance of Patient Records.

(1) Patient Record. A certified APRN who prescribes a controlled substance shall maintain a complete record of his/her examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing controlled substances; the name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed. The record required by this subsection shall be maintained in the patient's medical records, provided that such medical records are maintained at the practice site of the APRN and are available for inspection by the representatives of the Mississippi Board of Nursing pursuant to authority granted in Miss. Code Ann. Section 41-29-125 (Supp. 1986). The Mississippi Board of Nursing has the authority to conduct random audits of patient records at practice sites where those certified APRNs have protocols allowing for prescribing of controlled substances.

(2) No certified APRN shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith agreement prior to examination and medical indication thereof.

(3) A certified APRN shall not sell or trade any medication which he/she receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.

(4) The Patient Record required by these regulations shall be maintained in the office of the certified APRN for a period of seven (7) years from the date that the record is completed or the controlled substances, legend

drugs or other medications are prescribed and shall be made available for inspection by representatives of the Mississippi Board of Nursing pursuant to authority granted in Miss. Code Ann. Section 41-29-125 (Supp. 1986). Records for other APRNs (CRNAs) shall be maintained in accordance with the institution's policy.

e. Use of Diet Medication.

(1) As to the prescription of controlled substance anorectics in Schedules III, IV or V, use of said medications in the treatment of obesity or weight loss should be done with caution. A certified APRN may prescribe said medications for the purpose of weight loss in the treatment of obesity only as an adjunct to a regimen of weight reduction based on caloric restriction, provided, that all of the following conditions are met:

(a) Before initiating treatment utilizing a Schedule III, IV or V controlled substance, the certified APRN determines through review of his/her own records of prior treatment, or through review of the records of prior treatment which a treating physician or weight-loss program has provided to the certified APRN, that the patient has made a substantial good-faith effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the utilization of controlled substances, and that said treatment has been ineffective.

(b) Before initiating treatment utilizing a Schedule III, IV or V controlled substance, the certified APRN obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized. "Recognized contraindication" means any contraindication to the use of a drug which is listed in the United States Food and Drug Administration (hereinafter, "FDA") approved labeling for the drug.

(c) The certified APRN shall not utilize any Schedule III, IV or V controlled substance when he/she knows or has reason to believe that a recognized contraindication to its use exists.

(d) The certified APRN shall not utilize any Schedule III, IV or V controlled substance for diet medication in the treatment of a patient whom he/she knows or should know is pregnant.

(e) As to those controlled substances in Schedules III, IV or V which are classified as amphetamine or amphetamine-like anorectics and/or central nervous system stimulants, hereinafter referred to as "stimulant", the certified APRN shall not initiate or shall discontinue utilizing said controlled substance stimulant immediately upon ascertaining or having reason to believe:

(i) That the patient has failed to lose weight while under treatment with said stimulant over a period of thirty (30) days, which determination shall be made by weighing the patient at least every thirtieth (30th) day, except that a patient who has

never before received treatment for obesity utilizing a stimulant, and who fails to lose weight during his/her first such treatment attempt may be treated with a different controlled substance for an additional thirty (30) days, or

(ii) That the patient has developed tolerance (a decreasing contribution of the drug toward further weight loss) to the anorectic effects of said stimulant being utilized, or

(iii) That the patient has a history of or shows a propensity for alcohol or drug abuse, or

(iv) That the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating certified APRN's directions.

In addition to the above, the certified APRN shall not issue a prescription for a stimulant for any greater than a thirty-day supply and is to be prescribed for short-term use only as defined by current standards of care

(f) As to all other legend drugs or controlled substances in Schedules III, IV or V which are not considered stimulants but which have received FDA-approved indication for long term use for weight loss, the certified APRN shall prescribe said medications in strict compliance with the FDA-approved labeling. In addition to the requirements enumerated in (e) (i) - (iv) above, each prescription shall be issued for no more than a total of three months supply (including refills) and further, before subsequent new prescriptions can be issued the patient shall receive a thorough reevaluation of the effectiveness of the medication, including a physical examination to document any potential harmful side effects.

(2) A certified APRN shall not utilize Schedules III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

f. Drug Maintenance, Labeling and Distribution Requirements.

(1) State certified APRNs with controlled substance prescriptive authority may receive samples of controlled substances; however, these must be maintained in a double locked cabinet with an accurate log. A certified APRN may receive and distribute pre-packaged medications or samples for which the certified APRN has prescriptive authority.

(2) A state certified APRN or delegated licensed nurse must distribute the medication. For the purpose of this regulation "distribute" shall mean hand the pre-packaged medication to the patient or the patient's authorized agent.

(3) All drug products which are maintained/stored in the office of a certified APRN, shall be maintained/stored in the manufacturer's or repackager's original package. The label of any container in which drugs are

maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date. Drugs which are pre-counted and pre-packaged for purposes of distributing shall be identifiable as to expiration date and manufacturer's control lot number. The packages in which drug products are maintained shall not be labeled in any false or misleading manner. The labeling requirements of this Section are in addition to, and not in lieu of, other labeling requirements of the laws of the State of Mississippi, Rules and Regulations of the Mississippi Board of Nursing, and laws of the United States or federal regulations.

(4) A state certified APRN shall not distribute out-of-date pre-packaged samples or store out-of-date pre-packaged samples intermixed with the stock of current pre-packaged samples. Out-of-date pre-packaged samples shall be promptly removed from current stock and stored separately until proper disposal shall be made. When distributing a product in a manufacturer's original package or container, the labeling of which bears an expiration date, a manufacturer's control lot number or other information which may be of value to the patient, the APRN shall distribute the product with this information intact.

(5) The drug storage area shall be maintained in a sanitary fashion.

(6) A state certified APRN shall not accept the return for subsequent resale or exchange any drugs after such items have been taken from the premises where sold, distributed and from the control of the certified APRN.

(7) All drug products shall be maintained, stored and distributed in such a manner as to maintain the integrity of the product.

g. Prescription Regulation - Controlled Substances.

(1) It is the ultimate responsibility of the certified APRN who is authorized to prescribe controlled substances to determine the type, dosage form, frequency of application and number of refills of controlled substances prescribed to a patient. This responsibility must never be delegated to any other personnel.

(2) The following requirements apply to all prescriptions for controlled substances:

(a) All prescriptions for controlled substances must be written in strict compliance with Miss. Code Ann. Sections 41-29-101 through 41-29-311 as amended and Title 21 of U.S. Code of Federal Regulations, Part 1306.

(b) On all prescriptions of controlled substances, Schedules II, III, IV or V wherein refills are permitted, certified APRNs shall indicate the appropriate refills, not to exceed five (5), or mark "none."

(c) Each certified APRN shall insure that the complete name and address of the patient to whom the certified APRN is prescribing the controlled substance appears on the prescription.

(d) A certified APRN shall not permit any prescription for controlled substances to be signed by any other person in the place of or on behalf of the APRN.

(e) A certified APRN shall not pre-sign blank prescription pads or order forms under any circumstances.

(f) A certified APRN shall not utilize blank prescription pads or order forms upon which the signature of the certified APRN or controlled substance prescribed has been mechanically or photostatically reproduced. This prohibition includes the telefaxing or emailing of any controlled substance prescription. Electronic transcription that complies with federal DEA language is allowed.

(g) No more than one (1) controlled substance shall be issued on a single prescription blank.

h. Prescription Guidelines - All Medications.

(1) In addition to any other requirements set forth in these regulations pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions of controlled substances, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:

(a) Every written prescription delivered to a patient, or delivered to any other person on behalf of a patient, must be manually signed on the date of issuance by certified APRN. Electronic prescription transmissions are allowed using standards established and approved by the United States Department of Health and Human Services - Agency for Healthcare Research and Quality (HHS-AHRQ). This does not prohibit, however, the transmission of electronic prescriptions and telefaxed (but not emailed) prescriptions for noncontrolled drugs to the pharmacy of the patient's choice. . Electronic transcription that complies with federal DEA language is allowed.

(b) All prescriptions shall be on forms containing two lines for the certified APRN's signature. There shall be a signature line in the lower right hand corner of the prescription form beneath which shall be clearly imprinted the words "substitution permissible." There shall be a signature line in the lower left corner of the prescription form beneath which shall be clearly imprinted the words "dispense as written." The certified APRN signature on either signature line shall validate the prescription and designate approval or disapproval of product selection.

(c) If the certified APRN uses a prescription form which does not contain two signature lines required above, he/she shall write in his/her own handwriting the words "dispense as written" thereupon to prevent product selection.

(d) Every written prescription issued by certified APRN for a legend drug should clearly state whether or not the prescription should be refilled, and if so, the number of authorized refills and/or the duration of therapy. Certified APRNs should avoid issuing prescriptions refillable on "prn" basis. If a certified APRN chooses to issue a prescription refillable "prn", the life of the prescription or

time limitation must clearly be set forth on the prescription. In no case shall a prescription which is refillable on a "prn" basis be refilled after the expiration of one (1) year. Regardless of whether a prescription is refillable on a "prn" basis or the prescription expressly states the number of authorized refills, the use of said medication should be re-evaluated on at least an annual basis. Upon the expiration of one (1) year, a prescription becomes invalid, regardless of the number of refills indicated or "prn" designation. Thereafter, a new prescription, if indicated, must be issued.

(e) Every written prescription issued by certified APRN, bearing more than one noncontrolled medication, shall clearly indicate the intended refill instructions for each medication. Lack of clearly indicated refill instructions prohibit the refilling of the medications. All unused lines on a multi-line prescription blank shall be clearly voided by the issuing certified APRN.

(f) A prescription shall no longer be valid after the occurrence of any one of the following events:

(i) Thirty (30) days after the death of the issuing certified APRN;

(ii) Thirty (30) days after the issuing certified APRN has moved or otherwise changed the location of his/her practice so as to terminate the certified APRN/patient relationship. Termination of the certified APRN/patient relationship results when a patient is no longer able to seek personal consultation or treatment from the issuing certified APRN;

(iii) Insofar as controlled substances are concerned, immediately after loss of DEA Controlled Substances Privilege by the issuing certified APRN; or

(iv) Immediately after revocation, suspension or surrender of the certified APRN's authorization to practice.

(g) A certified APRN shall not permit any prescription to be signed by any other person in the place of or on behalf of the APRN.

(h) A certified APRN shall not pre-sign blank prescription pads or order forms under any circumstances.

(i) A certified APRN shall not utilize blank prescription pads or order forms upon which the signature of the certified APRN or medication prescribed have been mechanically or photostatically reproduced. This prohibition includes the telefaxing or emailing of any prescription.

i. Freedom of Choice.

(1) A certified APRN shall not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect financial interest in a pharmaceutical firm, pharmacy or other supplier. Whether the firm is a manufacturer, distributor, wholesaler, or re-packager of the product involved is immaterial. Reputable firms rely on quality and efficacy to sell their products under competitive circumstances and do not appeal to

certified APRNs to have financial involvements with the firm in order to influence their prescribing, administering or distributing.

(2) A certified APRN may own or operate a pharmacy if there is no resulting exploitation of patients. A certified APRN shall not give a patient prescriptions in code or enter into agreements with pharmacies or other suppliers regarding the filling of prescriptions by code. Patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of a certified APRN. The prescription is a written direction for a therapeutic or corrective agent. A patient is entitled to a copy of the certified APRN's prescription for drugs or other devices as required by the principles of medical ethics. The patient has a right to have the prescription filled wherever the patient wishes. Where medication is to be distributed or a prescription, excluding refills, called in to a pharmacist for medication, a certified APRN shall inform each patient of that patient's right to a written prescription and the right to have the prescription filled wherever the patient wishes.

(3) Patients have an ethically and legally recognized right to prompt access to the information contained in their individual medical records. The prescription is an essential part of the patient's medical record. If a patient requests a written prescription in lieu of an oral prescription, this request shall be honored. Certified APRNs shall not discourage patients from requesting a written prescription or urge, suggest or direct in any manner that a patient fill a prescription at an establishment which has a direct telephone line or which has entered into a business or other preferential arrangement with the certified APRN with respect to the filling of the certified APRN's prescriptions.

j. Other Drugs Having Addiction-Forming Liability.

All certified APRN shall maintain patient records in the same format as that required by Section 2.4d. when administering or distributing the drug Nalbuphine Hydrochloride (Nubain) or its generic equivalent.

k. Violation of Regulations.

(1) The prescribing of any controlled substance in violation of the above rules and regulations shall constitute a violation of Miss. Code Ann. Section 73-15-29(1)(f),(k) and (l) and shall be grounds for disciplinary action.

(2) The prescribing, administering or distributing of any legend drug or other medication in violation of the above rules and regulations shall constitute a violation of Miss. Code Ann. Section 73-15-29(1) (f), (k) and (l), and shall be grounds for disciplinary action.

l. Effective Date of Regulations.

The above rules and regulations pertaining to prescribing, administering and distributing of medication became effective July 1, 2002.

3. Expanded Role for the Licensed Practical Nurse in IV Therapy

3.1 Certification, Renewal, Reinstatement, Discipline.

a. Initial certification.

Prior to board certification allowing the LPN to practice in the expanded role, the LPN must:

(1) Be currently licensed as a LPN in Mississippi or hold a temporary permit to practice as a LPN in Mississippi, or a graduate of a state approved practical nursing program that included an IV integrated curriculum after the year 2008;

(2) Submit a completed board application and pay the required nonrefundable fee to the board;

(3) Submit an official transcript of graduation from a board-approved state practical nursing program with an integrated IV curriculum, or submit official written evidence of completion of a board-approved IV therapy curriculum program.

(4) Licensed LPNs that have not graduated from an IV therapy integrated nursing program, must have one (1) year of clinical experience as a LPN within the past three (3) years if the approved IV certification educational program is completed after graduation from an approved practical nursing program.

(5) Graduates of state approved practical nursing programs that included an IV integrated curriculum after the year 2008 must submit an application for the IV therapy expanded role within one (1) year of completion of the educational program. If the application is not received in the board's office within one year of completion of the licensed practical nurse educational program the applicant must complete a board-approved IV therapy certification educational program.

b. Renewal of certification.

Expanded role LPNs shall renew IV certification in conjunction with renewal of the LPN license and shall submit the following:

(1) Renewal application and fee; and

(2) Documentation of completion of a minimum of ten (10) contact hours of continuing education and/or in service education in IV therapy within the previous two (2) year period.

c. Reinstatement of lapsed certification.

Expanded role LPNs may reinstate a lapsed certification upon:

(1) Documentation of a current, active LPN license; and

(2) Submission of the LPN expanded role reinstatement application and fee; and

(3) Submission of documentation of completion of a minimum of ten (10) contact hours of continuing education and/or inservice education in IV therapy within the previous two (2) year period if lapsed for less than two (2) years; or

(4) Submission of evidence of successful completion of a board-approved IV therapy update if lapsed for more than two (2) years. This update must include both theory and clinical components.

d. Fees are nonrefundable.

e. Disciplinary action.

Any expanded role LPN who is in violation of the *Mississippi Nursing Practice Law and/or Rules and Regulations* shall be subject to disciplinary action by the board.

3.2 Advisory Committee.

The board may appoint an advisory committee consisting of at least one LPN educator and one expanded role LPN to advise the board on issues related to LPNs certified in the expanded role of IV therapy.

3.3 Scope of Practice.

a. In addition to IV-related activities within the scope of any LPN, the LPN certified in IV therapy may perform the following advanced acts of IV therapy:
   (1) Initiate the administration of board-approved IV fluids and medications via a peripheral route;
      (a) The peripheral route does not include midline or midclavicular catheters.
      (b) Approved IV fluids and medications include electrolyte solutions with vitamins and/or potassium, IVPB antibiotics, IVPB anti-fungals H2 blockers and proton pump inhibitors (PPIs) provided such fluids and medications are appropriate for IV administration;
      (c) IV fluids and medications must be commercially prepared or premixed and labeled by a RN or registered pharmacist;
   (2) Maintain patency of a peripheral intermittent vascular access device using a nontherapeutic dose of a flush solution;
   (3) Assist the RN in the administration of midline, midclavicular or central venous infusion of approved IV fluids by checking the flow rate and changing the site dressing.

b. The LPN certified in IV therapy may NOT:
   (1) Initiate, regulate, add or administer medications to or discontinue a midline, midclavicular or central venous line;
   (2) Administer or add the following to a peripheral venous line:
      (a) IV push or bolus medications;
      (b) IV medications other than those in Section 3.3a (1) (b) above;
      (c) Parenteral nutritional agents other than vitamins;
      (d) Blood, blood components, plasma, plasma expanders;
      (e) Chemotherapeutic agents.
   (3) Perform any advanced acts of IV therapy listed in Section 3.3 a. with patients under two (2) years of age;
   (4) Perform any advanced acts of IV therapy listed in Section 3.3a. with pediatric patients age two (2) years and older unless:
      (a) The patient is on a unit solely and specifically for pediatric patients; and
      (b) The LPN certified in IV therapy is experienced and competent in the provision of care to pediatric patients; and
      (c) A registered nurse is physically present on the pediatric patient care unit where IV therapy is being administered and is readily available to respond as needed.

c. Advanced acts, as defined in 3.3a. may be delegated to the LPN certified in IV therapy by a RN, licensed physician or licensed dentist.

d. Unless otherwise specified in these regulations, the LPN certified in IV therapy may perform advanced acts of IV therapy if the supervisor is physically on the premises where the patient is having nursing care provided. The physician or dentist may provide supervision in the medical or dental office. In all other settings, supervision and delegation must be by a registered nurse.

e. Advanced acts of IV therapy as listed in section 3.3a. may not be performed by the LPN in the home setting.

3.4 Minimum Program Requirements.

The IV therapy program must utilize the board-approved standardized IV therapy curriculum or its equivalent as approved by the board.

4. Expanded Role for the Licensed Practical Nurse in Hemodialysis

4.1 Certification, Renewal, Reinstatement, Discipline.

a. Initial certification

Prior to board certification allowing the LPN to practice in the expanded role of hemodialysis, the LPN must:

(1) Be currently licensed as a LPN in Mississippi or hold a temporary permit to practice as a LPN in Mississippi; and

(2) Submit required application and fees; and

(3) Have graduated from an state approved practical nurse educational program or an equivalent state approved program; and

(4) Have one (1) year of clinical experience as a LPN within the past three (3) years;

(5) Submit official evidence of completion of an educational program of study and clinical experience in hemodialysis approved by the board; and

(6) Be certified in the Expanded Role of IV Therapy. However, any licensed practical nurse certified in expanded role of hemodialysis on or before April 1, 2007, will not be required to be certified in expanded role of IV therapy, provided that said licensed practical nurse who is certified in expanded role of hemodialysis on or before April 1, 2007, is educated and competent in all applicable procedures, and that said education and competence is documented initially, and also documented on a continuing basis.

b. Renewal of certification.

Expanded role LPNs shall renew hemodialysis certification in conjunction with renewal of the LPN license and shall submit the following:

(1) Renewal application and fee; and

(2) Documentation of completion of a minimum of ten (10) contact hours of continuing education and/or inservice education in hemodialysis within the previous two (2) year period.

c. Reinstatement of lapsed certification.

Expanded role LPNs may reinstate lapsed hemodialysis certification upon:

(1) Documentation of a current, active LPN license; and

(2) Submission of the LPN expanded role reinstatement application and fee; and

(3) Submission of documentation of completion of a minimum of ten (10) contact hours of continuing education and/or inservice education in hemodialysis within the previous two (2) year period if lapsed for less than two (2) years; or

(4) Submission of evidence of successful completion of a board-approved hemodialysis update if lapsed for more than two (2) years. This update must include both theory and clinical components.

d. Fees are nonrefundable.

e. Disciplinary action.

Any expanded role LPN who is in violation of the Mississippi Nursing Practice Law and/or Rules and Regulations shall be subject to disciplinary action by the board.

4.2 Advisory Committee.

The board may appoint an advisory committee consisting of at least one RN in hemodialysis and one LPN in the expanded role of hemodialysis to advise the board on issues related to LPNs certified in the expanded role of hemodialysis.

4.3 Scope of Practice.

a. The LPN certified in hemodialysis may:

(1) Initiate and discontinue hemodialysis via fistula needles in the peripheral fistula or graft;

(2) Inject intradermal lidocaine in preparation for dialysis and access;

(3) Initiate and discontinue hemodialysis via catheter;

(4) Administer heparin intravenously, including:

(a) Draw up and administer heparin (1:1000 strength) for initial and continued administration; and

(b) Loading and activating the constant infusion pump and/or intermittently injecting the prescribed dose.

(5) Administer saline intravenously, including:

(a) Administration of a saline bolus during a hypotensive episode (this must be in accordance with an agency protocol and with RN supervision and consultation); and

(b) Administration and regulation of a normal saline solution for purpose of maintaining the fluid plan that is established by the RN.

(6) Draw up and administer erythropoietins intravenously.

(7) Draw up and administer synthetic vitamin Ds intravenously.

(8) If dually certified in IV therapy the expanded role hemodialysis LPN may administer approved IV fluids and medications as indicated in Chapter IV, Section 3.3a(1)(b).

b. The LPN certified in hemodialysis may function in this role and scope of practice only under the direct supervision of a registered nurse.

c. The LPN certified in hemodialysis may function in this role only in hemodialysis facilities which are certified by the Mississippi State Department of Health, Division of Licensure and Certification, or its successor agency.

d. The LPN certified in hemodialysis may NOT:

(1) Administer or add the following except as specified in 4.3a:
(a) IV medications; or
(b) Blood, blood components, plasma, plasma expanders; or
(c) Hypertonic solutions; or
(2) Determine or regulate the dosage of heparin; or
(3) Perform hemodialysis in the home setting.

4.4 Minimum Program Requirements.
The Hemodialysis Education Program for Expanded Role LPNs must utilize the board-approved standardized curriculum or its equivalent as approved by the board.

5. Registered Nurse First Assistant (RNFA)

5.1 The RN may function in the role of Registered Nurse First Assistant (RNFA) according to the position statement adopted by the Association of Peri-operative Registered Nurses (AORN).

5.2 The title RNFA shall only be used by persons prepared and educated according to the AORN's requirements for RNFA's.

5.3 RNFA program requirements:

a. The RNFA program should be equivalent to one academic year of formal, post-basic nursing study; consist of curricula that address all of the modules in the *Core Curriculum for the RN First Assistant*; and award college credits and degrees or certificates of RNFA status upon satisfactory completion of all requirements.

b. The RNFA program should be associated with a school of nursing at universities or colleges that are accredited for higher education by an accrediting agency that is nationally recognized by the Secretary of the US Department of Education.

5.4 In order to function as a RNFA, the RN must:

a. Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi; and

b. Submit official written evidence of additional preparation acquired through completion of an RNFA program that meets the "AORN standards for RN first assistant education programs" and is accepted by Competency and Credentialing Institute (CCI).

CHAPTER V. NURSE LICENSURE COMPACT

1. Definition of Terms in the Compact
For the purpose of the compact:

1.1 Adverse action.
A home or remote state action.

1.2 Alternative program.
A voluntary, non-disciplinary monitoring program approved by a nurse licensing board.

1.3 Board.
A party state's regulatory body responsible for issuing nurse licenses.

1.4 Coordinated licensure information system.
An integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is

administered by a nonprofit organization composed of and controlled by state nurse licensure boards.

1.5 Current significant investigative information.

(a) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

(b) Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.

1.6 Home state.

The party state which is the nurse's primary state of residence.

1.7 Home state action.

Any administrative, civil, equitable or criminal action permitted by the home state's laws which are imposed on a nurse by the home state's licensing board or other authority including actions against an individual's license such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.

1.8 Information system.

The coordinated licensure information system.

1.9 Multi-state licensure privilege.

Current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.

1.10 Nurse.

A registered nurse or licensed practical/vocational nurse, as those terms are defined by each party's state practice laws.

1.11 Party state.

Any state that has adopted this compact.

1.12 Primary state of residence.

The state of a person's declared fixed, permanent and principal home for legal purposes; domicile.

1.13 Public.

Any individual or entity other than designated staff or representatives of party state boards or the National Council of State Boards of Nursing, Inc.

1.14 Remote state. A party state, other than the home state.

(a) Where the patient is located at the time nursing care is provided, or

(b) In the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.

1.15 Remote state action.

(a) Any administrative, civil, equitable or criminal action permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multi-state licensure privilege to practice in the remote state, and

(b) Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof.

1.16 State.

A state, territory, or possession of the United States, the District of Columbia or the Commonwealth of Puerto Rico.

1.17 State practice laws.

Those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. "State practice laws" does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

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

2. Issuance of a License by a Compact Party State

For the purpose of this compact:

2.1 As of July 1, 2005, no applicant for initial licensure will be issued a compact license granting a multi- state privilege to practice unless the applicant first obtains a passing score on the applicable NCLEX examination or its predecessor examination used for licensure.

~~2.1~~2.2A nurse applying for a license in a home party state shall produce evidence of the nurse's primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include but is not limited to:

(a) Driver's license with a home address;
(b) Voter registration card displaying a home address; ~~or~~
(c) Federal income tax return declaring the primary state of residence;
(d) Military Form No. 2058 – state of legal residence certificate; or
(e) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

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

2.4 A licensee issued by a party state is valid for practice in all other party states unless clearly designated as valid only in the state which issued the license.

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

2.6 A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multi-state licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed thirty (30) days.

2.7 The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the thirty-day (30) period in subsection 2.2 of this section shall be stayed until resolution of the pending investigation.

2.8 The former home state license shall no longer be valid upon the issuance of a new home state license.

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

3. Limitations on Multi-State Licensure Privilege

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

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

4. Information System

4.1 Levels of access

(a) The public shall have access to nurse licensure information limited to:

(1) the nurse's name,

(2) jurisdiction(s) of licensure,

(3) license expiration date(s),

(4) licensure classifications(s) and status(es),

(5) public emergency and final disciplinary actions, as defined by contributing state authority, and

(6) the status of multi-state licensure privileges.

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

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

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

4.3 The board shall report to the information system within ten (10) business days:

(a) disciplinary action, agreement or order requiring participation in alternative programs or which limit practice or require monitoring (except agreements and orders relating to participation in alternative programs required to remain nonpublic by contributing state authority),
(b) dismissal of complaint, and
(c) changes in status of disciplinary actions, or licensure encumbrance.

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

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

CHAPTER VI. CERTIFIED CLINICAL HEMODIALYSIS TECHNICIANS

1. Applicants

1.1 Certification by Examination

a. Applicants for certification as a hemodialysis technician, Certified Clinical Hemodalysis Technician (CCHT) , by examination shall submit the following to the board:
   (1) A completed board application:
   (2) Official written evidence of a diploma or GED from an approved high school or the equivalent thereof, as determined by the appropriate education agency;
   (3) Official written evidence of successful completion of an in-state hemodialysis technician program approved by the board;
   (4) Evidence of competence in English related to healthcare/nursing provided the first language is not English; and
   (5) Official written evidence of employment, if employed as a technician for five (5) years or longer;
   (6) Evidence of successful completion of the Nephrology Nursing Certification Commission (NNCC) examination.
   (7) Any other official records required by the board;

b. Applicants for certification by examination for CCHT with five (5) years or more experience shall be able to waive the theory component of a training program, but shall be required to perform at least (45) RN supervised cannulations.

c. The passing score for the examination shall be a standard score as recommended by the NNCC national certifying entity or its successor and adopted by the board.

d. An applicant for reexamination must submit a reexamination and required nonrefundable fees by the deadline date established by the board.

e. Results of the examination may be reported to the applicants; but, shall not be reported over the phone. The board may release examination results to any

individual or agency upon written authorization from the candidate and payment of required nonrefundable fee.

1.2 Certification by Endorsement

a. Applicants who have practiced as uncertified hemodialysis technicians in other states or who have been certified in another state may apply for certification by endorsement in Mississippi if they provide:

(1) Official evidence directly from the training program of the successful completion of an approved hemodialysis technician training program in another state meeting or exceeding the requirements of Mississippi;

(2) Official evidence of current certification by the Nephrology Nursing Certification Commission (NNCC), the Board of Nephrology Examiners for Nursing and Technology (BONENT); or the National Nephrology Certification Organization (NNCO).

(3) Official evidence of current certification in another state or territory as applicable, if the state from which the applicant is coming regulates and certifies hemodialysis technicians; and

(4) Required nonrefundable licensure fee and completed attested application for endorsement.

1.3 Renewal

a. CCHTs shall complete the renewal process including submission of an application for renewal by July 31 of every odd number year.

b. If the certificate is not renewed by July 31 of the odd number year, the CCHT does not hold a valid certificate and shall not function as a CCHT until the lapsed certificate has been reinstated.

c. Attested renewal applications, nonrefundable renewal fee and proof of certification by the Nephrology Nursing Certification Commission (NNCC), the Board of Nephrology Examiners for Nursing and Technology (BONENT) or the National Nephrology Certification Organization (NNCO) shall be submitted to the board prior to July 31 of every odd number year.

1.4 Reinstatement

Applicants for reinstatement of certifications which have lapsed must provide:

a. An attested reinstatement application, nonrefundable reinstatement fee and proof of certification by the board-approved national certifying entity to the board.

Incomplete applications for certification become null and void one (1) year after date of last noted activity. Applications containing fraudulent or misrepresented information could be the basis for denial of certification.

b. If the applicant has not worked as a CCHT within the year preceding application, successful completion of a board-approved educational program may be required as set forth in Chapter VI, Section 4.1, Refresher Course Requirements.

c. The board reserves the right to determine who is duly qualified for reinstatement of certification.

1.5 Certification and Applications

a. The board reserves the right to determine who is duly qualified for renewal of certification.

b. Incomplete applications for certification become null and void one (1) year after date of last noted activity.

c. Applications containing fraudulent or misrepresented information could be the basis for denial of certification.

2. Standards for CCHT

2.1 Authorized functions of the CCHT under the direct supervision of a registered nurse

The CCHT under the direct supervision of a registered nurse may:

a. Place the fistula needles in the peripheral fistula or graft in preparation for initiation of hemodialysis (perform arteriovenous punctures for dialysis access);
b. Inject intradermal lidocaine in preparation for dialysis access;
c. Administer heparin intravenously, including:
   (1) Drawing up heparin (1:1,000 strength) for initial and continued administration,
   (2) Administration of the heparin peripherally via the fistula needle, and
   (3) Loading and activating the constant infusion pump or intermittently injecting the prescribed dose;
d. Administer saline intravenously, including:
   (1) Administration of a saline bolus during a hypotensive episode (this must be in accordance with an agency protocol and with registered nurse supervision and consultation), and
   (2) Administration and regulation of a normal saline solution for the purpose of maintaining the fluid plan that is established by the registered nurse;
e. Connect a dialysis access to isotonic saline or heparinized isotonic saline;
f. Administer oxygen;
g. Collect additional data concerning patient's condition;
h. Function only under the direct supervision of a registered nurse; and
i. Function only in hemodialysis facilities which are certified by the Department of Health, Division of Licensure and Certification, or its successor agency.

2.2. Prohibited functions of the CCHT:

The CCHT shall not:

a. Take orders for dialysis treatments;
b. Alter dialysis orders as prescribed by a physician or Nurse Practitioner;
c. Determine or regulate the dosage of heparin;
d. Perform hemodialysis in the home setting;
e. Perform any function or service for clients for which a nursing license is required under Miss. Code Ann. Section 73-15-1 et seq. and the *Mississippi Board of Nursing Rules and Regulations*;
f. Initiate or discontinue treatment via central lines;
g. Initiate, regulate, monitor, provide care related to, or discontinue hemodialysis via any dual lumen catheter (temporary or permanent) regardless of placement;
h. Administer medications by any route except those agents addressed in Chapter VI, 2.1 of these rules; or

i. Administer blood, blood components, plasma, plasma expanders, hypertonic solutions or other intravenous solutions except those agents in Chapter VI, 2.1 of these rules.
j. Perform dialysis treatments when not under the direct supervision of a RN.
k. Function in supervisory capacity.
l. Delegate care or portions of care to others.

3. Disciplinary Action

3.1. Grounds for disciplinary action

The Board retains the power to conduct disciplinary hearings of CCHTs and/or applicants for certification concerning the restriction, denial, suspension, revocation and/or discipline of a CCHT in accordance with the provisions of this act as follows:

a. The CCHT is incapable of functioning as a CCHT which is defined to include, but not limited to:
   (1) Inability to function with reasonable skill and safety as a CCHT for any reason including, but not limited to, the use of drugs, alcohol, controlled substances or any mind or mood altering substance which could impair judgment.
   (2) Is addicted to or dependent on alcohol or other habit-forming drugs or is a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effect, or has misappropriated any medication.
   (3) Working under the influence of alcohol or other mood altering substances.
   (4) Has a physical, mental or emotional condition that renders the CCHT unable to perform CCHT services or duties with reasonable skill and safety.
   (5) Performance of unsafe or unacceptable care of clients receiving dialysis treatments or failure to conform to the essential and prevailing standards of CCHTs.
   (6) Omitting in a negligent fashion to record information regarding procedures performed and care provided which could be relevant to the client's care.
   (7) Failure to report information regarding the client's treatment and/or health status to appropriate person which could be relevant to the client's care and status.
   (8) Negligently or willfully providing care in a manner that fails to meet generally accepted standards of care;
   (9) Engages in conduct likely to deceive, defraud or harm the public.
   (10) Negligently or willfully failing to maintain confidentiality of client information.
   (11) Violates any provisions of this chapter.
   (12) Engages in any conduct, whether of the same or of a different character from that specified in this chapter, that would constitute a crime as

defined in Title 97 of the Mississippi Code of 1972, as now or hereinafter amended.

b. The CCHT is incapable of functioning as responsible member of the health care team which is defined to include, but not limited to:

(1) Falsifying, altering or in a repeatedly negligent manner making incorrect entries or failing to make essential entries on records.

(2) Misappropriation of money, drugs, or property.

(3) Obtaining or attempting to obtain any fee for client services for one's self or for another through fraud, misrepresentation or deceit.

(4) Obtaining, possessing, administering or furnishing prescription drugs to any person, including, but not limited to one's self, except as directed by a person authorized by law to prescribe.

(5) Obtaining or attempting to obtain a certificate to function as a CCHT for one's self or for another through fraud, deceit, misrepresentation or any other act of dishonesty in any phase of the certification.

(6) Functioning as a CCHT in Mississippi without a valid, current Mississippi certificate, or aiding, abetting or assisting another to function as a CCHT without a valid, current Mississippi certificate.

(7) Failure to report a CCHT who is suspected of violating the provisions of 73-15-1 et seq. and/or rules for CCHTs.

(8) Exceeding the authorized function of a CCHT.

(9) Abusing, neglecting or exploiting a client.

(10) Engaging in sexual contact toward or with a client.

(11) Felony conviction or conviction of a crime involving moral turpitude or has had accepted by a court a plea of nolo contendere to a felony or crime involving moral turpitude (a certified copy of the judgment of the court of competent jurisdiction of such conviction or plea shall be prima facie evidence of such conviction).

(12) Negligently or willfully acting in a manner inconsistent with the health or safety of the public.

(13) Has negligently or willfully failed to respect the rights and dignity of a client.

(14) Has had a certification or equivalent thereto suspended or revoked in any jurisdiction, has voluntarily surrendered such certification in any jurisdiction, has been placed on probation as a CCHT or has been placed under a disciplinary order(s) in any manner as a CCHT in any jurisdiction, (a certified copy of the order of suspension, revocation, probation or disciplinary action shall be prima facie evidence of such action).

(15) Has negligently or willfully violated any order, rule or regulation of the board pertaining to working as a CCHT or certification.

3.2 Disciplinary Proceedings

Disciplinary proceedings will be conducted in accordance with Miss. Code Ann. Section 73-15-1 et seq. and the *Mississippi Board of Nursing Rules and Regulations*.

4. Education

4.1 Refresher Course Requirements

CCHT Refresher Courses must have:

a. A minimum of eighty (80) hours of clinical practice under the direct supervision of an approved clinical preceptor;

b. Successful completion of the hemodialysis technician training program's skills list;

c. Successful completion of the hemodialysis technician training program final examination with a score of at least 80%; and

d. Written verification, on agency letterhead, of successful completion of supervised clinical practice, skills list, and the final examination shall be provided to the board by the training program's board-approved nurse educator.

4.2 Minimum Standards for Hemodialysis Technician Training Program

a. Objectives. There shall be written objectives for the training program which serve as the basis for planning, implementing and evaluating the program.

(1) The objectives shall be developed by the training program faculty.

(2) The training program objectives shall describe the knowledge and skills expected of the CCHT, and shall be consistent with the authorized functions of the CCHT.

(3) The training program objectives shall be reviewed annually and revised as necessary by the nurse educator.

b. Curriculum

(1) The curriculum shall be developed, implemented and evaluated by the training program faculty within the framework of the objectives listed in Chapter VI, 4 4.2 a., of these rules.

(2) The curriculum shall extend over a period of time sufficient to provide essential, sequenced learning experiences which enable a student to develop competence and shall evidence an organized pattern of instruction consistent with principles of learning and sound educational practices. There shall be a minimum of eighty (80) hours of classroom study, and a minimum of one-hundred sixty (160) hours of supervised clinical experience prior to the final examination of the Hemodialysis Technician Training Program. Following successful completion of the final examination of the Hemodialysis Technician Training Program, there shall be a minimum of 6 months supervised clinical experience prior to the certified clinical hemodialysis technician (CCHT) examination.

(3) Supervised clinical experience shall provide opportunities for the application of theory and for the achievement of stated objectives in a patient care setting and shall include clinical learning experiences to develop the skills required by hemodialysis technicians to provide safe patient care. The nurse educator and/or clinical preceptor must be physically present and accessible to the student when the student is in the patient care area.

(4) The training program's nurse educator shall develop a written systematic plan for curriculum and program evaluation.

c. Administration and organization

(1) The hemodialysis technician training program shall be an integral part of a hemodialysis clinic or unit which is licensed by the Mississippi Department of Health, Division of Licensure and Certification or its successor.

(2) There shall be a nurse educator to administer the training program and who shall be responsible for the development, implementation and evaluation of the training program, arrangements for and supervision of students' clinical experiences and communication with the board.

d. Qualifications and competencies of faculty

(1) The nurse educator shall be a registered nurse and shall have an active unrestricted license/privilege to practice nursing in Mississippi.

(a) The nurse educator shall have at least two (2) years of nursing practice experience including at least one (1) year of nursing experience in dialysis. Previous nursing experience in critical care and nursing education is desirable.

(b) The nurse educator shall be a certified nephrology nurse (CNN) or certified dialysis nurse (CDN).

(2) Clinical preceptor(s) shall be a registered nurse or licensed practical nurse certified in the hemodialysis expanded role, and shall hold an active unrestricted license/privilege to practice nursing in Mississippi.

(a) Clinical preceptors shall have a least one (1) year of nursing practice experience including at least six (6) months of nursing experience in dialysis.

(b) Clinical preceptors shall demonstrate knowledge and skills in dialysis nursing.

5. Approval of Hemodialysis Technician Training Programs

5.1. Initial Program Approval

A dialysis unit, licensed by the Mississippi Department of Health, wishing to obtain approval of its hemodialysis technician training program shall submit an application for approval to the board. Board staff or its designee shall evaluate the application, provide for a site visit to the dialysis unit and make a recommendation to the board regarding the approval of the training program.

a. The initial application for approval shall be consistent with the "minimum standards for hemodialysis technician training programs" and shall contain the following:

(1) Objectives of the training program;

(2) Organizational chart;

(3) Name of the medical director, administrator, and nursing director;

(4) Names and resumes of the nurse educator(s) and clinical preceptor(s);

(5) Verification of state licensure;

(6) Program curriculum; and

(7) Hemodialysis technician job description.

b. A representative of the training program may be scheduled to meet with board staff or its designee to present the proposed program.

(1) Following the review of the application, a recommendation concerning, among other things, approval/denial of approval shall be made to the board.

(2) A program not recommended for approval may reapply for approval at which time the program must provide evidence that the identified deficiencies have been corrected.

c. After receipt of necessary reports and recommendations the committee's report and recommendation(s), the board may:

(1) Grant approval of the program,

(2) Defer a decision regarding approval, or

(3) Deny approval.

5.2 Criteria for approval, probationary approval, and denial or withdrawal of approval

The board is the final authority regarding continued approval, probationary approval, denial and/or withdrawal of program approval.

a. Criteria for approval

(1) Approval shall be granted for no more than five (5) years to a training program when, in the opinion of the board, the program demonstrates compliance with the "minimum standards for approval of hemodialysis technician training programs."

(2) To ensure continued compliance with the minimum standards for approval, the training program may be periodically revaluated.

(a) During the period of approval and prior to the expiration of approval, a self-evaluation report shall be submitted to board staff or its designee and a site visit shall be made to the program. Whenever possible the site visit should be made to the program when a training session is in progress.

(b) After the review of the self-evaluation and report of the site visit by board staff or its designee, a report shall be made to the board regarding continuation of the training program's approval.

(c) The board may authorize unannounced site visits be made to the approved hemodialysis technician training programs.

b. Criteria for probation

(1) A training program may be given probationary approval when there is evidence of:

(a) Basic compliance with the "minimum standards for approval of hemodialysis technician training programs" along with identified areas which need improvement.

(b) Minimal retention of qualified faculty and/or preceptors resulting in disorganization of the program and a breakdown of supervision and teaching of the program.

(c) Basic compliance with the training program's stated philosophy, objectives, policies and curriculum along with identified areas which need improvement resulting in unsatisfactory student achievement.

(d) Minimal provision of clinical experiences and/or supervision necessary to meet the objectives of the training program.

(2) The training program shall be advised of the reason(s) for the probationary approval.

(3) A reasonable time period, not to exceed one year, will be designated in which the training program must correct deficiencies and meet the minimum standards for approval.

(4) At least sixty (60) days prior to the end of the probationary approval, the training program shall submit a self-evaluation which includes a description of changes made to correct the deficiencies, and a site visit may be made. Board staff or its designee will submit a report to the board.

(5) The board may grant approval to the training program, extend the probationary approval or it may withdraw approval of the program.

c. Criteria for denial or withdrawal of approval

(1) The board may deny approval of a training program when a program fails to provide evidence of compliance with the "minimum standards for approval of hemodialysis technician training programs." A written notice concerning the reasons shall be provided to the officials of the dialysis unit.

(2) The board may withdraw approval of a training program if the program fails to correct deficiencies resulting in noncompliance with the "minimum standards for approval of hemodialysis technician training programs."

(a) A written notice concerning the reasons shall be provided to the officials of the dialysis unit.

(b) The training program shall be removed from the list of board-approved hemodialysis technician training programs.

5.3 Changes Requiring Notification to the Board of Nursing for Approval

a. Program changes requiring approval of the board:

(1) Major curriculum changes and/or reorganization of the curriculum.

(2) Major changes in the program's objectives or goals.

(3) Changes in required didactic and/or clinical practice hours.

(4) Changes in the training program faculty and/or clinical preceptors.

(5) Changes in the dialysis unit/clinic's hemodialysis technician job description.

b. Procedure for requesting board approval for program changes

(1) The board shall be notified, in writing, of changes in the program requiring board approval. The notification shall include, but not limited to:

(a) The proposed change(s);

(b) Rationale for the proposed change(s);

(c) Anticipated effect on the current training program;

(d) Timetable for implementation of the proposed change(s);

(e) As applicable, presentation of the differences between the current system and proposed change(s);

(f) As applicable, method of evaluation which will be used to determine the effect of the change;

(g) As applicable, a description of the study and/or method used to determine need for a change; and

(h) As applicable, plans for continuing to meet the "minimum standards for approval of the hemodialysis technician training program."

(2) Board staff may present the changes and recommendations to the board at a regularly scheduled board meeting.

c. Other changes requiring notification to the board

(a) Changes in the internal administration or organizational plan of the hemodialysis clinic or unit which affects the training program.

(b) Changes in the facility licensure status with the Mississippi Department of Health, Division of Licensure and Certification, including but not limited to revocation of licensure, probation of licensure or requirement of corrective action plan.

6. Hemodialysis Technician Certification Examination

6.1 Examination

a. The board shall designate the board-approved certification examination for hemodialysis technicians. The board may develop and maintain the board-approved certification examination for hemodialysis technicians.

b. The examination shall be administered six (6) times each year and as needed.

6.2 Administration of Examination

a. Applicants for certification as a hemodialysis technician shall be required to pass the board-approved hemodialysis technician certification examination prior to certification as a CHT.

b. Applicants observed giving and/or receiving unauthorized assistance during the writing of the examination shall be physically removed from the examination center and the individual(s) shall be referred to the board by a sworn complaint filed by the examiner.

c. Applicants who fail the examination may repeat the examination one (1) time within a six (6) month period without repeating an approved training program. After two (2) unsuccessful attempts, applicants will be required to complete a board-approved hemodialysis technician program. Applicants who fail the examination may not function as CCHTs.

7. Change of name and/or address:

7.1 The CCHT shall supply evidence of name change, i.e., copies of court records, marriage certificate, etc., in order for any official change to be made on records.

7.2 The CCHT shall keep the board informed in writing as to change in address.

8. Loss of license, temporary permit, or certification card:

8.1 The CCHT shall report any lost or stolen license, temporary permit, or certification card with complete identifying information.

8.2 Upon receipt of information surrounding the loss or theft of the license, temporary permit, or certification card and receipt of required fee, the board will issue a duplicate document.

9. CCHT Advisory Committee

The board may appoint an advisory committee consisting of at least one (1) registered nurse practicing in hemodialysis and one (1) licensed practical nurse preferably a licensed practical nurse certified in the expanded role of hemodialysis to advise the board on issues related to CCHTs.

10. Penalty for Presentation of Bad Checks

A fee as established by Miss. Code Ann. Section 97-19-57, shall be assessed to any individual who presents a check that is later dishonored by the bank. Payment shall be made by cash, certified check, or money order within fifteen (15) days of notification by certified mail of the returned check. Such fees shall be in addition to the amount due. Certifications obtained by payment of a bad check shall be considered invalid until full payment has been made.

CHAPTER VII. DEFINITIONS

1. Advanced Practice Registered Nurse
   An advanced practice registered nurse is a person who is licensed or holds the privilege to practice under Miss. Code Ann. Section 73-15-5, and who is nationally certified as an advanced practice registered nurse or in a specialized nursing practice and includes certified nurse midwives “CNM” certified registered nurse anesthetists “CRNA” and certified nurse practitioners “CNP.”
2. Approval/Approved Program of Nursing
   A nursing program which has been officially recognized as having met the standards set forth by the legally authorized approval or accrediting entity within the state.
3. Auxiliary Worker/Unlicensed Person
   An individual who is trained to function in an assistive role to the licensed nurse in the provision of patient care as delegated by and under the supervision of the registered nurse.
4. Collaboration
   A Mississippi Board of Nursing recognized relationship between the APRN and a physician with an unrestricted license to practice medicine in the state of Mississippi. This relationship must be documented in a protocol that is mutually agreed upon by the physician and the nurse practitioner and approved by the Board of Nursing. In accordance with the purpose of the Mississippi Board of Nursing, the board shall have the authority to inspect all records maintained by the nurse practitioner and related to the nurse practitioner’s practice.
5. Competence
   The skillful and proficient performance of the functions that are within the role of the license and the demonstration of essential knowledge, judgment, and skills.

6. Delegate/Delegation
   The transfer of responsibility for the performance of an activity from one individual to another while retaining accountability for the outcome.
7. Electronic Prescribing
   Electronic prescribing or E-prescribing shall mean the electronic entry of a prescription by a practitioner, the secure electronic transmission of the prescription to a pharmacy, the receipt of an electronic message by the pharmacy and E-prescription renewal requests sent electronically by the pharmacy to the practitioner. Electronic transmissions may be computer to computer or computer to facsimile.
8. Endorsement
   The process by which individuals are licensed in other jurisdictions, or who would be eligible for reinstatement of licensure in a compact state if that compact state were the applicant's primary state of residence, to achieve the legal privilege to practice nursing in this state upon fulfilling all requirements set by the board.
9. Inactive Licensure
   The state of licensure granted at the discretion of the board to persons not engaged in the active practice of nursing but desiring to maintain licensure.
10. Lapsed License
    The licensure status of an individual who has failed to renew the nursing license within the time period specified in the Nursing Practice Law.
11. Licensed Practical Nurse Certified in IV Therapy
    A licensed practical nurse who has met all requirements for certification, as stated in the Nursing Practice Law, Rules and Regulations, and who has been certified by the board in the expanded role of IV therapy.
12. Licensure
    A regulatory mechanism by which a jurisdiction grants permission to an individual to practice nursing upon finding that the applicant has met predetermined qualifications and has attained the degree of competency necessary to practice at a safe and effective level.
13. Prescribe
    The act of providing a prescription for medication.
14. Order
    To direct the administration of a therapeutic procedure or medication for a patient.
15. Reinstatement
    The procedure of restoring or re-establishing a nursing license which has lapsed or which has been suspended or revoked, by fulfilling all requirements set by the board.
16. Renewal of Licensure
    The procedure by which authorization to continue practicing is extended by the board for a specified period of time, provided the licensee meets all requirements.
17. Scope of Practice
    The legally authorized range of activities and functions performed by licensed nurses and based on competence of the nurse, availability of necessary resources, and generally accepted standards of practice.
18. Standards of Practice
    Practice guidelines, criteria, parameters, or other recommendations related to nursing practice that serve as a measure or model to which the practice of nursing should

conform. Such standards are issued by professional associations or other recognized authorities and agencies.

19. Supervision
    A close watch involving judicious oversight and evaluation and the provision of guidance and direction.
    a. Direct Supervision - Supervision provided by an individual who is physically present in the patient care unit where the patient is receiving nursing care.
    b. Indirect Supervision - Supervision provided by an individual who is immediately accessible but is not physically present on the patient care unit where the patient is receiving nursing care.
20. Temporary Permit
    A document conferring the privilege to practice nursing on a conditional basis for a specified period of time pending completion of board requirements for licensure.

CHAPTER VIII. FEES

The board shall establish and collect fees for services as determined by the board. Fees may be paid in the form of check or money order. Online services may be paid by credit card. Fees paid to the board are nonrefundable processing fees.

1. EXAMINATION
   Registered Nurses: $100.00
   Licensed Practical Nurses: $60.00
   Registered Nurses (Repeat): $100.00
   Licensed Practical Nurses (Repeat): $60.00
2. TEMPORARY PERMITS
   Endorsement: $25.00
   Reorientation: $25.00
   Camp: $ 25.00
3. REINSTATEMENT
   Active: $100.00
   January 1 - January 31 (Reinstatement plus $50.00 Administrative Fee)
   February 1 - June 30 (Reinstatement plus $150.00 Administrative Fee)
   Inactive to Active: $75.00
4. RENEWAL
   Active: $100.00
   Inactive: $25.00
5. ENDORSEMENT
   Registered Nurses: $100.00
   Licensed Practical Nurses: $60.00
6. FINGERPRINTING AND CRIMINAL BACKGROUND CHECKS: $75.00
7. PRIMARY STATE OF RESIDENCY CHANGE
   Changing active Mississippi license from single state to multi state: $25.00
8. DUPLICATE
   Name Change: $25.00

Wallet Card: $25.00

9. ADVANCED PRACTICE
   - State Certification (Initial): $100.00
   - State Certification (Renewal for first certification): $100.00
   - State Certification (Renewal for each additional certification): $50.00
   - Controlled Substance Prescriptive Authority (Initial and/or Renewal): $100.00
   - State Certification (Reinstatement): $100.00
   - Protocol Revisions
     - Addition of Physician: $25.00
     - Addition of Clinical Site: $25.00
     - Deletion of a Physician or Clinical Site: No charge
10. EXPANDED ROLE LPN (IV Therapy and Hemodialysis)
    - Certification (Initial): $20.00
    - Certification (Renewal): $10.00
    - Certification (Reinstatement): $20.00
11. VERIFICATION OF LICENSURE: $20.00
12. ONLINE SUBSCRIPTION VERIFICATION
    - Level II: $500.00
    - Level III: $800.00
    - Level IV: $2,000.00
13. CERTIFICATE OF LICENSURE: $25.00
14. ROLE DELINEATION PROCESS: $50.00
15. BAD CHECK FEE: $40.00
16. SCORE REPORT: $10.00
17. TRANSCRIPT: $10.00
18. ANNUAL REPORT (Including Statistical Report): $30.00
19. LAW, RULES AND REGULATIONS: $20.00
20. PUBLIC INFORMATION REQUEST
    - 50 (or less) pages (base): $20.00
    - Each page over 50 (base + per page): $.50
21. MAILING LIST
    - Registered Nurses: $500.00
    - Licensed Practical Nurses: $500.00
    - Nurse Practitioners: $250.00
22. DISCIPLINARY HEARING APPEAL FROM BOARD PANEL: $50.00
23. DISCIPLINARY HEARING APPEAL FROM FULL BOARD: $100.00
24. FALSIFYING INFORMATION ON APPLICATIONS: Maximum $5,000
25. CERTIFIED HEMODIALYSIS TECHNICIANS
    - Application for certification by examination: $ 50.00
    - Application for renewal of certificate: $ 50.00
    - Application for endorsement: $50.00
    - Application for reinstatement of certificate: $ 75.00
    - Initial program review for approval: $ 500.00
    - Initial site visit for approval: $ 500.00
    - Program renewal evaluation: $ 500.00
    - Site renewal evaluation: $ 500.00

Periodic program evaluation due to board rule changes: $ 200.00
Periodic program evaluation due to other reasons: $ 1,500.00
Periodic site evaluation due to board rules changes: $ 200.00
Periodic site evaluation due to other reasons: $ 1,500.00

Source: Miss. Code Ann. § 73-15-17

End of Rules and Regulations

MISSISSIPPI BOARD OF NURSING RULES AND REGULATIONS

FOREWORD

The authority of the Mississippi Board of Nursing is to promulgate rules and regulations for the licensure of registered nurses, advanced practice registered nurses, licensed practical nurses, expanded role licensed practical nurses and certified clinical hemodialysis technicians as provided for in the laws of the Miss. Code Ann. Sections 73-15-17 (a), & 73-15-101. Members of the Board of Nursing have held hearings for input from interested groups and individuals in developing and revising these rules and regulations. The following regulations have been promulgated by the Mississippi Board of Nursing according to the Administrative Procedures Act.

PURPOSE OF THE BOARD

The Mississippi Board of Nursing is a consumer protection agency with the authority to regulate the practice of nursing through licensure as provided for by Miss. Code Ann. of 1972, Annotated, Title 73, Chapter 15. This regulatory board is responsible for the quality of nursing care rendered by the practitioners of nursing to the consumers of health care.

FUNCTIONS OF THE BOARD

A. Regulate the practice of nursing by establishing scope of practice.
B. Regulate certified clinical hemodialysis technicians by establishing scope of practice.
C. Facilitate the National Council Licensure Examination or its successor examination for registered nurses and licensed practical nurses.
D. Recognizes the following certifications for hemodialysis technicians: Nephrology Nursing Certification Commission (NNCC); Board of Nephrology Examiners for Nursing and Technology (BONENT); and National Nephrology Certification Organization (NNCO).
E. Licensure or certification of all qualified candidates. This involves the issuance and renewal of the license, as defined in the Mississippi Code, and all disciplinary proceedings associated with violations of the law.

AVAILABILITY OF INFORMATION

Information concerning the following is available on the Board's website www.msbn.state.ms.us:

A. Nursing Practice Law and Rules and Regulations; formal and informal meeting and hearing proceedings are included within;
B. Public records/open records request documents and verification of licensure including but not limited to Board Orders;
C. Board hearing and meeting dates; and
D. Declaratory Rulings/Position Statements and Responses to Frequently Asked Questions.

The procedure for the adoption of Rules and Regulations including but not limited to public hearings may be found in the Mississippi Administrative Procedures Act available at www.state.ms.us.

CHAPTER I. EXAMINATIONS AND LICENSURE

1. Licensure by Examination

1.1 The Mississippi Board of Nursing (hereinafter referred to as board) shall accept annually the National Council Licensure Examination (NCLEX) or its successor examination for registered nurses (RNs) and licensed practical nurses (LPNs) and shall contract with the National Council of State Boards of Nursing, Inc., for the examination.

1.2 The passing score for RNs and LPNs shall be a standard score as recommended by NCSBN and adopted by the board.

1.3 Candidates shall be determined eligible to take the NCLEX examination. Notification of the national statistical data provided by the testing service shall be sent to the accredited nursing education programs within the state a minimum of once quarterly.

1.4 Examination candidates will be sent authorization to test from the designated testing service, via email or US mail prior to the examination date.

1.5 Candidate responses to the examination shall be sent to the appropriate testing service for scoring. In the event that candidate responses are lost or destroyed through circumstances beyond the control of the board, the candidate will be required to retake the examination.

1.6 Candidates shall receive official examination results by mail and a copy of the results will be filed in each candidate's permanent record in the board office.

1.7 The board shall release a candidate's official examination results to the candidate, the school from which the candidate graduated, and the state agencies authorized to accredit schools of nursing. The board may release a candidate's examination results to any individual or agency upon written authorization from the candidate and payment of required fee.

1.8 Applicants from state accredited Mississippi programs shall be eligible to qualify for licensure by examination and must:

a. Submit an official transcript to the board from a state accredited Mississippi nursing program showing successful completion of such program.

b. Submit official documentation of eligibility for graduation to the board if applicant has met all requirements for graduation, but degree has not been formally conferred. Applicant must submit an official transcript within 30 days after the degree is conferred. Failure to submit such transcript shall result in the voiding of the license;

c. Comply with criminal background checks and fingerprinting in accordance with Miss. Code Ann. Section 73-15-19 (1) and 73-15-21 (1);

d. Submit completed board-approved application, including the notarized authorization to release information form;

e. Pay required nonrefundable application fee upon submission of application to the board;

f. Submit the application by deadline dates established by the board;
g. Register for the examination with the designated testing service; and
h. Pay required fee upon examination registration to the designated testing service.

1.9 Applicants from other state-approved programs in the United States or territories shall be eligible to qualify for licensure by examination in Mississippi and must:

a. Submit an official transcript to the board that indicates graduate has successfully completed a program that meets substantially the same or exceeds nursing program educational content requirements in Mississippi;
b. Submit official documentation of eligibility for graduation to the board if applicant has met all requirements for graduation, but degree has not been formally conferred. Such applicant must submit an official transcript within 30 days after the degree is conferred. Failure to submit such transcript shall result in the voiding of the license;
c. Comply with criminal background checks and fingerprinting in accordance with Miss. Code Ann. Section 73-15-19 (1) and 73-15-21 (1);
d. Submit completed board application;
e. Pay required nonrefundable application fee upon submission of application to the board;
f. Submit the application by deadline dates established by the board;
g. Register for the examination with the designated testing service; and
h. Pay required fee upon examination registration to the designated testing service.

1.10 An applicant for licensure who does not complete the application process within one (1) year of the date of receipt of the original application shall begin the application process again, including payment of the application fee, submission of a new application and all supporting documentation.

1.11 The board reserves the right to determine who is duly qualified for the examination and licensure.

1.12 An applicant for reexamination must meet criteria as outlined above in Section 1.8 or 1.9, submit a board-approved application, and pay a required nonrefundable fee by the deadline date established by the board. Applicants for reexamination shall be eligible to qualify for licensure by examination provided applicants pass the examination within ~~four (4)~~ <u>six (6)</u> attempts and within two (2) years of graduation.

1.13 Graduates from approved or accredited RN programs as required in Miss. Code Ann. Section 73-15-19 (1)(b) who are applying to write NCLEX-PN shall be eligible to qualify for licensure by examination by meeting the following requirements:

a. Complete a role delineation course approved by the board;
b. Comply with criminal background checks and fingerprinting in accordance with Miss. Code Ann. Section 73-15-21 (1);
c. Submit an official transcript documenting graduation from a RN education program.
d. Submit application to take the NCLEX-PN examination and pay the required nonrefundable fee.
e. Submit notarized authorization to release information form;
f. Pay required nonrefundable application fee upon submission of application to the board.
g. Register for the examination with the designated testing service; and

h. Pay required fee upon examination registration to the designated testing service.

1.14 Any applicant who falsifies the application for examination may be denied licensure in accordance with Miss. Code Ann. Section 73-15-29 of the Mississippi Nursing Practice Law.

2. Licensure by Endorsement

2.1 Graduates of state approved or accredited programs who are licensed in another state or territory of the United States shall be eligible for licensure by endorsement in Mississippi, providing the educational requirements prevailing in other jurisdictions are substantially equivalent to those in Mississippi at the time of the applicant's graduation and providing the applicant has met the Mississippi minimum passing standard on the licensure examination.

2.2 A temporary permit to practice nursing for a 90 day period may be issued to applicants for licensure by endorsement upon submission of application and fee. Temporary permits may be renewed by the board in extraordinary situations. A fee may be required.

2.3 Requirements to be completed for licensure by endorsement:

a. Registered nurse applicants shall:

(1) Submit official transcript of graduation from an approved or accredited RN nursing program;

(2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19 (1);

(3) Submit official evidence of licensure by examination and passing scores or results equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed;

(4) Submit proof of current licensure in another state or territory or evidence of eligibility for reinstatement of licensure in a compact state if that compact state were the applicant's primary state of residence; and

(5) Submit required nonrefundable licensure fee and completed application for endorsement.

b. Licensed practical nurse applicants shall:

(1) Submit official transcript of graduation from an approved or accredited LPN nursing program;

(2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-21(1);

(3) Submit official evidence of licensure by examination and passing scores or results equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed;

(4) Submit proof of current licensure in another state or territory or evidence of eligibility for reinstatement of licensure in a compact state if that compact state were the applicant's primary state of residence; and

(5) Submit required nonrefundable licensure fee and completed application for endorsement.

c. Equivalency applicants, graduates of RN programs who are applying for endorsement as LPNs, shall:

(1) Submit official evidence of graduation from an approved or accredited RN nursing program;
(2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-21(1);
(3) Submit official evidence of licensure by examination and passing scores or results equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed;
(4) Submit proof of current licensure in another state or territory or evidence of eligibility for reinstatement of licensure in a compact state if that compact state were the applicant's primary state of residence; and
(5) Submit required nonrefundable licensure fee and completed application for endorsement.

Equivalency applicants will be required to complete a role delineation course approved by the board.

3. Licensure of Applicants from Countries outside the State and Territories of the United States

3.1 Applicants for RN licensure by examination shall:

a. Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19 (1);
b. Present evidence of competence in English related to nursing, provided the first language is not English;
c. Present evidence of meeting immigration requirements;
d. Submit evidence of certification issued by the Commission on Graduates of Foreign Nursing Schools (CGFNS);
e. Present written official evidence of completion of a board-approved nursing program preparing RNs. The transcript must be in English or a certified translation;
f. Submit application to take the examination and pay the nonrefundable fees;
g. Be required to pass NCLEX-RN or its successor examination by obtaining a passing score or results equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed;

3.2 Applicants for RN licensure by endorsement shall:

a. Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19(1);
b. Submit proof of current licensure in another state or territory or evidence of eligibility for reinstatement of licensure in a compact state if that compact state were the applicant's primary state of residence;
c. Present written official evidence of completion of a board-approved nursing program preparing RNs. The transcript must be in English or a certified translation;
d. Submit evidence of certification issued by the Commission on Graduates of Foreign Nursing Schools (CGFNS);
e. Submit applications for endorsement and pay the nonrefundable fees;

f. Present official evidence of licensure by examination and passing scores or results equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed; and

g. Be permitted to apply for a temporary permit and may be issued such permit upon the acceptance of the application and payment of the required fee.

3.3 Applicants for LPN licensure by examination shall:

a. Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-21(1);

b. Present evidence of competence in English related to nursing, provided the first language is not English;

c. Present evidence of meeting immigration requirements;

d. Submit evidence of certification issued by the Commission on Graduates of Foreign Nursing schools (CGFNS);

e. Present written official evidence of a board-approved nursing program preparing LPNs. The transcript must be in English or a certified translation;

f. Submit application to take the examination and pay the required nonrefundable fees; and

g. Be required to pass NCLEX-PN or its successor examination by obtaining a passing score or result equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed;

3.4 Applicants for LPN licensure by endorsement shall:

a. Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-21(1);

b. Submit proof of current licensure in another state or territory or evidence of eligibility for reinstatement of licensure in a compact state if that compact state were the applicant's primary state of residence;

c. Present written official evidence of completion of a board-approved nursing program preparing LPNs. The transcript shall be in the English language or a certified translation;

d. Submit application for endorsement and pay the nonrefundable fees;

e. Present official evidence of licensure by examination and passing scores or results equivalent to or above those in effect in Mississippi at the time the applicant was initially licensed; and

f. Be permitted to apply for a temporary permit and may be issued such permit upon acceptance of the application and payment of the required fee.

4. Renewal and Reinstatement of Licenses

4.1 Biennial renewal of active license:

a. Registered Nurses:

The license shall be valid for two (2) calendar years beginning January 1 of each uneven-numbered year and expiring December 31 of each even-numbered year.

b. Licensed Practical Nurses:

The license shall be valid for two (2) calendar years, beginning January 1 of each even-numbered year and expiring December 31 of each uneven-numbered year.

4.2 Notification of renewal shall be published on or before November 1 of the year in which the license expires

4.3 Renewal and payment shall be completed online through the board's website on or before December 31 of the year in which the license expires. Information on the application shall be subject to verification by the board.

4.4 Active licensure means the practice of nursing as defined in Miss. Code Ann. Section 73-15-5 (2) and ~~(3)~~ (5).

4.5 Inactive licensure means the state of licensure granted at the discretion of the board to persons not engaged in the active practice of nursing but desiring to maintain licensure.

a. Any person practicing as a RN or LPN during the time the nurse holds inactive licensure shall be considered to be practicing illegally and shall be subject to disciplinary action by the board.

b. The only title which may be used by a person with inactive licensure is "RN-I" or "LPN-I", as appropriate, with "I" meaning inactive as defined in the Mississippi Board of Nursing Rules and Regulations.

c. In order to be considered for inactive licensure a person shall submit a written request to the board. Upon completion of the appropriate application and fee, inactive licensure may be conferred at the discretion of the board.

d. Inactive licensure shall not be granted to a person during the pendency of disciplinary proceedings against that person.

e. Licensees holding inactive licensure may apply for reinstatement of active licensure. Upon completion of the reinstatement process and pursuant to all other provisions of this Chapter, the board may reinstate active licensure.

f. Inactive licensure may be reinstated to active licensure pursuant to Miss. Code Ann. Section 73-15-27 (a) (v) and (b) (v) and *Mississippi Board of Nursing Rules and Regulations*, Chapter I, Section 4.

4.6 Lapsed license:

a. Any person practicing as a RN or LPN during the time the license has lapsed shall be considered to be practicing illegally and is subject to disciplinary action by the board.

b. Any RN or LPN who allows the license to lapse by failing to renew the license as provided above may be reinstated by the board on satisfactory explanation for such failure to renew and upon payment of the required reinstatement fee and renewal fee.

c. A lapsed license may be reinstated pursuant to Miss. Code Ann. Section 73-15-27 (a) (v) and (b) (v) and *Mississippi Board of Nursing Rules and Regulations*, Chapter I, Section 4.

4.7 Evidence of Continuing Basic Nursing Competencies:

a. Any RN or LPN applying for a license (including endorsement), renewal of an active license, reinstatement of a lapsed license or change from inactive to active status must submit evidence of continuing basic nursing competencies when such nurse has not practiced nursing for compensation or performed

the function of a RN or LPN in a voluntary capacity with or without compensation within the five (5) year period immediately prior to such application for a license, renewal, reinstatement or change of status.

b. Evidence of continuing basic nursing competencies shall include submission of written documentation of one of the following:

(1) Successful completion of a board-approved Reorientation Program for RNs or LPNs within the five (5) year period immediately prior to such application for renewal or reinstatement of the nursing license. The board may issue a temporary permit to any nurse during the time enrolled in a board-approved nursing reorientation program upon submission of required application and fees;

(2) Completion of twenty contact hours of continuing education directly related to nursing practice within the two (2) year period immediately prior to such application for renewal or reinstatement of the nursing license. Acceptable continuing education offerings are those which are currently approved, accredited, provided, or offered by a recognized credentialing agency;

(3) Successful completion of a minimum of three (3) semester hours of nursing credit offered by a nursing education program within the two (2) year period immediately prior to such application for renewal or reinstatement of the nursing license. An acceptable nursing program is one which is approved or accredited by the appropriate agency within the state.

4.8 Change of name and/or address:

a. The licensee shall supply evidence of name change, i.e., copies of court records, marriage certificate, etc., in order for any official change to be made on records.

b. The licensee shall keep the board informed in writing as to change in address.

4.9 Loss of license, temporary permit, or certification card:

a. The licensee shall report any lost or stolen license, temporary permit, or certification card with complete identifying information.

b. Upon receipt of information surrounding the loss or theft of the license, temporary permit, or certification card and receipt of required fee, the board will issue a duplicate document.

5. Disaster Relief Permits

5.1 The board may issue disaster relief permits to an individual to practice as a registered nurse, advance practice nurse, or licensed practical nurse to provide gratuitous nursing service in the state of Mississippi during a public health emergency, and for such periods thereafter as approved by the board provided such individual:

a. Holds a current unrestricted license in good standing issued by the licensing authority of another state to practice as an advanced practice nurse, registered nurse, or licensed practical nurse;

c. Submit to the board:

(1) picture identification;

(2) proof of current licensure in another state; and

(3) a completed disaster permit affidavit.

5.2 A disaster relief permit may be issued upon such terms, conditions, limitations or restrictions as to time, place, nature, and scope of practice as determined by the board.

5.3 A disaster relief permit will be valid for sixty (60) days from the date of issuance and may be extended for additional sixty (60) day periods as determined appropriate and necessary by the board, deemed necessary or appropriate to its responsibilities under law.

5.4 A disaster relief permit shall be recalled if allegations of acts or omissions which constitute grounds for disciplinary action as defined in Miss. Code Ann. Section 73-15-29.

6. Camp Nurses

The board, pursuant to the Miss. Code Ann. Section 75-74-8, may issue a ninety (90) day temporary license to practice nursing at a youth camp to qualified applicants upon receipt of a completed application and fee.

7. Penalty for Presentation of Bad Checks

A fee as established by Miss. Code Ann. Section 97-19-5 shall be assessed to any individual who presents a check that is later dishonored by the bank. Payment shall be made by ~~cash,~~ certified check~~,~~ or money order within fifteen (15) days of notification by certified mail of the returned check. Such fees shall be in addition to the amount due. Licenses or temporary permits obtained by payment of a bad check shall be considered invalid until full payment has been made.

CHAPTER II. DENIAL, REVOCATION, SUSPENSION OF LICENSE

1.1 The board shall have power to deny, revoke, suspend, or refuse to renew any license or permit to practice nursing issued by the board or applied for in accordance with the provision of this act, including the power to fine said individual, upon proof that such person has violated the provisions of Miss. Code Ann. Chapter 15 as more specifically defined in Section 73-15-29.

1.2 Unprofessional conduct shall include but not be limited to the following:

a. Conviction of a felony within the past five (5) years;

b. Filing false, forged or altered documents when applying for a license;

c. Misrepresentation, deception or failure to disclose information as requested on any licensure or board of nursing document when attempting to secure or obtain a nursing license;

d. Practicing nursing beyond the authorized scope of the license or directing others to practice beyond their authorized scope;

e. Failure to maintain medical records in a professional manner:

(1) Altering entries or destroying medical records;

(2) Failure to make intelligible essential entries;

(3) Recording entries prior to patient care including but not limited to medication administration and treatments; and/or

(4) Making false entries in patient records.

f. Practicing the profession while under the influence of alcohol or other mood altering substances as evidenced by any of the following:

(1) Positive screen for alcohol, an illegal substance or unauthorized medication;

(2) Pattern of abuse or habitual abuse of authorized or unauthorized medications;

(3) Impairment while on duty while using authorized or unauthorized medications;

(4) Refusal to submit drug screen;

(5) Submission of diluted, adulterated or substituted specimen for testing; and/or

(6) Noncompliance with a treatment plan for a substance abuse disorder.

g. Practicing nursing while the ability to practice is impaired by a physical or emotional condition;

h. Misappropriation of drugs, supplies or equipment;

i. Practicing nursing in this state without a current active Mississippi license, privilege to practice or permit or while the license, privilege or permit is revoked;

j. Permitting, aiding or abetting an unlicensed person to perform activities requiring a license;

k Assuming duties and responsibilities in the practice of nursing when competency has not been established or maintained;

l. Inappropriately delegating tasks to individuals licensed or unlicensed when the person lacks educational preparedness, experience, credentials, competence or physical or emotional ability to complete the task.

m. Failure to adequately supervise, manage or train persons to whom nursing functions are delegated or assigned.

n. Violating confidentiality of information or knowledge concerning the patient;

o. Willfully altering medications;

p. Passing or attempting to pass a forged prescription;

q. Selling or attempting to sell a controlled substance;

r. Possessing, obtaining, furnishing or administering drugs to any person, including self, except as legally directed;

s. Violating professional boundaries of the nurse patient relationship including but not limited to:

(1) Engaging in conduct that is sexual, or reasonably interpreted as sexual, with a patient, patient's immediate family or patient's significant other;

(2) Emotional or financial exploitation of the patient or the patient's immediate family member or significant other;

(3) Engaging in inappropriate behavior such as exposure or gratification in the presence of a patient.

t. Failing to immediately report facts known regarding a nurse who fails to render care in accordance with current standards of practice or illegal practice of any

licensed nurse. This requirement excludes the reporting of chemically dependent nurses who have sought and complied with treatment for chemical dependency provided that no other provision of the *Mississippi Nursing Practice Law and Rules and Regulations* has been violated;

u. Practicing in an expanded role without certification by the board;

v. Failure to adhere to the standards of practice for nurses in the expanded role;

w. Having a license denied, conditionally issued, reprimanded, placed on probation, suspended, revoked or voluntarily surrendered in another state, territory or country;

x. Failure to safeguard the patient's rights and dignity;

x. Intentionally or negligently causing or allowing others to physically, sexually, emotionally or verbally abuse a patient;

z Abandoning patients;

aa. Impersonating another licensed practitioner;

bb. Failure to appropriately act in safeguarding the patient from incompetent healthcare practices or practitioners;

cc. Inappropriately prescribing controlled substances by an advanced practice registered nurse.

1.3 The board may administratively sanction and impose fines for any of the following:

a. Failing to timely renew a nursing license while continuing to practice nursing or engage in activities or duties related to nursing.

b. Failing to notify the board in writing within thirty days after a change in residence address.

c. Failing to notify the board immediately after a change in practice site of the APRN and collaborative physician of the APRN.

d. Violating the provisions of Miss. Code Ann. Section 37-101-291.

e. Failing to divulge current disciplinary action of a nursing license to an employer.

A person who fails to pay an administrative penalty within thirty (30) days after notification may be subject to further disciplinary action.

CHAPTER III. PRACTICE OF NURSING

1. Functions of the Registered Nurse

1.1 The RN shall be responsible and accountable for:

a. Making decisions that are based upon knowledge, competency, experience and the use of the nursing process;

b. Knowledge of and compliance with the laws and regulations governing the practice of nursing in Mississippi;

c. Practicing within the scope of practice as established by the board and according to generally accepted standards of practice.

1.2 The RN shall be held accountable for the quality of nursing care given to patients. This includes:

a. Providing for nursing leadership in the planning for and provision of nursing care to patients for whom responsibility has been accepted;

b. Giving individualized nursing care and respecting the rights of the patient according to the needs or assigning these functions to others in accordance with the educational preparedness, experience, credentials, competence, physical and emotional ability to complete the task of the staff. Respecting the rights of the patient includes but is not limited to:
   (1) Conducting practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, disability or disease;
   (2) Respecting the dignity and rights of patients regardless of social or economic status, personal attributes or nature of health problems;
   (3) Respecting the patient's right to privacy by protecting confidential information unless obligated by law to disclose the information;
   (4) Respecting the rights of patients by protecting the patient from abuse, inflicted by self or others, neglect or exploitation; and
   (5) Respecting the property of patients, family, significant others, and the employer.

c. Directing, supervising and evaluating nursing practice; applying nursing knowledge, administrative techniques and teaching principles toward the ultimate goal, excellence in patient care and promotion of good health practices;

d. Recognizing the abilities and potentialities of all nursing personnel and providing supervision, management and training to each individual in the attainment of optimum performance;

e. Obtaining instruction and supervision as necessary when implementing nursing techniques or practices;

f. Assessing the patient's needs, formulating a nursing diagnosis, planning for, implementing and evaluating the nursing care in the promotion and the maintenance of health of each patient for whom responsibility has been accepted;

g. Organizing, administering and supervising the implementation and evaluation of a written nursing care plan for each patient for whom responsibility has been accepted.

1.3 The RN shall be held accountable for the quality of nursing care given by self or others being supervised. The registered nurse:

a. May:
   (1) Assign specific nursing duties and/or patient treatments to other qualified personnel based on educational preparation, experience, knowledge credentials, competency, and physical and emotional ability to perform the duties.
   (2) Assign duties of administration of patient medications to other licensed nurses only (either a RN or LPN, or one authorized by a temporary permit to practice) except as set out in Mississippi Board of Nursing Rules and Regulations, Chapter VI;

b. Shall:
   (1) Appraise the care given by the licensed nursing staff and auxiliary workers under the licensee's direction and shall give guidance and assistance as needed;

(2) Be responsible for the clinical nursing record which reflects the patient's nursing care and progress. The nurse may delegate any or all of the recording of care given and the observations made to assistants who rendered the service.

1.4 The RN shall be responsible and accountable for communicating patient response to nursing interventions to other members of the health team.

2. Functions of the Licensed Practical Nurse

2.1 The LPN gives nursing care under the direction of the RN, licensed physician or licensed dentist which does not require the specialized skill, judgment and knowledge required of a RN.

2.2 The LPN shall be responsible for:

a. Knowledge of and compliance with the laws and regulations governing the practice of nursing in the State of Mississippi;

b. Practicing within the scope of practice as established by the board and according to generally accepted standards of practice.

2.3 The LPN shall not be supervised by unlicensed personnel.

2.4 The LPN performs the following functions in any area of the health care facility: Assist the RN in the planning, implementation and evaluation of nursing care by:

a. Respecting the rights of the patient which includes but is not limited to:

(1) Conducting practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, disability or disease;

(2) Respecting the dignity and rights of patients regardless of social or economic status, personal attributes or nature of health problems;

(3) Respecting the patient's right to privacy by protecting confidential information unless obligated by law to disclose the information;

(4) Respecting the rights of patients by not intentionally or negligently causing or allowing others to physically, sexually, emotionally or verbally abuse a patient; and

(5) Respecting the property of patients, family, significant others and the employer.

b. Providing for the emotional and physical comfort of patients;

c. Observing, recording and reporting to the appropriate person the signs and symptoms which may be indicative of change in the patient's condition. The LPN shall not perform nursing assessments on patients.

d. Performing nursing procedures for which the LPN has the necessary degree of skill and judgment;

e. Assisting with the rehabilitation of patients according to the patient's care plan.

2.5 LPNs may assume "charge nurse" responsibilities:

a. In nursing situations where rapid change is not anticipated and supervision is provided by a RN who is physically on the premises where the patient is having nursing care provided.

b. In long-term units if RN supervision is available at all times for consultation.

2.6 The LPN shall not function as a director of nursing or in a supervisory capacity over other licensed nurses.

3. Declaratory Rulings/Position Statements

Any person substantially affected by a statute, rule or order may petition the board for a declaratory ruling/position statement with respect to the validity of a rule or the applicability to any person, property or state of facts of any rule or statute enforceable by it or with respect to the meaning and scope of any order of the board.

a. The petition shall be in writing and shall include:
   (1) The name and address of the petitioner.
   (2) A statement of facts sufficient to show that the person seeking relief is substantially affected by the rule.
   (3) The rule, statute or order and the specific facts upon which an opinion is requested.
b. Each request will be forwarded to the appropriate division of the board's office. A written response will be provided to each request in accordance with statutory requirements.
c. Circumstances in which rulings shall not be issued include but are not necessarily limited to:
   (1) Lack of jurisdiction.
   (2) Lack of clarity of the issue presented.
   (3) No clear answer determinable.
   (4) Litigation has been filed or prosecution has begun.

CHAPTER IV. ADVANCED PRACTICE

1. Clinical Nurse Specialists

In order to use the title Clinical Nurse Specialist, the RN must:

a. Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi, and
b. Hold a master's degree or higher degree in a nursing clinical specialty area.

2. Advanced Practice Registered Nurses (APRNs) include Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Certified Nurse Practitioners.

2.1 Certification, Renewal, Reinstatement, Discipline.

a. Initial certification.

Prior to board certification allowing the RN to practice as an APRN, the RN must:

(1) Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi;
(2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19 (1);
(3) Submit required applications and fees; and
*(4) Submit official transcript of graduation from:
   (a) an accredited master's degree or higher program with a major in nursing; or

(b) a master's degree or higher nurse anesthesia or midwifery program accredited by a board-approved accrediting body;

(c) Submit evidence of graduation from an accredited educational program for APRNs if applicant graduated from an APRN program and was nationally certified as an APRN prior to December 31, 1993.

**(5) Submit official evidence of graduation from a master's degree or higher program in one of the four recognized advanced practice roles in which clinical experience has occurred. APRN applicants graduating from an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program with a concentration in the applicant's respective advanced practice nursing specialty.

The APRN program must be accredited by a national accreditation organization approved by the board; and

(6) Hold current national certification as an APRN in a designated area of practice by a national certification organization recognized by the board;

(7) Submit required practice documentation for approval by the board prior to beginning practice..

(8) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.

* APRN applicants who graduated from a nurse practitioner an APRN program and were nationally certified as a nurse practitioner an APRN prior to December 31, 1993, may submit evidence of graduation from an accredited educational program for registered nurses APRNs.

** APRN applicants graduating from a nurse practitioner an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program with a concentration in the applicant's respective advanced practice nursing specialty.

b. New graduate certification.

Graduates of an APRN program may be issued temporary certification to practice for a maximum of 120 days from the date of completion of an APRN program. Graduates of APRN programs must have monitored practice with either a licensed physician or a certified APRN while practicing with a temporary permit for 720 hours. Prior to practicing as an APRN, the new graduate must:

(1) Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi; and

(2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19(1);

(3) Submit required applications and fees; and

*(4) Submit official evidence of graduation from:

(a) an accredited master's degree or higher program with a major in nursing; or

(b) a master's degree or higher nurse anesthesia or midwifery program accredited by a board-approved national accrediting body;

(c) Submit evidence of graduation from an accredited educational program for APRNs if applicant graduated from an APRN program and was nationally certified as an APRN prior to December 31, 1993.

**(5) Submit official transcript of graduation from a master's degree or higher program in one of the four recognized advanced practice roles in which clinical experience has occurred. APRN applicants graduating from an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program with a concentration in the applicant's respective advanced practice nursing specialty.

(6) Submit evidence of registration to take the national certification examination within 90 days of completion of an APRN program; and

(7) Submit evidence that certification examination results will be sent directly to the board from the national certifying body; and

(8) Submit required practice documentation for approval by the board (approval must be granted prior to practicing as an APRN).

(9) Complete a board-approved educational program prior to making application and after completion of 720 hours monitored practice, if the APRN applicant is applying for controlled substance prescriptive authority.

(10) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.

* Nurse practitioner APRN applicants who graduated from a nurse practitioner an APRN program prior to December 31, 1993, may submit evidence of graduation from an accredited educational program for registered nurses.

** Nurse practitioner APRN applicants graduating from a nurse practitioner an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program or higher with a concentration in the applicant's respective advanced practice nursing specialty.

c. Renewal of state certification.

APRNs shall renew certification in conjunction with renewal of the RN license online only and shall submit the following:

(1) Renewal application and fee; and

(2) Documentation of review of protocol/practice guidelines; and

(3) Documentation of at least forty (40) contact hours (four [4] continuing education units), or equivalency, related to the advanced clinical practice of the APRN which have been obtained within the previous two (2) year period; and

(3) Documentation of at least forty (40) contact hours (four [4] continuing education units), or equivalency, related to the advanced clinical practice of the APRN which have been obtained within the previous two (2) year period. Two (2) of the forty (40) contact hours must be directly related to

the prescribing of controlled substances and approved by the board. A minimum of no more than 20 contact hours may be obtained from nurse practitioner or medical journals; and

(4) Documentation of current national certification as an APRN in a designated area of practice by a national certification organization recognized by the board.

(5) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.

d. Reinstatement of lapsed state certification.

APRNs may reinstate a lapsed state certification online only and must:

(1) Submit documentation of a current, active Mississippi RN license; and

(2). Comply with criminal background checks and fingerprinting in accordance with Miss. Code Ann. Section 73-15-19 (1):

(3) Submit the APRN reinstatement application and fee; and

(4) Submit a protocol/practice guidelines for approval by the board (approval must be granted prior to practicing as an APRN); and

(5) Submit documentation of current national certification as an APRN in a designated area of practice by a national certification organization recognized by the board; and

(6) Submit documentation of at least forty (40) contact hours (four [4] continuing education units), or equivalency, related to the advanced clinical practice of the APRN which have been obtained within the previous two (2) year period.

(7) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.

e. Changes in status.

(1) Relationship with collaborating physician/dentist.

The APRN shall notify the board immediately regarding changes in the collaborative/consultative relationship with a licensed physician or dentist. If changes leave the APRN without a board-approved collaborative/consultative physician/dentist relationship, the APRN may not practice until such a relationship is approved by the board.

(2) Practice site.

Changes or additions regarding practice sites shall be submitted with a fee to the board by the APRN on forms supplied by the board. The APRN may not practice at a site prior to approval by the board.

(3) Protocol or practice guidelines.

Revisions of protocols or practice guidelines shall be submitted with a fee to the board prior to implementation. The APRN may not implement revisions prior to board approval.

f. Fees are nonrefundable.

g. Disciplinary action.

Any APRN who is in violation of the *Mississippi Nursing Practice Law and/or Rules and Regulations* shall be subject to disciplinary action by the board. Such

action is of public record and shall be reported by the board to the appropriate national credentialing organization.

2.2 Advisory Committee.

There may be an advisory committee with representatives from each role including CNMs, CRNAs, CNPs and CNSs. The purpose of this committee shall include functioning in an advisory capacity on matters related to advanced practice nursing.

2.3 Practice Requirements.

The APRN shall practice:

a. According to standards and guidelines of the national certification organization for which he/she are certified; and

b. In a collaborative/consultative relationship with a Mississippi licensed physician whose practice is compatible with that of the APRN. The APRN must be able to communicate reliably with a collaborating/consulting physician while practicing. CRNAs may also collaborate/consult with licensed dentists; and

c. According to a board-approved protocol or practice guidelines:

(1) APRNs practicing as nurse anesthetists must practice according to board-approved practice guidelines which address the following: Preanesthesia preparation and evaluation; anesthesia induction, maintenance, and emergence; postanesthesia care; perianesthetic and clinical support functions. There must be an agreement between CRNA, the collaborating/consulting physician/dentist, and the institution in which anesthesia services are being provided which outlines clinical privileges or guidelines for practice.

(2) APRNs practicing in other specialty areas must practice according to a board-approved protocol which has been mutually agreed upon by the APRN and a Mississippi licensed physician whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order. The protocol must outline diagnostic and therapeutic procedures and categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the APRN.

(3) Each collaborative/consultative relationship shall include and implement a formal quality assurance/quality improvement program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi Board of Nursing and Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program criteria shall consist of:

(a) Review by collaborative physician of a sample of charts that represent 10% or 20~~%~~ charts, whichever is less, of patients seen by the advanced practice registered nurse every month. Charts should represent the variety of patient types seen by the advanced practice registered nurse. Patients that the advanced practice registered nurse and collaborating physician have consulted on during the month will count as one chart review.

(b) The advanced practice registered nurse shall maintain a log of charts reviewed which includes the identifier for the patients' charts, reviewers' names, and dates of review.

(c) Each advanced practice registered nurse shall meet face to face with a collaborating physician once per quarter for the purpose of quality assurance.

(4) APRNs may not write prescriptions for, dispense or order the use of or administration of any schedule of controlled substances except as follows or as outlined in Section 2.4.

(5) APRNs may not write prescriptions for, dispense or order the use of or administration of any schedule of controlled substances except as follows:

(a) Certified nurse midwives may determine the need for, order, and administer controlled substances in the practice of nurse midwifery within a licensed health care facility as set forth in the board-approved protocol.

(b) Certified nurse anesthetists may determine the need for, order, and administer controlled substances in the practice of nurse anesthesia within a licensed health care facility as set forth in board-approved practice guidelines.

2.4 Prescribing Controlled Substances and Medications by certified APRNs:

a. Scope.

These regulations apply to all individuals authorized to practice as a APRN in the State of Mississippi. Pursuant to these regulations, authorized certified APRNs may prescribe Schedules II, III, IV, or V. Application for this privilege requires an additional fee.

b. Definitions.

(1) The words "administer", "controlled substances", and "ultimate user", shall have the same meaning as set forth in Miss. Code Ann. Section 41-29-105, unless the context otherwise requires.

(2) The word "board" shall mean the Mississippi Board of Nursing.

(3) The word "prescribe" shall mean to designate or order by means of either a written or oral prescription, the delivery of a controlled substance or legend drug to an ultimate user.

(4) The word "distribute" shall mean to deliver a ~~noncontrolled~~ "not-for sale" prepackaged device, medication or manufacturer's starter pack, other than by administration or prescription, to a patient for whom the certified APRN has prescribed such device or medication in accordance with the certified APRN's Board of Nursing approved protocol.

(5) The words "prescription drug" or "legend drug" shall mean a drug required under federal law to be labeled with the following statement prior to being dispensed or delivered; "Rx Only" or "Caution: Federal law prohibits dispensing without prescription," or a drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use only by those authorized to prescribe.

(6) The words “electronic prescribing” or E-prescribing” shall mean the electronic entry of a prescription by a practitioner, the secure electronic transmission of the prescription to a pharmacy, the receipt of an electronic message by the pharmacy and E-prescription renewal requests sent electronically by the pharmacy to the practitioner. Electronic transmissions may be computer to computer or computer to facsimile.

c. Registration for Controlled Substances Certificate Prescriptive Authority.

(1) Every certified APRN authorized to practice in Mississippi who prescribes any controlled substance within Mississippi or who proposes to engage in the prescribing of any controlled substance within Mississippi must be registered with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.

(2) Pursuant to authority granted in Miss. Code Ann. Section 41-29-125, the Mississippi Board of Nursing hereby adopts, in addition to required regulations with the board, the registration with the U.S. Drug Enforcement Administration as required in Sub-paragraph 2.4 c.(1) above. In the event, however, certified APRN has had limitations or other restrictions placed upon his/her license wherein he/she is prohibited from handling controlled substances in any or all schedules, said APRN shall be prohibited from registering with the U.S. Drug Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Mississippi Board of Nursing.

(3) Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Miss. Code Ann. Section 41-29-101 et seq.

d. Maintenance of Patient Records.

(1) Patient Record. A certified APRN who prescribes a controlled substance shall maintain a complete record of his/her examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing controlled substances; the name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed. The record required by this subsection shall be maintained in the patient's medical records, provided that such medical records are maintained at the practice site of the APRN and are available for inspection by the representatives of the Mississippi Board of Nursing pursuant to authority granted in Miss. Code Ann. Section 41-29-125 (Supp. 1986). The Mississippi Board of Nursing has the authority to conduct random audits of patient records at practice sites where those certified APRNs have protocols allowing for prescribing of controlled substances.

(2) No certified APRN shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith agreement prior to examination and medical indication thereof.

(3) A certified APRN shall not sell or trade any medication which he/she receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.

(4) The Patient Record required by these regulations shall be maintained in the office of the certified APRN for a period of seven (7) years from the date that the record is completed or the controlled substances, legend drugs or other medications are prescribed and shall be made available for inspection by representatives of the Mississippi Board of Nursing pursuant to authority granted in Miss. Code Ann. Section 41-29-125 (Supp. 1986). Records for other APRNs (CRNAs) shall be maintained in accordance with the institution's policy.

e. Use of Diet Medication.

(1) As to the prescription of controlled substance anorectics in Schedules III, IV or V, use of said medications in the treatment of obesity or weight loss should be done with caution. A certified APRN may prescribe said medications for the purpose of weight loss in the treatment of obesity only as an adjunct to a regimen of weight reduction based on caloric restriction, provided, that all of the following conditions are met:

(a) Before initiating treatment utilizing a Schedule III, IV or V controlled substance, the certified APRN determines through review of his/her own records of prior treatment, or through review of the records of prior treatment which a treating physician or weight-loss program has provided to the certified APRN, that the patient has made a substantial good-faith effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the utilization of controlled substances, and that said treatment has been ineffective.

(b) Before initiating treatment utilizing a Schedule III, IV or V controlled substance, the certified APRN obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized. "Recognized contraindication" means any contraindication to the use of a drug which is listed in the United States Food and Drug Administration (hereinafter, "FDA") approved labeling for the drug.

(c) The certified APRN shall not utilize any Schedule III, IV or V controlled substance when he/she knows or has reason to believe that a recognized contraindication to its use exists.

(d) The certified APRN shall not utilize any Schedule III, IV or V controlled substance for diet medication in the treatment of a patient whom he/she knows or should know is pregnant.

(e) As to those controlled substances in Schedules III, IV or V which are classified as amphetamine or amphetamine-like anorectics and/or central nervous system stimulants, hereinafter referred to as "stimulant", the certified APRN shall not initiate or shall discontinue utilizing said controlled substance stimulant immediately upon ascertaining or having reason to believe:

(i) That the patient has failed to lose weight while under treatment with said stimulant over a period of thirty (30) days, which determination shall be made by weighing the patient at least every thirtieth (30th) day, except that a patient who has never before received treatment for obesity utilizing a stimulant, and who fails to lose weight during his/her first such treatment attempt may be treated with a different controlled substance for an additional thirty (30) days, or

(ii) That the patient has developed tolerance (a decreasing contribution of the drug toward further weight loss) to the anorectic effects of said stimulant being utilized, or

(iii) That the patient has a history of or shows a propensity for alcohol or drug abuse, or

(iv) That the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating certified APRN's directions.

In addition to the above, the certified APRN shall not issue a prescription for a stimulant for any greater than a thirty-day supply and is to be prescribed for short-term use only as defined by current standards of care

(f) As to all other legend drugs or controlled substances in Schedules III, IV or V which are not considered stimulants but which have received FDA-approved indication for long term use for weight loss, the certified APRN shall prescribe said medications in strict compliance with the FDA-approved labeling. In addition to the requirements enumerated in (e) (i) - (iv) above, each prescription shall be issued for no more than a total of three months supply (including refills) and further, before subsequent new prescriptions can be issued the patient shall receive a thorough reevaluation of the effectiveness of the medication, including a physical examination to document any potential harmful side effects.

(2) A certified APRN shall not utilize Schedules III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

f. Drug Maintenance, Labeling and Distribution Requirements.

(1) State certified APRNs with controlled substance prescriptive authority may receive samples of controlled substances; however, these must be

maintained in a double locked cabinet with an accurate log. A certified APRN may receive and distribute pre-packaged medications or samples for which the certified APRN has prescriptive authority.

(2) A state certified APRN or delegated licensed nurse must distribute the not-for-sale prepackaged medication. For the purpose of this regulation "distribute" shall mean hand the pre-packaged medication to the patient or the patient's authorized agent.

(3) All drug products which are maintained/stored in the office of a certified APRN, shall be maintained/stored in the manufacturer's or repackager's original package. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date. Drugs which are pre-counted and pre-packaged for purposes of distributing shall be identifiable as to expiration date and manufacturer's control lot number. The packages in which drug products are maintained shall not be labeled in any false or misleading manner. The labeling requirements of this Section are in addition to, and not in lieu of, other labeling requirements of the laws of the State of Mississippi, Rules and Regulations of the Mississippi Board of Nursing, and laws of the United States or federal regulations.

(4) A state certified APRN shall not distribute out-of-date pre-packaged samples or store out-of-date pre-packaged samples intermixed with the stock of current pre-packaged samples. Out-of-date pre-packaged samples shall be promptly removed from current stock and stored separately until proper disposal shall be made. When distributing a product in a manufacturer's original package or container, the labeling of which bears an expiration date, a manufacturer's control lot number or other information which may be of value to the patient, the APRN shall distribute the product with this information intact.

(5) The drug storage area shall be maintained in a sanitary fashion.

(6) A state certified APRN shall not accept the return for subsequent resale or exchange any drugs after such items have been taken from the premises where sold, distributed and from the control of the certified APRN.

(7) All drug products shall be maintained, stored and distributed in such a manner as to maintain the integrity of the product.

g. Prescription Regulation - Controlled Substances.

(1) It is the ultimate responsibility of the certified APRN who is authorized to prescribe controlled substances to determine the type, dosage form, frequency of application and number of refills of controlled substances prescribed to a patient. This responsibility must never be delegated to any other personnel.

(2) The following requirements apply to all prescriptions for controlled substances:

(a) All prescriptions for controlled substances must be written in strict compliance with Miss. Code Ann. Sections 41-29-101 through 41-29-311 as amended and Title 21 of U.S. Code of Federal Regulations, Part 1306.

(b) On all prescriptions of controlled substances, Schedules II, III, IV or V wherein refills are permitted, certified APRNs shall indicate the appropriate refills, not to exceed five (5), or mark "none."

(c) Each certified APRN shall insure that the complete name and address of the patient to whom the certified APRN is prescribing the controlled substance appears on the prescription.

(d) A certified APRN shall not permit any prescription for controlled substances to be signed by any other person in the place of or on behalf of the APRN.

(e) A certified APRN shall not pre-sign blank prescription pads or order forms under any circumstances.

(f) A certified APRN shall not utilize blank prescription pads or order forms upon which the signature of the certified APRN or controlled substance prescribed has been mechanically or photostatically reproduced. This prohibition includes the telefaxing or emailing of any controlled substance prescription. Electronic transcription that complies with federal DEA language is allowed.

(g) No more than one (1) controlled substance shall be issued on a single prescription blank.

h. Prescription Guidelines - All Medications.

(1) In addition to any other requirements set forth in these regulations pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions of controlled substances, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:

(a) Every written prescription delivered to a patient, or delivered to any other person on behalf of a patient, must be manually signed on the date of issuance by certified APRN. Electronic prescription transmissions are allowed using standards established and approved by the United States Department of Health and Human Services - Agency for Healthcare Research and Quality (HHS-AHRQ). This does not prohibit, however, the transmission of electronic prescriptions and telefaxed (but not emailed) prescriptions for noncontrolled drugs to the pharmacy of the patient’s choice. . Electronic transcription that complies with federal DEA language is allowed.

(b) All prescriptions shall be on forms containing two lines for the certified APRN’s signature. There shall be a signature line in the lower right hand corner of the prescription form beneath which shall be clearly imprinted the words "substitution permissible." There shall be a signature line in the lower left corner of the prescription form beneath which shall be clearly imprinted the words "dispense as written." The certified APRN signature on either signature line shall validate the prescription and designate approval or disapproval of product selection.

(c) If the certified APRN uses a prescription form which does not contain two signature lines required above, he/she shall write in his/her own handwriting the words "dispense as written" thereupon to prevent product selection.

(d) Every written prescription issued by certified APRN for a legend drug should clearly state whether or not the prescription should be refilled, and if so, the number of authorized refills and/or the duration of therapy. Certified APRNs should avoid issuing prescriptions refillable on "prn" basis. If a certified APRN chooses to issue a prescription refillable "prn", the life of the prescription or time limitation must clearly be set forth on the prescription. In no case shall a prescription which is refillable on a "prn" basis be refilled after the expiration of one (1) year. Regardless of whether a prescription is refillable on a "prn" basis or the prescription expressly states the number of authorized refills, the use of said medication should be re-evaluated on at least an annual basis. Upon the expiration of one (1) year, a prescription becomes invalid, regardless of the number of refills indicated or "prn" designation. Thereafter, a new prescription, if indicated, must be issued.

(e) Every written prescription issued by certified APRN, bearing more than one noncontrolled medication, shall clearly indicate the intended refill instructions for each medication. Lack of clearly indicated refill instructions prohibit the refilling of the medications. All unused lines on a multi-line prescription blank shall be clearly voided by the issuing certified APRN.

(f) A prescription shall no longer be valid after the occurrence of any one of the following events:

(i) Thirty (30) days after the death of the issuing certified APRN;

(ii) Thirty (30) days after the issuing certified APRN has moved or otherwise changed the location of his/her practice so as to terminate the certified APRN/patient relationship. Termination of the certified APRN/patient relationship results when a patient is no longer able to seek personal consultation or treatment from the issuing certified APRN;

(iii) Insofar as controlled substances are concerned, immediately after loss of DEA Controlled Substances Privilege by the issuing certified APRN; or

(iv) Immediately after revocation, suspension or surrender of the certified APRN’s authorization to practice.

(g) A certified APRN shall not permit any prescription to be signed by any other person in the place of or on behalf of the APRN.

(h) A certified APRN shall not pre-sign blank prescription pads or order forms under any circumstances.

(i) A certified APRN shall not utilize blank prescription pads or order forms upon which the signature of the certified APRN or medication prescribed have been mechanically or photostatically

reproduced. This prohibition includes the telefaxing or emailing of any prescription.

i. Freedom of Choice.

(1) A certified APRN shall not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect financial interest in a pharmaceutical firm, pharmacy or other supplier. Whether the firm is a manufacturer, distributor, wholesaler, or re-packager of the product involved is immaterial. Reputable firms rely on quality and efficacy to sell their products under competitive circumstances and do not appeal to certified APRNs to have financial involvements with the firm in order to influence their prescribing, administering or distributing.

(2) A certified APRN may own or operate a pharmacy if there is no resulting exploitation of patients. A certified APRN shall not give a patient prescriptions in code or enter into agreements with pharmacies or other suppliers regarding the filling of prescriptions by code. Patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of a certified APRN. The prescription is a written direction for a therapeutic or corrective agent. A patient is entitled to a copy of the certified APRN's prescription for drugs or other devices as required by the principles of medical ethics. The patient has a right to have the prescription filled wherever the patient wishes. Where medication is to be distributed or a prescription, excluding refills, called in to a pharmacist for medication, a certified APRN shall inform each patient of that patient's right to a written prescription and the right to have the prescription filled wherever the patient wishes.

(3) Patients have an ethically and legally recognized right to prompt access to the information contained in their individual medical records. The prescription is an essential part of the patient's medical record. If a patient requests a written prescription in lieu of an oral prescription, this request shall be honored. Certified APRNs shall not discourage patients from requesting a written prescription or urge, suggest or direct in any manner that a patient fill a prescription at an establishment which has a direct telephone line or which has entered into a business or other preferential arrangement with the certified APRN with respect to the filling of the certified APRN's prescriptions.

j. Other Drugs Having Addiction-Forming Liability.

All certified APRN shall maintain patient records in the same format as that required by Section 2.4d. when administering or distributing the drug Nalbuphine Hydrochloride (Nubain) or its generic equivalent.

k. Violation of Regulations.

(1) The prescribing of any controlled substance in violation of the above rules and regulations shall constitute a violation of Miss. Code Ann. Section 73-15-29(1)(f),(k) and (l) and shall be grounds for disciplinary action.

(2) The prescribing, administering or distributing of any legend drug or other medication in violation of the above rules and regulations shall constitute

a violation of Miss. Code Ann. Section 73-15-29(1) (f), (k) and (l), and shall be grounds for disciplinary action.

l. Effective Date of Regulations.

The above rules and regulations pertaining to prescribing, administering and distributing of medication became effective July 1, 2002.

3. Expanded Role for the Licensed Practical Nurse in IV Therapy

3.1 Certification, Renewal, Reinstatement, Discipline.

a. Initial certification.

Prior to board certification allowing the LPN to practice in the expanded role, the LPN must:

(1) Be currently licensed as a LPN in Mississippi or hold a temporary permit to practice as a LPN in Mississippi, or a graduate of a state approved practical nursing program that included an IV integrated curriculum after the year 2008;

(2) Submit a completed board application and pay the required nonrefundable fee to the board;

(3) Submit an official transcript of graduation from a board-approved state practical nursing program with an integrated IV curriculum, or submit official written evidence of completion of a board-approved IV therapy curriculum program.

(4) Licensed LPNs that have not graduated from an IV therapy integrated nursing program, must have one (1) year of clinical experience as a LPN within the past three (3) years if the approved IV certification educational program is completed after graduation from an approved practical nursing program.

(5) Graduates of state approved practical nursing programs that included an IV integrated curriculum after the year 2008 must submit an application for the IV therapy expanded role within one (1) year of completion of the educational program. If the application is not received in the board's office within one year of completion of the licensed practical nurse educational program the applicant must complete a board-approved IV therapy certification educational program.

b. Renewal of certification.

Expanded role LPNs shall renew IV certification in conjunction with renewal of the LPN license and shall submit the following:

(1) Renewal application and fee; and

(2) Documentation of completion of a minimum of ten (10) contact hours of continuing education and/or in service education in IV therapy within the previous two (2) year period.

c. Reinstatement of lapsed certification.

Expanded role LPNs may reinstate a lapsed certification upon:

(1) Documentation of a current, active LPN license; and

(2) Submission of the LPN expanded role reinstatement application and fee; and

(3) Submission of documentation of completion of a minimum of ten (10) contact hours of continuing education and/or inservice education in IV therapy within the previous two (2) year period if lapsed for less than two (2) years; or

(4) Submission of evidence of successful completion of a board-approved IV therapy update if lapsed for more than two (2) years. This update must include both theory and clinical components.

d. Fees are nonrefundable.

e. Disciplinary action.

Any expanded role LPN who is in violation of the *Mississippi Nursing Practice Law and/or Rules and Regulations* shall be subject to disciplinary action by the board.

3.2 Advisory Committee.

The board may appoint an advisory committee consisting of at least one LPN educator and one expanded role LPN to advise the board on issues related to LPNs certified in the expanded role of IV therapy.

3.3 Scope of Practice.

a. In addition to IV-related activities within the scope of any LPN, the LPN certified in IV therapy may perform the following advanced acts of IV therapy:

(1) Initiate the administration of board-approved IV fluids and medications via a peripheral route;

(a) The peripheral route does not include midline or midclavicular catheters.

(b) Approved IV fluids and medications include electrolyte solutions with vitamins and/or potassium, IVPB antibiotics, IVPB anti-fungals H2 blockers and proton pump inhibitors (PPIs) provided such fluids and medications are appropriate for IV administration;

(c) IV fluids and medications must be commercially prepared or premixed and labeled by a RN or registered pharmacist;

(2) Maintain patency of a peripheral intermittent vascular access device using a nontherapeutic dose of a flush solution;

(3) Assist the RN in the administration of midline, midclavicular or central venous infusion of approved IV fluids by checking the flow rate and changing the site dressing.

b. The LPN certified in IV therapy may NOT:

(1) Initiate, regulate, add or administer medications to or discontinue a midline, midclavicular or central venous line;

(2) Administer or add the following to a peripheral venous line:

(a) IV push or bolus medications;

(b) IV medications other than those in Section 3.3a (1) (b) above;

(c) Parenteral nutritional agents other than vitamins;

(d) Blood, blood components, plasma, plasma expanders;

(e) Chemotherapeutic agents.

(3) Perform any advanced acts of IV therapy listed in Section 3.3 a. with patients under two (2) years of age;

(4) Perform any advanced acts of IV therapy listed in Section 3.3a. with pediatric patients age two (2) years and older unless:

(a) The patient is on a unit solely and specifically for pediatric patients; and

(b) The LPN certified in IV therapy is experienced and competent in the provision of care to pediatric patients; and

(c) A registered nurse is physically present on the pediatric patient care unit where IV therapy is being administered and is readily available to respond as needed.

c. Advanced acts, as defined in 3.3a. may be delegated to the LPN certified in IV therapy by a RN, licensed physician or licensed dentist.

d. Unless otherwise specified in these regulations, the LPN certified in IV therapy may perform advanced acts of IV therapy if the supervisor is physically on the premises where the patient is having nursing care provided. The physician or dentist may provide supervision in the medical or dental office. In all other settings, supervision and delegation must be by a registered nurse.

e. Advanced acts of IV therapy as listed in section 3.3a. may not be performed by the LPN in the home setting.

3.4 Minimum Program Requirements.

The IV therapy program must utilize the board-approved standardized IV therapy curriculum or its equivalent as approved by the board.

4. Expanded Role for the Licensed Practical Nurse in Hemodialysis

4.1 Certification, Renewal, Reinstatement, Discipline.

a. Initial certification

Prior to board certification allowing the LPN to practice in the expanded role of hemodialysis, the LPN must:

(1) Be currently licensed as a LPN in Mississippi or hold a temporary permit to practice as a LPN in Mississippi; and

(2) Submit required application and fees; and

(3) Have graduated from an state approved practical nurse educational program or an equivalent state approved program; and

(4) Have one (1) year of clinical experience as a LPN within the past three (3) years;

(5) Submit official evidence of completion of an educational program of study and clinical experience in hemodialysis approved by the board; and

(6) Be certified in the Expanded Role of IV Therapy. However, any licensed practical nurse certified in expanded role of hemodialysis on or before April 1, 2007, will not be required to be certified in expanded role of IV therapy, provided that said licensed practical nurse who is certified in expanded role of hemodialysis on or before April 1, 2007, is educated and competent in all applicable procedures, and that said education and competence is documented initially, and also documented on a continuing basis.

b. Renewal of certification.

Expanded role LPNs shall renew hemodialysis certification in conjunction with renewal of the LPN license and shall submit the following:

(1) Renewal application and fee; and

(2) Documentation of completion of a minimum of ten (10) contact hours of continuing education and/or inservice education in hemodialysis within the previous two (2) year period.

c. Reinstatement of lapsed certification.

Expanded role LPNs may reinstate lapsed hemodialysis certification upon:

(1) Documentation of a current, active LPN license; and

(2) Submission of the LPN expanded role reinstatement application and fee; and

(3) Submission of documentation of completion of a minimum of ten (10) contact hours of continuing education and/or inservice education in hemodialysis within the previous two (2) year period if lapsed for less than two (2) years; or

(4) Submission of evidence of successful completion of a board-approved hemodialysis update if lapsed for more than two (2) years. This update must include both theory and clinical components.

d. Fees are nonrefundable.

e. Disciplinary action.

Any expanded role LPN who is in violation of the Mississippi Nursing Practice Law and/or Rules and Regulations shall be subject to disciplinary action by the board.

4.2 Advisory Committee.

The board may appoint an advisory committee consisting of at least one RN in hemodialysis and one LPN in the expanded role of hemodialysis to advise the board on issues related to LPNs certified in the expanded role of hemodialysis.

4.3 Scope of Practice.

a. The LPN certified in hemodialysis may:

(1) Initiate and discontinue hemodialysis via fistula needles in the peripheral fistula or graft;

(2) Inject intradermal lidocaine in preparation for dialysis and access;

(3) Initiate and discontinue hemodialysis via catheter;

(4) Administer heparin intravenously, including:

(a) Draw up and administer heparin (1:1000 strength) for initial and continued administration; and

(b) Loading and activating the constant infusion pump and/or intermittently injecting the prescribed dose.

(5) Administer saline intravenously, including:

(a) Administration of a saline bolus during a hypotensive episode (this must be in accordance with an agency protocol and with RN supervision and consultation); and

(b) Administration and regulation of a normal saline solution for purpose of maintaining the fluid plan that is established by the RN.

(6) Draw up and administer erythropoietins intravenously.

(7) Draw up and administer synthetic vitamin Ds intravenously.

(8) If dually certified in IV therapy the expanded role hemodialysis LPN may administer approved IV fluids and medications as indicated in Chapter IV, Section 3.3a(1)(b).

b. The LPN certified in hemodialysis may function in this role and scope of practice only under the direct supervision of a registered nurse.

c. The LPN certified in hemodialysis may function in this role only in hemodialysis facilities which are certified by the Mississippi State Department of Health, Division of Licensure and Certification, or its successor agency.

d. The LPN certified in hemodialysis may NOT:

(1) Administer or add the following except as specified in 4.3a:

(a) IV medications; or

(b) Blood, blood components, plasma, plasma expanders; or

(c) Hypertonic solutions; or

(2) Determine or regulate the dosage of heparin; or

(3) Perform hemodialysis in the home setting.

4.4 Minimum Program Requirements.

The Hemodialysis Education Program for Expanded Role LPNs must utilize the board-approved standardized curriculum or its equivalent as approved by the board.

5. Registered Nurse First Assistant (RNFA)

5.1 The RN may function in the role of Registered Nurse First Assistant (RNFA) according to the position statement adopted by the Association of Peri-operative Registered Nurses (AORN).

5.2 The title RNFA shall only be used by persons prepared and educated according to the AORN's requirements for RNFA's.

5.3 RNFA program requirements:

a. The RNFA program should be equivalent to one academic year of formal, post-basic nursing study; consist of curricula that address all of the modules in the *Core Curriculum for the RN First Assistant*; and award college credits and degrees or certificates of RNFA status upon satisfactory completion of all requirements.

b. The RNFA program should be associated with a school of nursing at universities or colleges that are accredited for higher education by an accrediting agency that is nationally recognized by the Secretary of the US Department of Education.

5.4 In order to function as a RNFA, the RN must:

a. Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi; and

b. Submit official written evidence of additional preparation acquired through completion of an RNFA program that meets the "AORN standards for RN first assistant education programs" and is accepted by Competency and Credentialing Institute (CCI).

CHAPTER V. NURSE LICENSURE COMPACT

2. Definition of Terms in the Compact

For the purpose of the compact:

1.1 Adverse action.

A home or remote state action.

1.2 Alternative program.

A voluntary, non-disciplinary monitoring program approved by a nurse licensing board.

1.3 Board.

A party state's regulatory body responsible for issuing nurse licenses.

1.4 Coordinated licensure information system.

An integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a nonprofit organization composed of and controlled by state nurse licensure boards.

1.5 Current significant investigative information.

(a) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

(b) Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.

1.6 Home state.

The party state which is the nurse's primary state of residence.

1.7 Home state action.

Any administrative, civil, equitable or criminal action permitted by the home state's laws which are imposed on a nurse by the home state's licensing board or other authority including actions against an individual's license such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.

1.8 Information system.

The coordinated licensure information system.

1.9 Multi-state licensure privilege.

Current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.

1.10 Nurse.

A registered nurse or licensed practical/vocational nurse, as those terms are defined by each party's state practice laws.

1.11 Party state.

Any state that has adopted this compact.

1.12 Primary state of residence.

The state of a person's declared fixed, permanent and principal home for legal purposes; domicile.

1.13 Public.

Any individual or entity other than designated staff or representatives of party state boards or the National Council of State Boards of Nursing, Inc.

1.14 Remote state. A party state, other than the home state.

(a) Where the patient is located at the time nursing care is provided, or

(b) In the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.

1.15 Remote state action.

(a) Any administrative, civil, equitable or criminal action permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multi-state licensure privilege to practice in the remote state, and

(b) Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof.

1.16 State.

A state, territory, or possession of the United States, the District of Columbia or the Commonwealth of Puerto Rico.

1.17 State practice laws.

Those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. "State practice laws" does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

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

2. Issuance of a License by a Compact Party State

For the purpose of this compact:

2.1 As of July 1, 2005, no applicant for initial licensure will be issued a compact license granting a multi- state privilege to practice unless the applicant first obtains a passing score on the applicable NCLEX examination or its predecessor examination used for licensure.

~~2.1~~2.2A nurse applying for a license in a home party state shall produce evidence of the nurse's primary state of residence. Such evidence shall include a declaration signed by the licensee. Further evidence that may be requested may include but is not limited to:

(a) Driver's license with a home address;

(b) Voter registration card displaying a home address; ~~or~~

(c) Federal income tax return declaring the primary state of residence;

(d) Military Form No. 2058 – state of legal residence certificate; or

(e) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

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

2.4 A licensee issued by a party state is valid for practice in all other party states unless clearly designated as valid only in the state which issued the license.

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

2.6 A nurse changing primary state of residence, from one party state to another party state, may continue to practice under the former home state license and multi-state licensure privilege during the processing of the nurse's licensure application in the new home state for a period not to exceed thirty (30) days.

2.7 The licensure application in the new home state of a nurse under pending investigation by the former home state shall be held in abeyance and the thirty-day (30) period in subsection 2.2 of this section shall be stayed until resolution of the pending investigation.

2.8 The former home state license shall no longer be valid upon the issuance of a new home state license.

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

3. Limitations on Multi-State Licensure Privilege

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

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

4. Information System

4.1 Levels of access

(a) The public shall have access to nurse licensure information limited to:

(1) the nurse's name,

(2) jurisdiction(s) of licensure,

(3) license expiration date(s),

(4) licensure classifications(s) and status(es),

(5) public emergency and final disciplinary actions, as defined by contributing state authority, and

(6) the status of multi-state licensure privileges.

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

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

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

4.3 The board shall report to the information system within ten (10) business days:

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

(b) dismissal of complaint, and

(c) changes in status of disciplinary actions, or licensure encumbrance.

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

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

CHAPTER VI. CERTIFIED CLINICAL HEMODIALYSIS TECHNICIANS

1. Applicants

1.1 Certification by Examination

a. Applicants for certification as a hemodialysis technician, Certified Clinical Hemodalysis Technician (CCHT) , by examination shall submit the following to the board:

(1) A completed board application:

(2) Official written evidence of a diploma or GED from an approved high school or the equivalent thereof, as determined by the appropriate education agency;

(3) Official written evidence of successful completion of an in-state hemodialysis technician program approved by the board;

(4) Evidence of competence in English related to healthcare/nursing provided the first language is not English; and

(5) Official written evidence of employment, if employed as a technician for five (5) years or longer;

(6) Evidence of successful completion of the Nephrology Nursing Certification Commission (NNCC) examination.

(7) Any other official records required by the board;

b. Applicants for certification by examination for CCHT with five (5) years or more experience shall be able to waive the theory component of a training program, but shall be required to perform at least (45) RN supervised cannulations.

c. The passing score for the examination shall be a standard score as recommended by the NNCC national certifying entity or its successor and adopted by the board.

d. An applicant for reexamination must submit a reexamination and required nonrefundable fees by the deadline date established by the board.

e. Results of the examination may be reported to the applicants; but, shall not be reported over the phone. The board may release examination results to any individual or agency upon written authorization from the candidate and payment of required nonrefundable fee.

1.2 Certification by Endorsement

a. Applicants who have practiced as uncertified hemodialysis technicians in other states or who have been certified in another state may apply for certification by endorsement in Mississippi if they provide:

(1) Official evidence directly from the training program of the successful completion of an approved hemodialysis technician training program in another state meeting or exceeding the requirements of Mississippi;

(2) Official evidence of current certification by the Nephrology Nursing Certification Commission (NNCC), the Board of Nephrology Examiners for Nursing and Technology (BONENT); or the National Nephrology Certification Organization (NNCO).

(3) Official evidence of current certification in another state or territory as applicable, if the state from which the applicant is coming regulates and certifies hemodialysis technicians; and

(4) Required nonrefundable licensure fee and completed attested application for endorsement.

1.3 Renewal

a. CCHTs shall complete the renewal process including submission of an application for renewal by July 31 of every odd number year.

b. If the certificate is not renewed by July 31 of the odd number year, the CCHT does not hold a valid certificate and shall not function as a CCHT until the lapsed certificate has been reinstated.

c. Attested renewal applications, nonrefundable renewal fee and proof of certification by the Nephrology Nursing Certification Commission (NNCC), the Board of Nephrology Examiners for Nursing and Technology (BONENT) or the National Nephrology Certification Organization (NNCO) shall be submitted to the board prior to July 31 of every odd number year.

1.4 Reinstatement

Applicants for reinstatement of certifications which have lapsed must provide:

a. An attested reinstatement application, nonrefundable reinstatement fee and proof of certification by the board-approved national certifying entity to the board.

Incomplete applications for certification become null and void one (1) year after date of last noted activity. Applications containing fraudulent or misrepresented information could be the basis for denial of certification.

b. If the applicant has not worked as a CCHT within the year preceding application, successful completion of a board-approved educational program may be required as set forth in Chapter VI, Section 4.1, Refresher Course Requirements.

c. The board reserves the right to determine who is duly qualified for reinstatement of certification.

1.5 Certification and Applications

a. The board reserves the right to determine who is duly qualified for renewal of certification.

b. Incomplete applications for certification become null and void one (1) year after date of last noted activity.

c. Applications containing fraudulent or misrepresented information could be the basis for denial of certification.

2. Standards for CCHT

2.1 Authorized functions of the CCHT under the direct supervision of a registered nurse

The CCHT under the direct supervision of a registered nurse may:

a. Place the fistula needles in the peripheral fistula or graft in preparation for initiation of hemodialysis (perform arteriovenous punctures for dialysis access);

b. Inject intradermal lidocaine in preparation for dialysis access;

c. Administer heparin intravenously, including:

(1) Drawing up heparin (1:1,000 strength) for initial and continued administration,

(2) Administration of the heparin peripherally via the fistula needle, and

(3) Loading and activating the constant infusion pump or intermittently injecting the prescribed dose;

d. Administer saline intravenously, including:

(1) Administration of a saline bolus during a hypotensive episode (this must be in accordance with an agency protocol and with registered nurse supervision and consultation), and

(2) Administration and regulation of a normal saline solution for the purpose of maintaining the fluid plan that is established by the registered nurse;

e. Connect a dialysis access to isotonic saline or heparinized isotonic saline;

f. Administer oxygen;

g. Collect additional data concerning patient's condition;

h. Function only under the direct supervision of a registered nurse; and

i. Function only in hemodialysis facilities which are certified by the Department of Health, Division of Licensure and Certification, or its successor agency.

2.2. Prohibited functions of the CCHT:

The CCHT shall not:

a. Take orders for dialysis treatments;

b. Alter dialysis orders as prescribed by a physician or Nurse Practitioner;
c. Determine or regulate the dosage of heparin;
d. Perform hemodialysis in the home setting;
e. Perform any function or service for clients for which a nursing license is required under Miss. Code Ann. Section 73-15-1 et seq. and the *Mississippi Board of Nursing Rules and Regulations*;
f. Initiate or discontinue treatment via central lines;
g. Initiate, regulate, monitor, provide care related to, or discontinue hemodialysis via any dual lumen catheter (temporary or permanent) regardless of placement;
h. Administer medications by any route except those agents addressed in Chapter VI, 2.1 of these rules; or
i. Administer blood, blood components, plasma, plasma expanders, hypertonic solutions or other intravenous solutions except those agents in Chapter VI, 2.1 of these rules.
j. Perform dialysis treatments when not under the direct supervision of a RN.
k. Function in supervisory capacity.
l. Delegate care or portions of care to others.

3. Disciplinary Action

3.1. Grounds for disciplinary action

The Board retains the power to conduct disciplinary hearings of CCHTs and/or applicants for certification concerning the restriction, denial, suspension, revocation and/or discipline of a CCHT in accordance with the provisions of this act as follows:

a. The CCHT is incapable of functioning as a CCHT which is defined to include, but not limited to:
   (1) Inability to function with reasonable skill and safety as a CCHT for any reason including, but not limited to, the use of drugs, alcohol, controlled substances or any mind or mood altering substance which could impair judgment.
   (2) Is addicted to or dependent on alcohol or other habit-forming drugs or is a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effect, or has misappropriated any medication.
   (3) Working under the influence of alcohol or other mood altering substances.
   (4) Has a physical, mental or emotional condition that renders the CCHT unable to perform CCHT services or duties with reasonable skill and safety.
   (5) Performance of unsafe or unacceptable care of clients receiving dialysis treatments or failure to conform to the essential and prevailing standards of CCHTs.
   (6) Omitting in a negligent fashion to record information regarding procedures performed and care provided which could be relevant to the client’s care.

(7) Failure to report information regarding the client's treatment and/or health status to appropriate person which could be relevant to the client's care and status.
(8) Negligently or willfully providing care in a manner that fails to meet generally accepted standards of care;
(9) Engages in conduct likely to deceive, defraud or harm the public.
(10) Negligently or willfully failing to maintain confidentiality of client information.
(11) Violates any provisions of this chapter.
(12) Engages in any conduct, whether of the same or of a different character from that specified in this chapter, that would constitute a crime as defined in Title 97 of the Mississippi Code of 1972, as now or hereinafter amended.

b. The CCHT is incapable of functioning as responsible member of the health care team which is defined to include, but not limited to:
(1) Falsifying, altering or in a repeatedly negligent manner making incorrect entries or failing to make essential entries on records.
(2) Misappropriation of money, drugs, or property.
(3) Obtaining or attempting to obtain any fee for client services for one's self or for another through fraud, misrepresentation or deceit.
(4) Obtaining, possessing, administering or furnishing prescription drugs to any person, including, but not limited to one's self, except as directed by a person authorized by law to prescribe.
(5) Obtaining or attempting to obtain a certificate to function as a CCHT for one's self or for another through fraud, deceit, misrepresentation or any other act of dishonesty in any phase of the certification.
(6) Functioning as a CCHT in Mississippi without a valid, current Mississippi certificate, or aiding, abetting or assisting another to function as a CCHT without a valid, current Mississippi certificate.
(7) Failure to report a CCHT who is suspected of violating the provisions of 73-15-1 et seq. and/or rules for CCHTs.
(8) Exceeding the authorized function of a CCHT.
(9) Abusing, neglecting or exploiting a client.
(10) Engaging in sexual contact toward or with a client.
(11) Felony conviction or conviction of a crime involving moral turpitude or has had accepted by a court a plea of nolo contendere to a felony or crime involving moral turpitude (a certified copy of the judgment of the court of competent jurisdiction of such conviction or plea shall be prima facie evidence of such conviction).
(12) Negligently or willfully acting in a manner inconsistent with the health or safety of the public.
(13) Has negligently or willfully failed to respect the rights and dignity of a client.
(14) Has had a certification or equivalent thereto suspended or revoked in any jurisdiction, has voluntarily surrendered such certification in any jurisdiction, has been placed on probation as a CCHT or has been placed

under a disciplinary order(s) in any manner as a CCHT in any jurisdiction, (a certified copy of the order of suspension, revocation, probation or disciplinary action shall be prima facie evidence of such action).

(15) Has negligently or willfully violated any order, rule or regulation of the board pertaining to working as a CCHT or certification.

3.2 Disciplinary Proceedings

Disciplinary proceedings will be conducted in accordance with Miss. Code Ann. Section 73-15-1 et seq. and the *Mississippi Board of Nursing Rules and Regulations*.

5. Education

4.1 Refresher Course Requirements

CCHT Refresher Courses must have:

a. A minimum of eighty (80) hours of clinical practice under the direct supervision of an approved clinical preceptor;

b. Successful completion of the hemodialysis technician training program's skills list;

c. Successful completion of the hemodialysis technician training program final examination with a score of at least 80%; and

d. Written verification, on agency letterhead, of successful completion of supervised clinical practice, skills list, and the final examination shall be provided to the board by the training program's board-approved nurse educator.

4.2 Minimum Standards for Hemodialysis Technician Training Program

a. Objectives. There shall be written objectives for the training program which serve as the basis for planning, implementing and evaluating the program.

(1) The objectives shall be developed by the training program faculty.

(2) The training program objectives shall describe the knowledge and skills expected of the CCHT, and shall be consistent with the authorized functions of the CCHT.

(3) The training program objectives shall be reviewed annually and revised as necessary by the nurse educator.

b. Curriculum

(1) The curriculum shall be developed, implemented and evaluated by the training program faculty within the framework of the objectives listed in Chapter VI, 4 4.2 a., of these rules.

(2) The curriculum shall extend over a period of time sufficient to provide essential, sequenced learning experiences which enable a student to develop competence and shall evidence an organized pattern of instruction consistent with principles of learning and sound educational practices. There shall be a minimum of eighty (80) hours of classroom study, and a minimum of one-hundred sixty (160) hours of supervised clinical experience prior to the final examination of the Hemodialysis Technician Training Program. Following successful completion of the final examination of the Hemodialysis Technician Training Program,

there shall be a minimum of 6 months supervised clinical experience prior to the certified clinical hemodialysis technician (CCHT) examination.

(3) Supervised clinical experience shall provide opportunities for the application of theory and for the achievement of stated objectives in a patient care setting and shall include clinical learning experiences to develop the skills required by hemodialysis technicians to provide safe patient care. The nurse educator and/or clinical preceptor must be physically present and accessible to the student when the student is in the patient care area.

(4) The training program's nurse educator shall develop a written systematic plan for curriculum and program evaluation.

c. Administration and organization

(1) The hemodialysis technician training program shall be an integral part of a hemodialysis clinic or unit which is licensed by the Mississippi Department of Health, Division of Licensure and Certification or its successor.

(2) There shall be a nurse educator to administer the training program and who shall be responsible for the development, implementation and evaluation of the training program, arrangements for and supervision of students' clinical experiences and communication with the board.

d. Qualifications and competencies of faculty

(1) The nurse educator shall be a registered nurse and shall have an active unrestricted license/privilege to practice nursing in Mississippi.

(a) The nurse educator shall have at least two (2) years of nursing practice experience including at least one (1) year of nursing experience in dialysis. Previous nursing experience in critical care and nursing education is desirable.

(b) The nurse educator shall be a certified nephrology nurse (CNN) or certified dialysis nurse (CDN).

(2) Clinical preceptor(s) shall be a registered nurse or licensed practical nurse certified in the hemodialysis expanded role, and shall hold an active unrestricted license/privilege to practice nursing in Mississippi.

(a) Clinical preceptors shall have a least one (1) year of nursing practice experience including at least six (6) months of nursing experience in dialysis.

(b) Clinical preceptors shall demonstrate knowledge and skills in dialysis nursing.

5. Approval of Hemodialysis Technician Training Programs

5.1. Initial Program Approval

A dialysis unit, licensed by the Mississippi Department of Health, wishing to obtain approval of its hemodialysis technician training program shall submit an application for approval to the board. Board staff or its designee shall evaluate the application,

provide for a site visit to the dialysis unit and make a recommendation to the board regarding the approval of the training program.

a. The initial application for approval shall be consistent with the "minimum standards for hemodialysis technician training programs" and shall contain the following:
   (1) Objectives of the training program;
   (2) Organizational chart;
   (3) Name of the medical director, administrator, and nursing director;
   (4) Names and resumes of the nurse educator(s) and clinical preceptor(s);
   (5) Verification of state licensure;
   (6) Program curriculum; and
   (7) Hemodialysis technician job description.

b. A representative of the training program may be scheduled to meet with board staff or its designee to present the proposed program.
   (1) Following the review of the application, a recommendation concerning, among other things, approval/denial of approval shall be made to the board.
   (2) A program not recommended for approval may reapply for approval at which time the program must provide evidence that the identified deficiencies have been corrected.

c. After receipt of necessary reports and recommendations the committee's report and recommendation(s), the board may:
   (1) Grant approval of the program,
   (2) Defer a decision regarding approval, or
   (3) Deny approval.

5.2 Criteria for approval, probationary approval, and denial or withdrawal of approval

The board is the final authority regarding continued approval, probationary approval, denial and/or withdrawal of program approval.

a. Criteria for approval
   (1) Approval shall be granted for no more than five (5) years to a training program when, in the opinion of the board, the program demonstrates compliance with the "minimum standards for approval of hemodialysis technician training programs."
   (2) To ensure continued compliance with the minimum standards for approval, the training program may be periodically revaluated.
      (a) During the period of approval and prior to the expiration of approval, a self-evaluation report shall be submitted to board staff or its designee and a site visit shall be made to the program. Whenever possible the site visit should be made to the program when a training session is in progress.
      (b) After the review of the self-evaluation and report of the site visit by board staff or its designee, a report shall be made to the board regarding continuation of the training program's approval.
      (c) The board may authorize unannounced site visits be made to the approved hemodialysis technician training programs.

b. Criteria for probation

(1) A training program may be given probationary approval when there is evidence of:
    (a) Basic compliance with the "minimum standards for approval of hemodialysis technician training programs" along with identified areas which need improvement.
    (b) Minimal retention of qualified faculty and/or preceptors resulting in disorganization of the program and a breakdown of supervision and teaching of the program.
    (c) Basic compliance with the training program's stated philosophy, objectives, policies and curriculum along with identified areas which need improvement resulting in unsatisfactory student achievement.
    (d) Minimal provision of clinical experiences and/or supervision necessary to meet the objectives of the training program.
(2) The training program shall be advised of the reason(s) for the probationary approval.
(3) A reasonable time period, not to exceed one year, will be designated in which the training program must correct deficiencies and meet the minimum standards for approval.
(4) At least sixty (60) days prior to the end of the probationary approval, the training program shall submit a self-evaluation which includes a description of changes made to correct the deficiencies, and a site visit may be made. Board staff or its designee will submit a report to the board.
(5) The board may grant approval to the training program, extend the probationary approval or it may withdraw approval of the program.

c. Criteria for denial or withdrawal of approval
(1) The board may deny approval of a training program when a program fails to provide evidence of compliance with the "minimum standards for approval of hemodialysis technician training programs." A written notice concerning the reasons shall be provided to the officials of the dialysis unit.
(2) The board may withdraw approval of a training program if the program fails to correct deficiencies resulting in noncompliance with the "minimum standards for approval of hemodialysis technician training programs."
    (a) A written notice concerning the reasons shall be provided to the officials of the dialysis unit.
    (b) The training program shall be removed from the list of board-approved hemodialysis technician training programs.

5.3 Changes Requiring Notification to the Board of Nursing for Approval
a. Program changes requiring approval of the board:
(1) Major curriculum changes and/or reorganization of the curriculum.
(2) Major changes in the program's objectives or goals.
(3) Changes in required didactic and/or clinical practice hours.
(4) Changes in the training program faculty and/or clinical preceptors.
(5) Changes in the dialysis unit/clinic's hemodialysis technician job description.

b. Procedure for requesting board approval for program changes

(1) The board shall be notified, in writing, of changes in the program requiring board approval. The notification shall include, but not limited to:

(a) The proposed change(s);

(b) Rationale for the proposed change(s);

(c) Anticipated effect on the current training program;

(d) Timetable for implementation of the proposed change(s);

(e) As applicable, presentation of the differences between the current system and proposed change(s);

(f) As applicable, method of evaluation which will be used to determine the effect of the change;

(g) As applicable, a description of the study and/or method used to determine need for a change; and

(h) As applicable, plans for continuing to meet the "minimum standards for approval of the hemodialysis technician training program."

(2) Board staff may present the changes and recommendations to the board at a regularly scheduled board meeting.

c. Other changes requiring notification to the board

(a) Changes in the internal administration or organizational plan of the hemodialysis clinic or unit which affects the training program.

(b) Changes in the facility licensure status with the Mississippi Department of Health, Division of Licensure and Certification, including but not limited to revocation of licensure, probation of licensure or requirement of corrective action plan.

6. Hemodialysis Technician Certification Examination

6.1 Examination

a. The board shall designate the board-approved certification examination for hemodialysis technicians. The board may develop and maintain the board-approved certification examination for hemodialysis technicians.

b. The examination shall be administered six (6) times each year and as needed.

6.2 Administration of Examination

a. Applicants for certification as a hemodialysis technician shall be required to pass the board-approved hemodialysis technician certification examination prior to certification as a CHT.

b. Applicants observed giving and/or receiving unauthorized assistance during the writing of the examination shall be physically removed from the examination center and the individual(s) shall be referred to the board by a sworn complaint filed by the examiner.

c. Applicants who fail the examination may repeat the examination one (1) time within a six (6) month period without repeating an approved training program. After two (2) unsuccessful attempts, applicants will be required to complete a

board-approved hemodialysis technician program. Applicants who fail the examination may not function as CCHTs.

7. Change of name and/or address:
   - 7.1 The CCHT shall supply evidence of name change, i.e., copies of court records, marriage certificate, etc., in order for any official change to be made on records.
   - 7.2 The CCHT shall keep the board informed in writing as to change in address.
8. Loss of license, temporary permit, or certification card:
   - 8.1 The CCHT shall report any lost or stolen license, temporary permit, or certification card with complete identifying information.
   - 8.2 Upon receipt of information surrounding the loss or theft of the license, temporary permit, or certification card and receipt of required fee, the board will issue a duplicate document.

9. CCHT Advisory Committee

The board may appoint an advisory committee consisting of at least one (1) registered nurse practicing in hemodialysis and one (1) licensed practical nurse preferably a licensed practical nurse certified in the expanded role of hemodialysis to advise the board on issues related to CCHTs.

10. Penalty for Presentation of Bad Checks

A fee as established by Miss. Code Ann. Section 97-19-57, shall be assessed to any individual who presents a check that is later dishonored by the bank. Payment shall be made by cash, certified check, or money order within fifteen (15) days of notification by certified mail of the returned check. Such fees shall be in addition to the amount due. Certifications obtained by payment of a bad check shall be considered invalid until full payment has been made.

CHAPTER VII. DEFINITIONS

1. Advanced Practice Registered Nurse
   An advanced practice registered nurse is a person who is licensed or holds the privilege to practice under Miss. Code Ann. Section 73-15-5, and who is nationally certified as an advanced practice registered nurse or in a specialized nursing practice and includes certified nurse midwives “CNM” certified registered nurse anesthetists “CRNA” and certified nurse practitioners “CNP.”
2. Approval/Approved Program of Nursing
   A nursing program which has been officially recognized as having met the standards set forth by the legally authorized approval or accrediting entity within the state.
3. Auxiliary Worker/Unlicensed Person
   An individual who is trained to function in an assistive role to the licensed nurse in the provision of patient care as delegated by and under the supervision of the registered nurse.
4. Collaboration

A Mississippi Board of Nursing recognized relationship between the APRN and a physician with an unrestricted license to practice medicine in the state of Mississippi. This relationship must be documented in a protocol that is mutually agreed upon by the physician and the nurse practitioner and approved by the Board of Nursing. In accordance with the purpose of the Mississippi Board of Nursing, the board shall have the authority to inspect all records maintained by the nurse practitioner and related to the nurse practitioner's practice.

5. Competence
   The skillful and proficient performance of the functions that are within the role of the license and the demonstration of essential knowledge, judgment, and skills.
6. Delegate/Delegation
   The transfer of responsibility for the performance of an activity from one individual to another while retaining accountability for the outcome.
7. Electronic Prescribing
   Electronic prescribing or E-prescribing shall mean the electronic entry of a prescription by a practitioner, the secure electronic transmission of the prescription to a pharmacy, the receipt of an electronic message by the pharmacy and E-prescription renewal requests sent electronically by the pharmacy to the practitioner. Electronic transmissions may be computer to computer or computer to facsimile.
8. Endorsement
   The process by which individuals are licensed in other jurisdictions, or who would be eligible for reinstatement of licensure in a compact state if that compact state were the applicant's primary state of residence, to achieve the legal privilege to practice nursing in this state upon fulfilling all requirements set by the board.
9. Inactive Licensure
   The state of licensure granted at the discretion of the board to persons not engaged in the active practice of nursing but desiring to maintain licensure.
10. Lapsed License
    The licensure status of an individual who has failed to renew the nursing license within the time period specified in the Nursing Practice Law.
11. Licensed Practical Nurse Certified in IV Therapy
    A licensed practical nurse who has met all requirements for certification, as stated in the Nursing Practice Law, Rules and Regulations, and who has been certified by the board in the expanded role of IV therapy.
12. Licensure
    A regulatory mechanism by which a jurisdiction grants permission to an individual to practice nursing upon finding that the applicant has met predetermined qualifications and has attained the degree of competency necessary to practice at a safe and effective level.
13. Prescribe
    The act of providing a prescription for medication.
14. Order
    To direct the administration of a therapeutic procedure or medication for a patient.
15. Reinstatement
    The procedure of restoring or re-establishing a nursing license which has lapsed or which has been suspended or revoked, by fulfilling all requirements set by the board.

16. Renewal of Licensure
    The procedure by which authorization to continue practicing is extended by the board for a specified period of time, provided the licensee meets all requirements.
17. Scope of Practice
    The legally authorized range of activities and functions performed by licensed nurses and based on competence of the nurse, availability of necessary resources, and generally accepted standards of practice.
18. Standards of Practice
    Practice guidelines, criteria, parameters, or other recommendations related to nursing practice that serve as a measure or model to which the practice of nursing should conform. Such standards are issued by professional associations or other recognized authorities and agencies.
19. Supervision
    A close watch involving judicious oversight and evaluation and the provision of guidance and direction.
    a. Direct Supervision - Supervision provided by an individual who is physically present in the patient care unit where the patient is receiving nursing care.
    b. Indirect Supervision - Supervision provided by an individual who is immediately accessible but is not physically present on the patient care unit where the patient is receiving nursing care.
20. Temporary Permit
    A document conferring the privilege to practice nursing on a conditional basis for a specified period of time pending completion of board requirements for licensure.

CHAPTER VIII. FEES

The board shall establish and collect fees for services as determined by the board. Fees may be paid in the form of check or money order. Online services may be paid by credit card. Fees paid to the board are nonrefundable processing fees.

1. EXAMINATION
   Registered Nurses: $100.00
   Licensed Practical Nurses: $60.00
   Registered Nurses (Repeat): $100.00
   Licensed Practical Nurses (Repeat): $60.00
2. TEMPORARY PERMITS
   Endorsement: $25.00
   Reorientation: $25.00
   Camp: $ 25.00
3. REINSTATEMENT
   Active: $100.00
   January 1 - January 31 (Reinstatement plus $50.00 Administrative Fee)
   February 1 - June 30 (Reinstatement plus $150.00 Administrative Fee)
   Inactive to Active: $75.00
4. RENEWAL

Active: $100.00
Inactive: $25.00

5. ENDORSEMENT
   Registered Nurses: $100.00
   Licensed Practical Nurses: $60.00
6. FINGERPRINTING AND CRIMINAL BACKGROUND CHECKS: $75.00
7. PRIMARY STATE OF RESIDENCY CHANGE
   Changing active Mississippi license from single state to multi state: $25.00
8. DUPLICATE
   Name Change: $25.00
   Wallet Card: $25.00
9. ADVANCED PRACTICE
   State Certification (Initial): $100.00
   State Certification (Renewal for first certification): $100.00
   State Certification (Renewal for each additional certification): $50.00
   Controlled Substance Prescriptive Authority (Initial and/or Renewal): $100.00
   State Certification (Reinstatement): $100.00
   Protocol Revisions
      Addition of Physician: $25.00
      Addition of Clinical Site: $25.00
      Deletion of a Physician or Clinical Site: No charge
10. EXPANDED ROLE LPN (IV Therapy and Hemodialysis)
   Certification (Initial): $20.00
   Certification (Renewal): $10.00
   Certification (Reinstatement): $20.00
11. VERIFICATION OF LICENSURE: $20.00
12. ONLINE SUBSCRIPTION VERIFICATION
   Level II: $500.00
   Level III: $800.00
   Level IV: $2,000.00
13. CERTIFICATE OF LICENSURE: $25.00
14. ROLE DELINEATION PROCESS: $50.00
15. BAD CHECK FEE: $40.00
16. SCORE REPORT: $10.00
17. TRANSCRIPT: $10.00
18. ANNUAL REPORT (Including Statistical Report): $30.00
19. LAW, RULES AND REGULATIONS: $20.00
20. PUBLIC INFORMATION REQUEST
   50 (or less) pages (base): $20.00
   Each page over 50 (base + per page): $.50
21. MAILING LIST
   Registered Nurses: $500.00
   Licensed Practical Nurses: $500.00
   Nurse Practitioners: $250.00
22. DISCIPLINARY HEARING APPEAL FROM BOARD PANEL: $50.00
23. DISCIPLINARY HEARING APPEAL FROM FULL BOARD: $100.00

24. FALSIFYING INFORMATION ON APPLICATIONS: Maximum $5,000
25. CERTIFIED HEMODIALYSIS TECHNICIANS
    Application for certification by examination: $ 50.00
    Application for renewal of certificate: $ 50.00
    Application for endorsement: $50.00
    Application for reinstatement of certificate: $ 75.00
    Initial program review for approval: $ 500.00
    Initial site visit for approval: $ 500.00
    Program renewal evaluation: $ 500.00
    Site renewal evaluation: $ 500.00
    Periodic program evaluation due to board rule changes: $ 200.00
    Periodic program evaluation due to other reasons: $ 1,500.00
    Periodic site evaluation due to board rules changes: $ 200.00
    Periodic site evaluation due to other reasons: $ 1,500.00

Source: Miss. Code Ann. § 73-15-17

End of Rules and Regulations