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DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

The Department of Financial and Professional Regulation is posting these proposed amendments in an effort to make the public aware of possible changes that may have an impact on the industry/profession.

The general public may submit written comments to the Department during the first 45-day public comment period. Any suggested changes will be considered by the Department and (if applicable) the appropriate Board.

These proposed amendments were published in the March 20, 2020 Illinois Register. The 45-day comment period will end May 4, 2020.

Please submit written comments to Craig Cellini as stated in the attached notice.

- 1) Heading of the Part: Nurse Practice Act
- 2) Code Citation: 68 Ill. Adm. Code 1300
- 3) 

<u>Section Numbers</u> :	<u>Proposed Actions</u> :
1300.10	Amendment
1300.20	Amendment
1300.30	Amendment
1300.50	Amendment
1300.60	Amendment
1300.70	Repealed
1300.80	Repealed
1300.90	Amendment
1300.100	Repealed
1300.120	Amendment
1300.130	Amendment
1300.200	Amendment
1300.210	Amendment
1300.220	Amendment
1300.230	Amendment
1300.250	Amendment
1300.260	Amendment
1300.300	Amendment
1300.310	Amendment
1300.320	Amendment
1300.330	Repealed
1300.340	Amendment

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1300.350	Amendment
1300.360	Amendment
1300.400	Amendment
1300.430	Amendment
1300.445	New Section
1300.465	Amendment
1300.466	Amendment
1300.600	Repealed
1300.610	Repealed
1300.620	Repealed
1300.630	Repealed
1300.640	Repealed
1300.650	Repealed
1300.660	Repealed
1300.670	Repealed
1300.680	Repealed

4) Statutory Authority: Implementing and authorized by the Nurse Practice Act [225 ILCS 65]

5) A Complete Description of the Subjects and Issues Involved: These proposed rules are statutorily required and necessary to implement Public Act 100-513. The proposed rules are the second set of rules submitted (the first set were adopted in June of 2019) to modernize the Nurse Practice Act. The first set of rules created full practice authority for APRNs. These proposed rules provide additional clarifying language to the existing Registered Nurse (RN) and Licensed Practical Nurse (LPN) sections.

The proposed rules also include amending the RN delegation of authority, updating the process for the restoration of licenses, removing outdated provisions, expanding the definition of unethical or unprofessional conduct, and clarifying licensure requirements for foreign graduates. Additionally, the proposed amendments make minor changes to the APRN sections from the previously adopted rulemaking and they are intended to reduce regulatory burdens by removing outdated provisions that are no longer consistent with the modernization of the Act.

6) Any published studies or reports, along with the sources of underlying data, that were used when comprising this rulemaking, in accordance with 1 Ill. Adm. Code 100.355: None

7) Will this rulemaking replace any emergency rule currently in effect? No

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- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.
- 12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

Department of Financial and Professional Regulation  
Attention: Craig Cellini  
320 West Washington, 2<sup>nd</sup> Floor  
Springfield, IL 62786

217/785-0813  
Fax: 217/557-4451

All written comments received within 45 days after this issue of the Illinois Register will be considered.

- 13) Initial Regulatory Flexibility Analysis:
- A) Types of small businesses, small municipalities and not for profit corporations affected: None
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Small Business Impact Analysis:
- A) Types of businesses subject to the proposed rule:
- 54 – professional, scientific and technical services

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B) Categories that the agency reasonably believes the rulemaking will impact, including:

ii – regulatory requirements

15) Regulatory Agenda on which this rulemaking was summarized: July 2019

The full text of the Proposed Amendments begins on the next page:

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TITLE 68: PROFESSIONS AND OCCUPATIONS

CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1300  
NURSE PRACTICE ACT

SUBPART A: GENERAL PROVISIONS

Section	
1300.10	Definitions
1300.20	Nursing Delegation <u>by a Registered Professional Nurse</u>
1300.30	Fees
1300.40	Renewals
1300.50	Restoration
1300.60	Granting Variances
1300.70	Fines <u>(Repealed)</u>
1300.80	Public Access to Records and Meetings <u>(Repealed)</u>
1300.90	Unethical or Unprofessional Conduct
1300.100	Refusal to Issue a License Based on Criminal History Record <u>(Repealed)</u>
1300.110	Mandatory Reporting of Impaired Licensees
1300.120	<u>Care Counseling and Treatment Agreement</u> <del>Impaired Licensee – Disciplinary and Non-Disciplinary</del>
1300.130	Continuing Education

SUBPART B: LICENSED PRACTICAL NURSE

Section	
1300.200	Application for Examination or Licensure
1300.210	LPN Licensure Examination
1300.220	LPN Licensure by Endorsement
1300.230	Approval of Programs
1300.240	Standards for Pharmacology/Administration of Medication Course for Practical Nurses
1300.250	LPN Scope of Practice
1300.260	Standards for Professional Conduct for LPNs

SUBPART C: REGISTERED NURSE

Section

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- 1300.300 Application for Examination or Licensure
- 1300.310 RN Licensure Examination
- 1300.320 RN Licensure by Endorsement
- 1300.330 Nurse Externship (Repealed)
- 1300.340 Approval of Programs
- 1300.350 Standards of Professional Conduct for Registered Professional Nurses
- 1300.360 RN Scope of Practice
- 1300.370 Provision of Conscious Sedation by Registered Nurses in Ambulatory Surgical Treatment Centers

SUBPART D: ADVANCED PRACTICE REGISTERED NURSE

Section

- 1300.400 Application for Licensure
- 1300.410 Written Collaborative Agreements
- 1300.420 Collaboration and Consultation (Repealed)
- 1300.430 Written Collaborative Agreement – Prescriptive Authority
- 1300.440 APRN Scope of Practice
- 1300.445 Standards of Professional Conduct for APRNs
- 1300.450 Delivery of Anesthesia Services by a Certified Registered Nurse Anesthetist Outside a Hospital or Ambulatory Surgical Treatment Center
- 1300.460 Advanced Practice Registered Nursing in Hospitals or Ambulatory Surgical Treatment Centers
- 1300.465 Full Practice Authority
- 1300.466 Full Practice Authority Dispensing
- 1300.470 Advertising
- 1300.480 Reports Relating to APRN Professional Conduct and Capacity

SUBPART E: MEDICATION AIDE

- 1300.600 Pilot Program (Repealed)
- 1300.610 Application for Examination or Licensure as a Medication Aide (Repealed)
- 1300.620 Medication Aide Licensure Examination (Repealed)
- 1300.630 Qualified Employers and Facilities (Repealed)
- 1300.640 Standards for Termination (Repealed)
- 1300.650 Site Visits (Repealed)
- 1300.660 Approved Curriculum (Repealed)
- 1300.670 Medication Aide Scope of Practice (Repealed)
- 1300.680 Required Reports of Qualified Facilities (Repealed)

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- 1300.APPENDIX A Additional Certifications Accepted for Licensure as an Advanced Practice Nurse (Repealed)  
1300.EXHIBIT A Sample Written Collaborative Agreement

AUTHORITY: Implementing the Nurse Practice Act [225 ILCS 65] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105].

SOURCE: Adopted at 34 Ill. Reg. 14012, effective September 17, 2010; amended at 37 Ill. Reg. 9467, effective July 5, 2013; amended at 38 Ill. Reg. 15988, effective August 1, 2014; amended at 39 Ill. Reg. 15764, effective November 24, 2015; Subpart D recodified at 42 Ill. Reg. 17955; amended at 43 Ill. Reg. 6924, effective June 14, 2019; amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART A: GENERAL PROVISIONS

**Section 1300.10 Definitions**

The following definitions shall apply to this Part:

"Act" means the Nurse Practice Act [225 ILCS 65].

"Address of Record" means the address recorded by the Division in the applicant's or licensee's application file or license file, as maintained by the Division's licensure maintenance unit.

"Advanced Practice Registered Nurse" or "APRN" means a person who has met the qualifications for a:

certified nurse midwife (CNM);

certified nurse practitioner (CNP);

certified registered nurse anesthetist (CRNA); or

clinical nurse specialist (CNS) and has been licensed by the Division.

All advanced practice registered nurses licensed and practicing in the State of Illinois shall use the title APRN and may use specialty credentials after their name.

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"APRN Practice Pending Licensure" means practice by an APRN, under a temporary permit, who is scheduled to take the National Certification Examination. This period of practice cannot exceed 6 months from date of application for the license. APRN Practice Pending Licensure does not include prescriptive authority.

~~"Bilingual Nurse Consortium Course or Other Comparable Course Approved by the Division" means a course specifically designed to prepare a nurse trained in another jurisdiction, and for whom English is a second language, to take the Illinois required licensure examination.~~

"Board" means the Board of Nursing.

*"Collaboration" means a process involving 2 or more health care professionals working together, each contributing one's respective area of expertise to provide more comprehensive patient care. (Section 50-10 of the Act)*

*"Consultation" means the process by which an advanced practice registered nurse seeks the advice or opinion of another health care professional. (Section 50-10 of the Act)*

*"Dentist" means a person licensed to practice dentistry under the Illinois Dental Practice Act [225 ILCS 25]. (Section 50-10 of the Act)*

"Department" means the Department of Financial and Professional Regulation.

"Direction" means to give authoritative instruction to another regarding tasks and/or professional responsibilities.

"Director" means the Director of the Division of Professional Regulation, with the authority delegated by the Secretary.

"Division" means the Department of Financial and Professional Regulation-Division of Professional Regulation.

~~"Externship" means a two-year program allowing a registered nurse who is licensed under the laws of another state or territory of the United States to practice as a nurse extern under the direct supervision of a registered professional nurse while preparing for the NCLEX-RN examination.~~



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*"Impaired Nurse" means a nurse licensed under the Act who is unable to practice with reasonable judgment, skill or safety because of a physical or mental disability, as evidenced by a written determination or written consent based on clinical evidence, including loss of motor skills, abuse of drugs or alcohol, or a psychiatric disorder, of sufficient degree to diminish his or her ability to deliver competent patient care. (Section 50-10 of the Act)*

~~*"Medication Aide" means a person who has met the qualifications for licensure under the Act who assists with medication administration while under the supervision of a registered professional nurse (RN) in a long term care facility. (Section 80-5 of the Act)*~~

*"Nursing Intervention" means any treatment, based on clinical nursing judgment or knowledge, that a nurse performs. An individual or entity shall not mandate that a registered professional nurse delegate a nursing intervention if the registered professional nurse determines it is inappropriate to do so. A nurse shall not be subject to disciplinary or any other adverse action for refusing to delegate a nursing intervention based on patient safety. (Section 5-10 of the Act)*

*"Physician" means a person licensed to practice medicine in all its branches under the Medical Practice Act of 1987 [225 ILCS 60]. (Section 50-10 of the Act)*

*"Physician Assistant" means a person licensed under the Physician Assistant Practice Act of 1987 [225 ILCS 95]. (Section 50-10 of the Act)*

*"Podiatrist" or "Podiatric Physician" means a person licensed to practice podiatry under the Podiatric Medical Practice Act of 1987 [225 ILCS 100]. (Section 50-10 of the Act)*

*"Professional Responsibility" includes making decisions and judgments requiring use of knowledge acquired by completion of an approved program for licensure as a practical, professional or advanced practice registered nurse.*

~~*"Qualified Facility/Employer" means a long term care facility licensed by the Department of Public Health that meets the qualifications set forth in Section 80-10 of the Act and Section 1300.630, and is chosen to participate in the pilot program established pursuant to Section 80-10 of the Act.*~~

*"Secretary" means the Secretary of the Department of Financial and Professional Regulation.*

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*"Task" means work not requiring professional knowledge, judgment and/or decision making. (Section 50-75 of the Act)*

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.20 Nursing Delegation by a Registered Professional Nurse**

a) *For the purposes of this Section:*

*"Delegation" means transferring to a specific~~an~~ individual the authority to perform a specific nursing intervention~~selected nursing activity or task~~, in a selected situation.*

*"Community-Based Setting" means facilities within the community where individuals, groups and populations may seek or receive assistance and/or care. These include, but are not limited to, schools, assisted living facilities, doctors' offices, clinics, home health, and residences where individuals received services under the Home Health, Home Services, and Home Nursing Licensing Act [210 ILCS 55] or Hospice Program Licensing Act [210 ILCS 60].*

*"Predictability of outcomes" means that a registered professional nurse or advanced practice registered nurse has determined that the patient's or individual's clinical status is stable and expected to improve or the patient's or individual's deteriorating condition is expected to follow a known or expected course."*

*"Stability" means a registered professional nurse or advanced practice registered nurse has determined that the individual's clinical status and nursing care needs are consistent. (Section 50-75(a) of the Act)*

*"Nursing Activity" means any work requiring the use of knowledge acquired by completion of an approved program for licensure, including advanced education, continuing education, and experience as a licensed practical nurse or professional nurse, as defined by this Part.*

b) *Nursing shall be practiced by licensed practical nurses, registered professional nurses, and advanced practice registered nurses. In the delivery of nursing care, nurses work with many other licensed professionals and other persons. An*

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~~advanced practice registered nurse may delegate to registered professional nurses, licensed practical nurses, and other persons.~~

- e) ~~A registered professional nurse shall not delegate any nursing activity requiring the specialized knowledge, judgment, and skill of a licensed nurse to an unlicensed person, including medication administration. A registered professional nurse may delegate nursing activities to other registered professional nurses or licensed practical nurses.~~
- bd) A registered professional nurse may: ~~delegate medication administration to a licensed medication aide in a qualified facility as authorized by Section 80-20 of the Act.~~
- 1) Delegate nursing interventions to other registered professional nurses, licensed practical nurses, and other unlicensed personnel. The delegation should be based on the comprehensive nursing assessment that includes, but is not limited to:
- A) The stability and condition of the patient;
  - B) The potential for harm;
  - C) The complexity of the nursing intervention to be delegated;
  - D) The predictability of outcomes; and
  - E) Competency of the individual to whom the nursing intervention is delegated.
- 2) Delegate medication administration to other licensed nurses.
- 3) Refuse to delegate, stop, or rescind a previously authorized delegation. (Section 5-75(b) of the Act)
- c) In community-based or in-home care settings, an RN may:
- 1) Delegate medication administration (limited to oral or subcutaneous dosage and topical or transdermal application) to unlicensed personnel, if the conditions of delegations set forth in subsection (b) are met.

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- 2) *Delegate, guide and evaluate the implementations of nursing interventions as a component of patient care coordination after completion of the comprehensive patient assessment based on analysis of the comprehensive nursing assessment data. Care coordination may occur in person, by telecommunication, or by electronic communication. (Section 5-75(b) of the Act)*
- d) The following actions are prohibited by this Section:
  - 1) *Mandating an RN to delegate nurse interventions when the RN has determined that it is not appropriate to do so.*
  - 2) *Delegating medication administration to unlicensed personnel in any institutional or long-term facility, including but not limited to those facilities licensed by the Hospital Licensing Act [210 ILCS 85], the University of Illinois Hospital Act [110 ILCS 330], State-operated mental health hospitals, or State-operated developmental centers, except as authorized under Article 80 of the Act or otherwise specifically authorized by law;*
  - 3) *Delegating nursing judgement, the comprehensive patient assessment, development of a plan of care, and evaluations of care to licensed or unlicensed personnel;*
  - 4) *Allowing a licensed practical nurse or unlicensed personnel to re-delegate a nursing intervention that had been delegated to him or her by the RN. (Section 50-75(b) of the Act)*
- e) ~~*A registered nurse may delegate tasks to other licensed and unlicensed persons. A licensed practical nurse who has been delegated a nursing activity shall not re-delegate the nursing activity. A registered professional nurse or advanced practice registered nurse retains the right to refuse to delegate or to stop or rescind a previously authorized delegation. (Section 50-75 of the Act)*~~
- e) Practice in End Stage Renal Dialysis Facilities
  - 1) For the purposes of this Section only, an individual working as a dialysis technician in a Medicare-certified End Stage Renal Dialysis Facility or a facility regulated under the End Stage Renal Disease Facility Act [210 ILCS 62] shall be considered a licensed individual for the purposes of

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delegation only under Section 50-75 of the Act. A person working to acquire the experience necessary to obtain certification under subsection (e)(2) may practice in accordance with this subsection (e) for a period of no more than 18 months so long as his or her practice is in compliance with the experience standards set forth by the entities listed in subsection (e)(2).

- 2) Delegation under this subsection (e) shall only be allowed if the individual receiving delegation currently holds, or is in the process of acquiring, the necessary experience to apply for and achieve one of the following certifications:
  - A) Certified Clinical Hemodialysis Technician (CCHT) by the Nephrology Nursing Certification Commission (NNCC);
  - B) Certified Hemodialysis Technician (CHT) by the Board of Nephrology Examiners Nursing and Technology (BONENT);
  - C) Certified in Clinical Nephrology Technology (CCNT) by the National Nephrology Certification Organization (NNCO).
- 3) Delegation under this subsection (e) shall not include medication administration except for saline flushes and application of topical anesthetics. All patient care provided by a certified dialysis technician practicing under this subsection (e) shall be under the direct and immediate on-site supervision of a licensed physician, advanced practice registered nurse, physician assistant or registered nurse.
- 4) Delegation under this subsection (e) shall also comply with any rules adopted under the End Stage Renal Disease Facility Act.
- 5) Nothing in this subsection (e) shall be construed to apply to any other facility or practice setting. This subsection (e) shall not be construed as granting a license under the Act and shall not allow individuals receiving delegation under this subsection (e) to use any title regulated by the Act.

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.30 Fees**

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The following fees shall be paid to the Department and are not refundable:

a) Application Fees

- 1) The fee for application for a license as a registered professional nurse, and a licensed practical nurse, ~~and a medication aide~~ is \$50. In addition, applicants for an examination shall be required to pay, either to the Division or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Division or the designated testing service, shall result in the forfeiture of the examination fee.
- ~~2) The fee for application for participation in the pilot program as a qualified facility as set forth in Section 1300.600 is \$500.~~
- 23) The fee for a temporary restoration or endorsement permit for a license as an advanced practice registered nurse, a registered professional nurse and a licensed practical nurse is \$25.
- 34) The fee for application for a license as an advanced practice registered nurse or as an advanced practice registered nurse with full practice authority is \$125.
- 45) The fee for application as an approved continuing education sponsor is \$500.

b) Renewal Fees

- 1) The fee for the renewal of a practical nurse license shall be calculated at the rate of \$40 per year.
- 2) The fee for the renewal of a registered professional nurse license shall be calculated at the rate of \$40 per year.
- 3) The fee for the renewal of a license as an advanced practice registered nurse or an advanced practice registered nurse with full practice authority shall be calculated at the rate of \$40 per year.

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- 4) The fee for renewal of an APRN, LPN or RN continuing education sponsor approval is \$250 for 2 years.
- c) General Fees
- 1) The fee for the restoration of a license other than from inactive status is \$50 plus payment of all lapsed renewal fees, but not to exceed \$250.
  - 2) The fee for a certification of a licensee's record for any purpose is \$20.
  - 3) The fee to have the scoring of an examination authorized by the Division reviewed and verified is \$20 plus any fees charged by the applicable testing service.
  - 4) The fee for processing a fingerprint card by the Department of State Police is the cost of processing, which shall be made payable to the State Police Services Fund and shall be remitted to the State Police for deposit into the Fund.

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.50 Restoration**

- a) A licensee seeking restoration of a license that has expired for 5 years or less shall have the license restored upon completion of all forms required by the Division, payment of the fees required by Section 1300.30, and completion of his or her CE requirement.
- b) A licensee seeking restoration of a license that has been placed on inactive status for 5 years or less shall have the license restored upon completion of all forms required by the Division, payment of the current renewal fee set forth in Section 1300.30(b), and completion of his or her CE requirement.
- c) A licensee seeking restoration of his or her license shall submit verification of fingerprint processing from the Illinois State Police (ISP), or its designated agent. Applicants shall contact an Illinois-licensed fingerprint vendor for fingerprint processing. Out-of-state residents may have their fingerprints taken by an out-of-state vendor but the fingerprints must be processed by an Illinois Livescan Vendor. Fingerprints shall be taken within the 60 days prior to application.

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- de) A licensee seeking restoration of a licensed practical nurse license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Division, together with the restoration fee specified in Section 1300.30(c)(1), when restoring an expired license, or the current renewal fee set forth in Section 1300.30(b), when restoring an inactive license. The licensee shall also submit proof of completion of his or her current CE requirement set forth in Section 1300.130(a). The licensee shall also submit proof of fitness to practice, which includes one of the following:
- 1) Certification of active practice in another jurisdiction. This certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of the active practice; or
  - 2) An affidavit attesting to military service as provided in Section 55-20(c) of the Act. If application is made within 2 years after discharge, and if all other provisions of Section 55-10 of the Act are satisfied, the applicant will be required to pay the current renewal fee, ~~but not the restoration fee,~~ but not the restoration fee; or
  - 3) Proof of successful completion of one of the following: a Division-~~approved LPN licensure examination.~~
    - A) A Division-approved LPN licensure examination;
    - B) A refresher course subject to Division approval; or
    - C) 40 hours of additional CE credits.
- ed) A licensee seeking restoration of an RN license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Division, together with the restoration fee specified in Section 1300.30(c)(1), when restoring an expired license, or the current renewal fee set forth in Section 1300.30(b), when restoring an inactive license. The licensee shall also submit proof of completion of his or her current CE requirement as set forth in Section 1300.130(b). The licensee shall also submit proof of fitness to practice, which includes one of the following:
- 1) Certification of active practice in another jurisdiction. This certification shall include a statement from the appropriate board or licensing authority



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in the other jurisdiction that the licensee was authorized to practice during the term of the active practice; ~~or~~

- 2) An affidavit attesting to military service as provided in Section 60-25(c) of the Act. If application is made within 2 years after discharge, and if all other provisions of Section 60-10 of the Act are satisfied, the applicant will be required to pay the current renewal fee, but not the restoration fee; or

- 3) Proof of the successful completion of one of the following: ~~a Division-approved RN licensure examination.~~

A) A Division-approved RN licensure examination;

B) A refresher course subjected to Division approval; or

C) 40 hours of additional CE credits.

- fe) A licensee seeking restoration of an APRN license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Division, together with the restoration fee specified in Section 1300.30(c)(1), when restoring an expired license, or the current renewal fee set forth in Section 1300.30(b), when restoring an inactive license. The licensee shall also submit proof of completion of his or her most current CE requirements as set forth in Section 1300.130(c). The licensee shall also submit proof of fitness to practice, which includes one of the following:

- 1) Certification of active practice in another jurisdiction. This certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of the active practice; or
- 2) An affidavit attesting to military service as provided in Section 65-20(c) of the Act. If application is made within 2 years after discharge, and if all other provisions of Section 65-5 of the Act are satisfied, the applicant will be required to pay the current renewal fee, but not the restoration fee; or
- 3) Verification of continued, current certification in the APRN's specialty prior to restoration. ~~fingerprint processing from the Illinois Department of State Police (DSP), or its designated agent. Applicants shall contact a~~

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~~DSP approved fingerprint vendor for fingerprint processing. Out of state residents unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by the DSP or one set of fingerprint cards issued by the Federal Bureau of Investigation (FBI), accompanied by the processing fee specified in Section 1300.30(c)(7). Fingerprints shall be taken within the 60 days prior to application; or~~

- 4) ~~For any APRN licensed after October 5, 2007 or any APRN who holds a license that has been placed in non-renewed, inactive, suspended or revoked status since October 5, 2007, proof of continued, current national certification in the APRN's specialty prior to restoration.~~

gf) Individuals applying for restoration of an inactive or non-renewed license may apply to the Division, on forms provided by the Division, to receive a temporary restoration permit that allows the applicant to work pending the issuance of a license by restoration.

- 1) The temporary restoration permit application shall include:
- A) A completed signed restoration application, along with the restoration fee required by Section 1300.30(c)(1). All supporting documents shall be submitted to the Division before a permanent license by restoration shall be issued;
  - B) Either:
    - i) Photocopies of all current active nursing licenses and/or temporary permits/licenses from other jurisdictions (current active licensure in at least one United States jurisdiction is required); or
    - ii) Verification of employment in nursing practice within the last 5 years in a United States jurisdiction;
  - C) Verification that fingerprints have been submitted to the Division or the ISP~~DSP~~ or its designated agent; and
  - D) The temporary restoration permit fee required by Section 1300.30(a)(2).

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- 2) The Division will issue a temporary restoration permit no later than 14 days after receipt of a completed application as set forth in this Section.
- 3) Temporary permits shall be terminated upon:
  - A) The issuance of a permanent license by restoration;
  - B) Failure to complete the application process within 6 months from the date of issuance of the permit;
  - C) A finding by the Division that the applicant has been convicted within the last 5 years of any crime under the laws of any jurisdiction of the United States that is:
    - i) ~~A~~ felony; or
    - ii) ~~A~~ misdemeanor directly related to the practice of nursing;
  - D) A finding by the Division that, within the last 5 years, the applicant has had a license or permit related to the practice of nursing revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois; or
  - E) Upon notification that the Division intends to deny restoration of licensure for any reason.
- 4) The Division will notify the applicant by certified or registered mail of the intent to deny licensure pursuant to subsections (g)(3)(C) and (D) of this Section and/or Section 70-5 of the Act.
- 5) A temporary permit shall be extended beyond the 6-month period, upon recommendation of the Board and approval of the Director, due to hardship, defined as:
  - A) Serving full-time in the Armed Forces;
  - B) An incapacitating illness as documented by a currently licensed physician;

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- C) Death of an immediate family member; or
- D) Extenuating circumstances beyond the applicant's control, as approved by the Secretary.

~~h~~g) When the accuracy of any submitted documentation, or the relevance or sufficiency of the course work or experience is questioned by the Division because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the licensee will be requested to:

- 1) Provide information as may be necessary; and/or
- 2) Appear for an oral interview before the Board to explain the relevance or sufficiency, clarify information, or clean up any discrepancies or conflicts in information. Upon recommendation of the Board and approval by the Division, an applicant shall have the license restored.

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.60 Granting Variances**

a) The ~~Director~~ ~~Secretary~~ may grant variances from this Part in individual cases when he or she finds that:

- ~~a~~1) ~~The~~ ~~the~~ provision from which the variance is granted is not statutorily mandated;
- ~~b~~2) ~~No~~ ~~one~~ party will be injured by the granting of the variance; and
- ~~c~~3) ~~The~~ ~~the~~ rule from which the variance is granted would, in the particular case, be unreasonable or unnecessarily burdensome.
- b) ~~The Secretary shall notify the Board of the granting of the variance, and the reasons for granting the variance, at the next meeting of the Board.~~

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.70 Fines (Repealed)**

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~~Fines may be imposed in conjunction with other forms of disciplinary actions, but fines shall not be the exclusive disposition of any disciplinary action arising out of conduct resulting in death or injury of a patient.~~

(Source: Repealed at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.80 Public Access to Records and Meetings (Repealed)**

- a) ~~All investigative procedures, information arising out of the investigation of complaints, and informal conferences shall be confidential. All other proceedings and documents, beginning with the filing of a formal complaint, shall be open to the public.~~
- b) ~~All meetings of the Board shall also be open to the public in accordance with the Open Meetings Act [5 ILCS 120].~~

(Source: Repealed at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.90 Unethical or Unprofessional Conduct**

- a) The Division may suspend or revoke a license, refuse to issue or renew a license or take other disciplinary or non-disciplinary action based upon its findings of unethical or unprofessional conduct (see Section 70-5(b)(7) of the Act), which is interpreted to include, but is not limited to, the following acts or practices:
  - 1) Engaging in conduct likely to deceive, defraud or harm the public, or demonstrating a willful disregard for the health, welfare or safety of a patient. Actual injury need not be established.
  - 2) A departure from or failure to conform to the standards of practice as set forth in the Act or this Part. Actual injury to a patient need not be established.
  - 3) Engaging in behavior that crosses professional boundaries (such as signing wills or other documents not related to client health care).
  - 4) Engaging in sexual conduct with a patient, or conduct that may reasonably be interpreted by a patient as sexual, or in any verbal behavior that is sexually harassing to a patient.

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- 5) Demonstrating actual or potential inability to practice nursing with reasonable skill, safety or judgment by reason of illness, use of alcohol, drugs, chemicals or any other material, or as a result of any mental or physical condition.
  - 6) Engaging in activities that constitute a breach of the nurse's responsibility to a patient;
  - 7) Engaging in activities that are violative of ethical standards of the profession (such as failing to safeguard patient confidentiality and records within the constraints of law; not respecting the rights of patients, colleagues and other health professionals; not observing requirements under the Act and any rules pertaining to any relevant specialty; and failing to provide service with compassion and respect for human dignity);
  - 8) Engaging in activities that result in the assumption by the nurse of responsibility for delivery of patient care that the nurse was not properly qualified or competent to render;
  - 9) Engaging in activities that result in a delegation of responsibility for delivery of patient care to persons who were not properly supervised or who were not competent to assume that responsibility;
  - 10) Engaging in activities that cause actual harm to any member of the public;  
or
  - 11) Misrepresenting educational background, training, credentials or competence.
- b) The Division hereby incorporates by reference the "Code for Nurses with Interpretive Statements", July ~~2015~~2001, American Nurses Association, 8515 Georgia Avenue, Suite 400, Silver Spring MD 20910, with no later amendments or editions.
- c) The Division hereby incorporates by reference the "Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs", National Association for Practical Nurse Education and Service, Inc., May 6, 2007, 1940 Duke Street, Suite 200, Alexandria VA 22314, with no later amendments or editions.

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(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.100 Refusal to Issue a License Based on Criminal History Record (Repealed)**

- a) ~~For purposes of this Part, criminal history record information is defined as information collected by criminal justice agencies (see 20 ILCS 2630) on individuals consisting of identifiable descriptions and notation of arrests, detention, indictments, information or other formal criminal charges, and any disposition arising from those actions, sentencing, correctional supervision and release. The individual records must contain both information sufficient to identify the subject of the record and notations regarding any formal criminal justice transaction involving the identified individual.~~
  
- b) ~~In determining whether an applicant for a license is unfit for licensure because of criminal history record information, the Division shall consider the following standards:~~
  - 1) ~~Whether the crime was one of armed violence (see 720 ILCS 5/Art. 33A) or moral turpitude. Moral turpitude consists of:~~
    - A) ~~Crime involving dishonesty, false statement or some other element of deceit, untruthfulness or falsification (including but not limited to perjury, inducement of perjury, false statement, criminal fraud, embezzlement, false pretense, forgery, counterfeiting and theft).~~
    - B) ~~Drug offenses including but not limited to violations of the Illinois Controlled Substances Act [720 ILCS 570] and Federal Drug Enforcement Laws (21 USC 801 et seq.).~~
    - C) ~~Sex offenses including but not limited to all crimes listed in Article 11 of the Criminal Code of 1961 [720 ILCS 5/Art. 11].~~
  - 2) ~~Whether the crime is related to the practice of the profession.~~
  - 3) ~~Whether more than 10 years have elapsed since the date of completion of imposed sentence.~~
  - 4) ~~Whether the conviction was from a city ordinance violation or a conviction for which a jail sentence was not imposed.~~

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- 5) ~~Whether the applicant has been sufficiently rehabilitated to warrant the public trust. The Division shall consider, but not be bound by, the following in considering whether an applicant has been presumed to be rehabilitated:~~
  - A) ~~Completion of probation;~~
  - B) ~~Completion of parole supervision; or~~
  - C) ~~If no parole was granted, a period of 10 years has elapsed after final discharge or release from any term of imprisonment without any subsequent conviction.~~
- e) ~~If any one of the following factors exists, this outweighs the presumption of rehabilitation as defined in subsection (b)(5):~~
  - 1) ~~Lack of compliance with terms of punishment (i.e., failure to pay fines or make restitution, violation of the terms of probation or parole);~~
  - 2) ~~Unwillingness to undergo, or lack of cooperation in, medical or psychiatric treatment/counseling;~~
  - 3) ~~Falsification of an application for licensure with the Division;~~
  - 4) ~~Failure to furnish to the Division additional information or failure to appear for an interview or meeting with the Division in relation to the applicant's application for licensure.~~
- d) ~~The following criminal history records shall not be considered in connection with an application for licensure:~~
  - 1) ~~Juvenile adjudications;~~
  - 2) ~~Records of arrest not followed by a conviction;~~
  - 3) ~~Convictions overturned by a higher court;~~
  - 4) ~~Convictions that have been the subject of a pardon or expungement.~~



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- e) ~~Notification of Denial, Revocation, Suspension, or Intent to Refuse to Renew; Request for Hearing~~
- 1) ~~If the determination is made that the applicant is unfit for licensure, the Division shall send notice of denial, revocation, suspension or intent to refuse to renew by certified mail, return receipt requested, to the applicant at the applicant's address of record or by personal delivery to the applicant. All such notices will include a statement of the reason for the Division's action.~~
  - 2) ~~An applicant may request a hearing to contest the Division's action under 68 Ill. Adm. Code 1110. The request shall be in writing and must be received by the Division not later than 20 days after the date the Division mailed or personally delivered the notice of its action to the applicant.~~
  - 3) ~~After receipt of a request for a hearing and prior to any such hearing, the Division shall schedule an informal conference with the applicant in an attempt to resolve issues in controversy consensually. The Division shall notify the applicant of the informal conference at least 20 days prior to the hearing. Failure by the applicant to attend the informal conference shall act as a withdrawal of the applicant's request for a hearing. The provisions of this subsection (e)(3) shall not apply if an informal conference was held prior to the Division serving notice upon the applicant as described in subsection (e)(1).~~

(Source: Repealed at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.120 Care Counseling and Treatment Agreement Impaired Licensee =  
Disciplinary and Non-Disciplinary**

- a) ~~At its discretion, the Division may offer a care counseling and treatment agreement to an impaired nurse. Disciplinary and Non-Disciplinary Options for the Impaired Licensee. The Division shall establish by rule a program of care, counseling and treatment for the impaired licensee. This program shall allow an impaired licensee to self refer to the program.~~
- b) Eligibility for consideration for a care, counseling and treatment agreement ~~may~~ shall include but not be limited to the following:
  - 1) ~~licensee must self report to the Division before a complaint has been filed;~~

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- 12) Licensee must have no prior disciplinary action in any jurisdiction concerning practice issues related to substance abuse;
  - 23) Licensee has not been convicted criminally of any felony or drug-related misdemeanor, nor is any such criminal action pending;
  - 34) Licensee acknowledges a substance use disorder or impairment ~~addiction and/or chemical dependence~~; and
  - 45) Licensee has appeared for and submitted to an assessment by a physician who is a certified addictionist or an advanced practice registered nurse with specialty certification in addiction and has followed the recommendations of the assessment. Evaluations submitted from another state may be accepted if the evaluator was approved by the nursing board of that state. Evaluations that satisfy court orders may also be accepted.
- c) Pursuant to Section 70-5(e) of the Act, all substance-related allegations mandate an automatic substance abuse assessment. Individual licensee health care records shall be privileged and confidential, unavailable for use in any proceeding, and not subject to disclosure. Nothing in this Section shall impair or prohibit the Division from taking disciplinary action based upon the grounds set forth in Section 70-5 of the Act.
- 1) The Department may issue an Order to Compel a substance abuse assessment within 30 days, at the expense of the Department, meeting the requirements set forth in subsection (b). A licensee's failure to timely complete a substance abuse assessment in the manner prescribed by the Department shall result in an automatic suspension pursuant to Section 70-5(e) of the Act.
  - 2) Prior to the issuance of an Order to Compel, licensees may voluntarily agree to a substance abuse assessment meeting the requirements set forth in subsection (b). Voluntary remedial action may be considered a mitigating factor by the Department when assessing disciplinary or non-disciplinary action pursuant to Section 2105-130(c)(6) of the Department of Professional Regulation Law [20 ILCS 2105]. In those instances, the licensee shall be responsible for the expense of the substance abuse assessment.

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(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.130 Continuing Education**

a) Continuing Education (CE) Requirements

1) As required by the Act, all nurses shall complete continuing education as follows:

A) All licensed practical nurses shall complete 20 hours of approved continuing education per ~~2-year~~ license renewal cycle.

B) All registered nurses shall complete 20 hours of approved continuing education per ~~2-year~~ license renewal cycle.

C) All advanced practice registered nurses shall complete 80 hours of approved continuing education in the advanced practice registered nurse's specialty per ~~2-year~~ license renewal cycle.

Completion of the 80 hours under this subsection (a)(1)(C) shall satisfy the continuing education requirements for renewal of a registered professional nurse license. An APRN holding more than one APRN license is required to complete 80 hours of continuing education total per license renewal period. The 80 hours of continuing education required shall be completed as follows:

i) A minimum of 50 hours of the continuing education shall be obtained in continuing education programs that shall include no less than 20 hours of pharmacotherapeutics, including 10 hours of opioid prescribing or substance abuse education.

ii) A maximum of 30 hours of credit may be obtained by presentations in the APRN's clinical specialty, evidence-based practice, or quality improvement projects, publications, research projects, or preceptor hours.

2) The following time equivalencies shall apply:

1 contact hour = 60 minutes  
1 academic semester hour = 15 contact hours

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1 academic quarter hour	=	12.5 contact hours
1 CME	=	1 contact hour
1 CNE	=	1 contact hour
1 AMA	=	1 contact hour

- 3) All CE must be completed in the 24 months preceding expiration of the license.
  - 4) A renewal applicant shall not be required to comply with CE requirements for the first renewal of an Illinois license.
  - 5) Nurses licensed in Illinois but residing and practicing in other states shall comply with the CE requirements set forth in this Section.
  - 6) Continuing education hours used to satisfy the CE requirements of another jurisdiction may be applied to fulfill the CE requirements of the State of Illinois pursuant to the provisions set forth in subsection (e).
- b) Approved Continuing Education
- 1) CE hours shall be earned by verified attendance at (e.g., certificate of attendance or certificate of completion) or participation in a program or course (program) that is offered or sponsored by an approved CE sponsor who meets the requirements set forth in subsection (c), except for those activities provided in subsections (b)(2), (3) and (4).
  - 2) Independent study that is approved for CE credits as set forth in subsection (c) may be used, i.e., home study programs, articles from journals, and other health discipline independent study modules.
  - 3) Academic credits may be used to fulfill CE requirements if the course content is consistent with subsection (c)(3). CE hours are awarded as outlined in subsection (a)(4).
    - A) College/university courses that are audited may not be used for CE credit.
    - B) Degree "core" or general education credits such as English, literature, history, math, music and physical education may not be used.

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- 4) Presenter/lecturer presentations made to other health professionals on topics related to the certification area may be used for CE credit. Each different individual, non-repetitive 60-minute lecture may be used for 5 CE hours. Full-time educators may not use presentations/lectures that are part of their job expectations, but may use guest lectures and other presentations made outside the duties of their job.
  - 5) CE hours may be earned for authoring papers, publications, articles, dissertations, book chapters or research projects. These must be applicable to the practice area. The research project must be completed during the prerenewal period. Authoring a paper or publishing articles may be used for 10 CE hours. Authoring a book chapter, dissertation or research project may be used for 20 CE hours. APRNs may obtain a maximum of 30 CE hours earned under this subsection (b)(5).
  - 6) Up to 5 CE hours may be earned for completion of skills certification courses. A maximum of 2 hours in cardiopulmonary resuscitation certified by the American Red Cross, American Heart Association, or other qualified organization may be accepted, while a maximum of 3 hours may be accepted for certification or recertification in Basic Life Support for Healthcare Providers (BLS), Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS) or their equivalent.
  - 7) CE Options for APRNs
    - A) CE hours may be earned through preceptorship of an APRN student. Preceptors must provide clinical supervision and education to the APRN student. Documentation must be provided from the school of nursing in which the student is enrolled. Precepting one student for an academic semester or quarter may be used for 10 CE hours. Not more than 30 CE hours in each renewal period may come from precepting.
    - B) Successful completion, during the prerenewal period, of a recertification exam in the APRN's area of specialty as recognized in Section 1300.10 may be used for 60 CE hours.
- c) Approved CE Sponsors and Programs

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- 1) Sponsor, as used in this Section, shall mean:
  - A) Approved providers of recognized certification bodies as outlined in Section 1300.400(a).
  - B) Any conference that provides approved Continuing Medical Education (CME) as authorized by the Illinois Medical Practice Act.
  - C) American Nurses Credentialing Center (ANCC) accredited or approved providers.
  - D) Illinois Society for Advanced Practice Nursing (ISAPN).
  - E) American ~~Association~~Academy of Nurse Practitioners (AANP).
  - F) Nurse Practitioner Association for Continuing Education (NPACE).
  - G) American Association of Nurse Anesthetists (AANA), or National Board of Certification and Recertification for Nurse Anesthetists (NBCNA).
  - H) National Association of Clinical Nurse Specialists (NACNS).
  - I) American College of Nurse Midwives (ACNM).
  - J) Illinois Nurse Association or its affiliates.
  - K) Providers approved by another state's board of nursing.
  - L) Nursing education programs approved under Section 1300.230 or 1300.340 wishing to offer CE courses or programs.
  - M) Employers licensed under the Hospital Licensing Act [210 ILCS 85] or the Ambulatory Surgical Treatment Center Act [210 ILCS 5].

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- N) Any other accredited school, college or university, State agency, federal agency, county agency or municipality that provides CE in a form and manner consistent with this Section.
  
- 2) An entity seeking approval as a CE sponsor, not specifically listed in subsection (c)(1), shall submit an application, on forms supplied by the Division, along with the application fee specified in Section 1300.30(a)(5). The application shall include:
  - A) Certification:
    - i) That all programs offered by the sponsor for CE credit will comply with the criteria in subsection (c)(3) and all other criteria in this Section;
    - ii) That the sponsor will be responsible for verifying full-time continuous attendance at each program and provide a certificate of attendance as set forth in subsection (c)(7);
    - iii) That, upon request by the Division, the sponsor will submit evidence (e.g., certificate of attendance or course material) necessary to establish compliance with this Section. Evidence shall be required when the Division has reason to believe that there is not full compliance with the statute.
  - B) A copy of a sample program with faculty, course materials and syllabi.
  
- 3) All programs shall:
  - A) Contribute to the advancement, extension and enhancement of the professional skills and scientific knowledge of the licensee in the practice of nursing;
  - B) Foster the enhancement of general or specialized nursing practice and values;
  - C) Be developed and presented by persons with education and/or experience in the subject matter of the program;

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- D) Specify the course objectives, course content and teaching methods to be used; and
  - E) Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal.
- 4) Each CE program shall provide a mechanism for evaluation of the program and instructor by the participants. The evaluation may be completed on-site immediately following the program/presentation, or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.
- 5) A sponsor approved pursuant to subsection (c)(1) may subcontract with individuals or organizations to provide approved programs. All advertising, promotional materials and certificates of attendance must identify the approved sponsor. The presenter of the program may also be identified, but should be identified as a presenter. When an approved sponsor subcontracts with a presenter, the sponsor retains all responsibility for monitoring attendance, providing certificates of attendance and ensuring the program meets all of the criteria established by the Act and this Part, including the maintenance of records.
- 6) To maintain approval as a sponsor approved under subsection (c)(2), each sponsor shall submit to the Division by May 31 of each even-numbered year a renewal application and the renewal fee specified in Section 1300.30(b).
- 7) Certification of Attendance. It shall be the responsibility of a sponsor to provide each participant in a program with a certificate of attendance or participation. The sponsor's certificate of attendance shall contain:
- A) The sponsor's name and, if applicable, sponsor approval number;
  - B) The name of the participant;
  - C) A brief statement of the subject matter;
  - D) The number of hours attended in each program;



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- E) The date and place of the program; and
  - F) The signature of the sponsor.
  - 8) The sponsor shall maintain attendance records for not less than 5 years.
  - 9) The sponsor shall be responsible for assuring that no renewal applicant will receive CE credit for time not actually spent attending the program.
  - 10) Upon the failure of a sponsor to comply with any of the requirements of this subsection (c), the Division, after notice to the sponsor and hearing before and recommendation by the Board (see 68 Ill. Adm. Code 1110), shall thereafter refuse to accept for CE attendance at or participation in any of that sponsor's CE programs until such time as the Division receives assurances of compliance with this Section.
  - 11) Notwithstanding any other provision of this Section, the Division or Board may evaluate any sponsor of any approved CE program at any time to ensure compliance with requirements of this Section.
- d) Certification of Compliance with CE Requirements
- 1) Each renewal applicant shall certify, on the renewal application, full compliance with the CE requirements set forth in subsections (a) and (b).
  - 2) The Division may require additional evidence demonstrating compliance with the CE requirements (e.g., certificates of attendance). This additional evidence shall be required in the context of the Division's random audit. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance.
  - 3) When there appears to be a lack of compliance with CE requirements, an applicant shall be notified in writing and may request an interview with the Board. At that time the Board may recommend that steps be taken to begin formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100].
- e) Continuing Education Earned in Other Jurisdictions

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- 1) If a licensee has earned CE hours offered in another jurisdiction not given by an approved sponsor for which the licensee will be claiming credit toward full compliance in Illinois, the applicant shall submit an individual program approval request form, along with a \$25 processing fee, prior to participation in the program or within 90 days prior to expiration of the license. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in subsection (c)(3).
- 2) If a licensee fails to submit an out-of-state CE approval form within the required time frame, late approval may be obtained by submitting the approval request with the \$25 processing fee plus a late fee of \$50 per CE hour, not to exceed \$300. The Board shall review and recommend approval or disapproval of the program using the criteria set forth in subsection (c)(3).

~~f) Restoration of Nonrenewed License  
Upon satisfactory evidence of compliance with CE requirements, the Division shall restore the license upon payment of the fee required by Section 1300.30(c)(1).~~

~~fg) Waiver of CE Requirements~~

- 1) Any renewal applicant seeking renewal of a license without having fully complied with these CE requirements shall file with the Division a renewal application, along with the required fee set forth in Section 1300.30(b), a statement setting forth the facts concerning noncompliance and a request for waiver of the CE requirements on the basis of these facts. A request for waiver shall be made prior to the renewal date. If the Division, upon the written recommendation of the Board, finds from the affidavit or any other evidence submitted that extreme hardship has been shown for granting a waiver, the Division will waive enforcement of CE requirements for the renewal period for which the applicant has applied.
- 2) Extreme hardship shall be determined on an individual basis by the Board and be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:
  - A) Full-time service in the Armed Forces of the United States during a substantial part of the prerenewal period;

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- B) An incapacitating illness documented by a currently licensed health care provider;
  - C) A physical inability to access the sites of approved programs documented by a currently licensed health care provider; or
  - D) Any other similar extenuating circumstances.
- 3) When the licensee is requesting a waiver due to physical or mental illness or incapacity, the licensee shall provide a current fitness to practice statement from a currently licensed health care provider familiar with the licensee's medical history.
- 4) Any renewal applicant who, prior to the expiration date of the license, submits a request for a waiver, in whole or in part, pursuant to the provisions of this Section shall be deemed to be in good standing until the final decision on the application is made by the Division.

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART B: LICENSED PRACTICAL NURSE

**Section 1300.200 Application for Examination or Licensure**

- a) Each applicant shall file with the Division or the testing service designated by the Division a completed, signed application, on forms supplied by the Division, that includes:
- 1) ~~Proof~~ of graduation from a licensed practical nursing education program that meets the requirements of Section 1300.230;
  - 2) ~~Verification~~ of fingerprint processing from ~~ISP~~ the Illinois Department of State Police (DSP), or its designated agent. (Practical nurses licensed in Illinois are not required to be fingerprinted when applying for a license as a registered professional nurse.) Applicants shall contact ~~an Illinois-licensed~~ a DSP-approved fingerprint vendor for fingerprint processing. Out-of-state residents may have their fingerprints taken by an out-of-state vendor but the fingerprints must be processed by an Illinois Livescan Vendor ~~unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set~~

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~~of fingerprint cards issued by the Illinois Department of State Police or one set of fingerprint cards issued by the FBI, accompanied by the processing fee specified in Section 1300.30(e)(7).~~ Fingerprints shall be taken within the 60 days prior to application;

- 3) ~~The~~ required fees set forth in Section 1300.30(a)(1);
- 4) ~~For~~ applicants educated outside the United States or its territories, the following:
  - A) ~~A~~ credentials evaluation report of the applicant's foreign nursing education from ~~either~~ the Commission on Graduates of Foreign Nursing Schools (CGFNS), Credentials Evaluation Service (CES), ~~or~~ the Educational Records Evaluation Service (ERES), or another credentialing service approved by the Division. However, the Division shall not accept a credential report that does not ~~indicate that the applicant is licensed in his/her country of education or in which the report does not~~ evaluate the educational program of the applicant based upon receipt and review of official transcripts from the nursing education program bearing the school seal. ~~These credential reports shall not be accepted as valid credential reports.~~ In order to be accepted by the Division, credential reports shall be in a form and manner acceptable to the Division.
  - B) ~~If~~ the applicant's first language is not English, certification of passage of either the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS) General Training Module. For TOEFL, the minimum passing score on the paper-based test is 560, computer-based test is 220, and internet-based test is 83. For the IELTS General Training Module, the minimum passing score shall be 6.0 (overall score) and 7.0 (spoken band). The Division may, upon recommendation from an approved credentials evaluation service, waive the requirement that the applicant pass the TOEFL or IELTS examination if the applicant submits verification of the successful completion of a nursing education program conducted in English or the passage of an approved licensing examination given in English;

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- 5) ~~Official~~ transcripts of theory and clinical education prepared by an official of the military for a practical nurse applicant who has received practical nursing education in the military service. This education must meet the standards set forth in Section 1300.230; and
- 6) ~~Verification~~ from the jurisdictions in which the applicant was originally licensed, current state of licensure and any other jurisdiction in which the applicant has been actively practicing within the last 5 years, if applicable, stating:
  - A) ~~The~~ time during which the applicant was licensed in that jurisdiction, including the date of original issuance of the license; and
  - B) ~~Whether~~ the file on the applicant contains any record of disciplinary actions taken or pending.
- b) Any applicant who fails to demonstrate fulfillment of the education requirements shall be notified in writing and must satisfy the deficiency before being granted temporary authority to practice nursing, as permitted by Section 60-10 of the Act, or being admitted to the examination. Deficiencies in nursing theory and/or clinical practice may be removed by taking the required courses in an approved nursing education program.

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.210 LPN Licensure Examination**

- a) The Board shall make recommendations to the Division regarding content, design and contractor for a licensure examination. A licensure examination contract shall be negotiated and approved by the Division.
- b) Licensed Practical Nurse Examination
  - 1) The passing grade on the National Council Licensure Examination (NCLEX) for LPNs shall be based on an ability scale designed to measure minimum LPN competency. A pass/fail grade will be assigned.
  - 2) An LPN applicant who fails the examination is not eligible for licensure.

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- 3) If the examination is not passed within 3 years from the date of the first examination taken, regardless of the jurisdiction in which the examination was written, the applicant shall not be permitted to retake the examination until the applicant has ~~enrolled in a NLCEX review course, successfully recompleted an approved LPN program prior to re-application.~~ Upon successful completion of the approved practical nursing education program, the applicant shall submit proof to the Division. This subsection (b)(3) does not apply to applicants licensed in another jurisdiction.
- 4) If 3 years from the date of original application has lapsed, the applicant shall be required to submit a new application to the Division pursuant to Section 55-10 of the Act.
- c) Eligibility for Licensed Practical Nurse Examination  
Any candidate who is unable to pass the registered professional nurse examination will not be permitted to write the practical nurse examination until or unless that applicant has graduated from an approved practical nursing education program.

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.220 LPN Licensure by Endorsement**

- a) Each applicant who is licensed in another jurisdiction shall file a completed, signed application for licensure on the basis of endorsement, on forms supplied by the Division. The application shall include:
  - 1) ~~The~~ fee required by Section 1300.30(a)(1);
  - 2) ~~Proof~~ proof of graduation from an LPN nursing education program that meets the requirements of Section 1300.230;
  - 3) ~~Proof~~ proof of passage of an examination recognized by the Division, upon recommendation of the Board (i.e., National Council Licensure Examination for practical nurses, or State Board Test Pool Examination for practical nurses);
  - 4) ~~Verification~~ verification of fingerprint processing from ~~ISP~~ the Illinois Department of State Police (DSP), or its designated agent. (Practical nurses licensed in Illinois are not required to be fingerprinted when

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applying for a license as a registered professional nurse.) Applicants shall contact ~~an Illinois-licensed a DSP-approved~~ fingerprint vendor for fingerprint processing. Out-of-state residents may have their fingerprints taken by an out-of-state vendor but the fingerprints must be processed by an Illinois Livescan Vendor unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by the Illinois Department of State Police or one set of fingerprint cards issued by the FBI, accompanied by the processing fee specified in Section 1300.30(c)(7). Fingerprints shall be taken within the 60 days prior to application;

- 5) ~~Official~~ transcripts of theory and clinical education prepared by an official of the military for a practical nurse applicant who has received his/her education in the military service. Education must meet the standards for education set forth in Section 1300.230;
- 6) ~~Verification~~ verification of licensure status from the jurisdiction in which the applicant was originally licensed, current licensure and any other jurisdiction in which the applicant has been actively practicing within the last 5 years; and
- 7) ~~A~~ certified translation for all credentials of education and licensure, if not in English.
- 8) For LPN applicants who received education outside of the United States, a credentials evaluation report of the applicant's foreign nursing education from the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES), the Educational Records Evaluation Service (ERES) or another credentialing service approved by the Division. This requirement can be satisfied by providing proof of licensure in a state that requires such a report for initial licensure.

- b) After filing the original application, any change of name must be supported by an affidavit satisfactory to the Division.
- c) Compliance with the provisions of Section 1300.210(b)(3) for each practical nurse applicant shall be a requirement for Illinois practical nurse licensure by endorsement.
- d) Eligibility for Practical Nurse Endorsement

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A candidate who is unable to pass the LPN examination in another jurisdiction and is allowed to write the practical nurse examination in that jurisdiction and is subsequently licensed as a practical nurse in that jurisdiction is not eligible for endorsement in Illinois unless and until the candidate has graduated from an approved practical nursing education program.

- e) Individuals applying for licensure by endorsement may apply to the Division, on forms provided by the Division, to receive a Temporary Endorsement Permit pursuant to Section 55-10 of the Act. The permit shall allow the applicant to work pending the issuance of a license by endorsement.

- 1) The temporary endorsement permit application shall include:

A) ~~A~~ completed, signed endorsement application, along with the required endorsement licensure fee set forth in Section 1300.30(a)(2). All supporting documents shall be submitted to the Division before a permanent license by endorsement is issued;

B) ~~Photocopies~~ ~~photocopies~~ of all current active nursing licenses and/or temporary permits/licenses from other jurisdictions. Current active licensure in at least one United States jurisdiction is required. Each applicant's license will be checked on the Nurse System (NURSYS) disciplinary data bank to determine if any disciplinary action is pending on the applicant's file;

C) ~~Verification~~ ~~verification~~ that fingerprints have been submitted to the Division or the Illinois Department of State Police or its designated agent; and

D) ~~The~~ ~~the~~ fee for a temporary permit as required in Section 1300.30(a)(2).

- 2) The Division shall issue a temporary endorsement permit no later than 14 days after receipt of a completed application as set forth in subsection (e)(1).

- 3) Temporary permits shall be terminated upon:

A) ~~The~~ ~~the~~ issuance of a permanent license by endorsement;



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- B) ~~Failure~~failure to complete the application process within 6 months from the date of issuance of the permit;
  - C) ~~A~~a finding by the Division that the applicant has been convicted of any crime under the laws of any jurisdiction of the United States that is:
    - i) ~~A~~a felony; or
    - ii) ~~A~~a misdemeanor directly related to the practice of nursing, within the last 5 years;
  - D) ~~A~~a finding by the Division that, within the last 5 years, the applicant has had a license or permit related to the practice of nursing revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois; or
  - E) ~~A~~a finding by the Division that the applicant does not meet the licensure requirements for endorsement set forth in this Section. The Division shall notify the applicant in writing of the termination.
- 4) The Division shall notify the applicant by certified or registered mail of the intent to deny licensure pursuant to subsections (e)(3)(D) and (E) of this Section and/or Section 70-5 of the Act.
- 5) A temporary permit shall be renewed beyond the 6-month period, upon recommendation of the Board and approval of the Director, due to hardship, defined as:
- A) ~~Servingserving~~ full-time in the Armed Forces;
  - B) ~~An~~an incapacitating illness as documented by a currently licensed health care provider;
  - C) ~~Death~~death of an immediate family member; or
  - D) ~~Extenuatingextenuating~~ circumstances beyond the applicant's control, as approved by the Director.

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(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.230 Approval of Programs**

- a) Program Approval  
Institutions desiring to establish a new nursing program that would lead to meeting requirements for licensure, change the level of educational preparation of the program, or establish an extension of an existing program shall:
  - 1) Submit a letter of intent to the Division.
  - 2) Provide a feasibility study to the Division, on forms provided by the Division, that includes, at least, documentation of:
    - A) Need for the program in the community;
    - B) Need for graduates of the proposed program;
    - C) Availability of students;
    - D) Impact on existing nursing programs in a 50 mile radius of the proposed program;
    - E) Potential for qualified faculty, including the curriculum vitae of any potential faculty members;
    - F) Adequacy of clinical practicum and academic resources;
    - G) Financial commitment to support the initial and continuing program;
    - H) Community support of the scope and philosophy of the program;
    - I) Authorization by the appropriate education agency of the State of Illinois; and
    - J) A timetable for development of the program and the intended date of the first class beginning.

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- 3) Identify a qualified nurse administrator with a minimum of a master's degree in nursing and with experience as a nurse educator, and provide a curriculum vitae of the proposed nurse administrator.
  - 4) Submit a curriculum proposal including:
    - A) Program philosophy and objectives;
    - B) A plan of organization that is logical and internally consistent;
    - C) Proposed plans of study, including requisite and elective courses with rationale;
    - D) Course outlines or syllabi for all nursing courses;
    - E) Student handbook;
    - F) Faculty qualifications;
    - G) Instructional approaches to be employed;
    - H) Evaluation plans for progress, faculty and students;
    - I) Facilities and utilization plan; and
    - J) Budget plan.
  - 5) Coordinate with the Division and/or the DPR Nursing Coordinator for a site visit to be conducted prior to program approval.
- b) Continued Program Approval
- 1) Nursing education programs shall submit annual evaluation reports to the Division on forms provided by the Division. These reports shall contain information regarding curriculum, faculty and students and other information deemed appropriate by the Division.
  - 2) Full routine site visits may be conducted by the Division for periodic evaluation. The visits will be utilized to determine compliance with the Act. Unannounced site visits may be conducted when the Division obtains

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evidence that would indicate the program is not in compliance with the Act or this Part.

- 3) A pass rate of graduates on the National Council Licensing Examination (NCLEX) shall be included in the annual evaluation of nursing education programs.
  - A) A pass rate of 75% of first time examinees will be required for a school to remain in good standing.
  - B) A nursing education program having an annual pass rate of less than 75% of first time examinees for one year will receive a written warning of noncompliance from the Division.
  - C) A nursing education program having an annual pass rate of less than 75% of first time examinees for 2 consecutive years will receive a site visit for evaluation and recommendation by the Division and will be placed on probation for program revision in accordance with 68 Ill. Adm. Code 1110.
  - D) The nursing education program will have 2 years to demonstrate evidence of implementing strategies to correct deficiencies and bring the pass rate in line with the 75% criteria.
  - E) If, 2 years after implementing the strategies to correct deficiencies in the program, the annual pass rate is less than 75%, the program will be reevaluated. The program will be allowed to continue to operate on a probationary status or will be disapproved and removed from the list of Illinois approved nursing programs in accordance with 68 Ill. Adm. Code 1110.
- c) Major Curricular Revision  
Nursing education programs desiring to make a major curricular revision, i.e., addition or deletion of content, a substantive change in philosophy or conceptual framework, or length of program, shall:
  - 1) Submit a letter of intent to the Division; and
  - 2) Submit a copy of the proposed changes and new material to the Division, at least one term prior to implementation, for Board recommendation and

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Division approval in accordance with the standards set forth in subsection (f).

- d) **Minor Curricular Revisions**  
Nursing education programs desiring to make curricular revisions involving reorganization of current course content but not constituting a major curriculum revision shall submit the proposed changes to the Division in their annual report.
- e) **Organization and Administration**
  - 1) An institution responsible for conducting a nursing education program shall be authorized by the appropriate agency of the State of Illinois (e.g., Illinois Board of Higher Education, ~~State Board of Education~~, Illinois Community College Board);
  - 2) The relationship of the nursing education program to other units within the sponsoring institution shall be clearly delineated with organizational charts on file with the Division;
  - 3) Nursing education programs shall have clearly defined lines of authority, responsibility and communication;
  - 4) Student input into determination of academic policies and procedures, curriculum planning and evaluation of faculty effectiveness shall be assured as evidenced by information such as student membership on policy and evaluation committees, policy statements and evaluation procedures;
  - 5) Nursing education program policies and procedures shall be in written form, congruent with those of the sponsoring institution, and reviewed by members of the program on a regular schedule;
  - 6) The philosophy, purpose and objectives of the nursing education program shall be stated in writing and shall be consistent with the sponsoring institution and current social, nursing and educational trends and the Act.
- f) **Curriculum and Instruction**
  - 1) The curriculum shall be based upon the stated program purpose, philosophy and outcomes;

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- 2) Levels of progression in relation to the stated program outcomes shall be established;
- 3) Coordinated clinical and theoretical learning experiences shall be consistent with the program outcomes;
- 4) Curricular content shall reflect contemporary nursing practice encompassing major health needs of all age groups;
- 5) The entire curriculum shall be based on sound nursing, education and instructional principles;
- 6) The curriculum shall be evaluated by faculty with student input, according to a stated plan;
- 7) The program shall be approved by the appropriate educational agency;
- 8) Curriculum for the practical nursing programs shall:
  - A) Include, at a minimum, basic concepts of anatomy, physiology, chemistry, microbiology, physics, communications, growth and development, interpersonal relationships, psychology, sociology, cultural diversity, pharmacology (pharmacology course standards are set forth in Section 1300.240), nutrition and diet therapy, and vocational, legal and ethical aspects of nursing;
  - B) Not preclude a flexible curriculum that would provide appropriate integration of the nursing subject areas;
  - C) Provide basic theoretical and clinical instruction in all areas of nursing practice in the promotion, prevention, restoration and maintenance of health in individuals and groups across the life span and in a variety of clinical settings;
  - D) Incorporate the nursing process as an integral part of the curriculum;

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- E) Prepare the student to assume entry level practical nursing positions to assist clients with normal and common health problems through use of basic nursing skills;
  - F) Be at least one academic year in length; and
  - G) If a military program, consist of a minimum of 36 to 40 weeks of theory and clinical instruction incorporating the curriculum outlined in subsection (f)(8)(A).
- g) Nursing Administrator and Faculty
- 1) The institution responsible for conducting the nursing program and the nurse administrator of the nursing education program shall be responsible for ensuring that the individual faculty members are academically and professionally qualified.
  - 2) Nursing education programs shall be administered by the nurse administrator of the nursing education program.
  - 3) The nurse administrator and faculty of a nursing education program shall be currently licensed as registered professional nurses in Illinois.
  - 4) The nurse administrator of a nursing education program shall have at least:
    - A) 2 ~~years~~ years experience in clinical nursing practice;
    - B) 2 ~~years~~ years experience as a nurse educator ~~an instructor in a nursing education program~~; and
    - C) ~~A~~ master's degree or higher with a major in nursing.
  - 5) Nurse faculty of a practical nursing program shall have:
    - A) At least 2 ~~years~~ years experience in clinical nursing practice; and
    - B) A baccalaureate degree or higher with a major in nursing.
  - 6) The requirements of subsections (g)(4) and (5) shall not affect incumbents as of the original date these requirements were adopted, January 14, 1980.

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- 7) Nurse administrators of nursing education programs shall be responsible for:
  - A) Administration of the nursing education program;
  - B) Liaison with other units of the sponsoring institution;
  - C) Preparation and administration of the budget;
  - D) Facilitation of faculty development and performance review;
  - E) Facilitation and coordination of activities related to academic policies, personnel policies, curriculum, resource facilities and services; and program evaluation; and
  - F) Notification to the Division of program changes.
- 8) Faculty shall be responsible for:
  - A) Development, implementation and evaluation of the purpose, philosophy and objectives of the nursing education program;
  - B) Design, implementation and evaluation of curriculum for the nursing education program;
  - C) Participation in academic advising of students;
  - D) Development and evaluation of student policies; and
  - E) Evaluation of student performance in meeting the objectives of the program.
- 9) Faculty shall participate in:
  - A) Selection, promotion and tenure activities;
  - B) Academic activities of the institution;
  - C) Professional and health related community activities;



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- D) Self-development activities for professional and personal growth;
  - E) Research and other scholarly activities for which qualified; and
  - F) Activities that maintain educational and clinical expertise in areas of teaching.
- 10) Clinical experience must be under direct supervision of qualified faculty as set forth in this subsection (g) or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.
- 11) The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience:
- A) When under direct supervision of the faculty, the ratio shall not exceed 10 to 1.
  - B) When a registered nurse preceptor is used, the ratio of students to faculty member shall not exceed 12 to 1.
- h) Financial Support, Facilities, Records
- 1) Adequate financial support for the nursing education program, faculty and other necessary personnel, equipment, supplies and services shall be in evidence in the program budget.
  - 2) The faculty of the nursing education program and the staff of cooperating agencies used as sites for additional theory and clinical experience shall work together for quality of patient care.
  - 3) Articles of Affiliation
    - A) The nursing education program shall have Articles of Affiliation between the nursing education program and each clinical facility that define the rights and responsibilities of each party, including agreements on the role and authority of the governing bodies of both the clinical site and the nursing education program.

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- B) If portions of the required clinical or theoretical curriculum are offered at different geographical sites or by distance learning, the curriculum must be planned, supervised, administered and evaluated in concert with appropriate faculty committees, department chairmen and administrative officers of the parent school.
  - 4) There shall be adequate facilities for the nursing program for both academic and clinical experiences for students.
  - 5) There shall be access to learning resource facilities, including library and multi-media technology, that are reasonably sufficient for the curriculum and the number of students enrolled in the nursing education programs.
  - 6) Cooperating agencies shall be identified to the Division and shall be suitable to meet the objectives of the program.
  - 7) Addition or deletion of cooperating agencies shall be reported in writing to the Division on the program annual report.
  - 8) The nursing program's policies and procedures shall not violate constitutional rights and shall be written and available to faculty and students.
  - 9) Permanent student records that summarize admissions, credentials, grades and other records of performance shall be maintained by the program.
- i) Preceptors  
A program of licensed professional nursing that uses the personnel of a clinical facility as preceptors to instruct the clinical experience must:
- 1) Require each preceptor to have demonstrated competencies with patient populations to which the student is assigned;
  - 2) Require each preceptor to be approved by the faculty of the program of nursing;
  - 3) Require the faculty of the program to provide to each preceptor an orientation concerning the roles and responsibilities of students, faculty and preceptors;

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- 4) Require the faculty of the program to develop written competencies/outcomes and provide a copy of these to each preceptor before the preceptor begins instruction of the students;
  - 5) Designate a member of the faculty to serve as a liaison between the preceptor and each student who participates in the clinical experience;
  - 6) Require that each preceptor be present in the clinical facility or at the location of point of care and available to the students at all times when the student provides nursing care or services to patients/clients;
  - 7) Require that each preceptor have a current registered professional nurse license in the state where the student is practicing.
- j) Denial of Approval of Nursing Program  
If the Division, in the course of reviewing an application for approval of a nursing program, determines that an applicant program has failed to comply with the application criteria or procedures outlined in this Part, or receives information that indicates that the applicant program will not be able to comply with the conditions set forth in subsection (b), the Division may deny the application for approval.
- k) Discontinuance of a Nursing Program
- 1) Prior to terminating a nursing education program, the program shall:
    - A) Notify the Division, in writing, of its intent to discontinue its program;
    - B) Continue to meet the requirements of the Act and this Part until the official date of termination of the program;
    - C) Notify the Division of the date on which the last student will graduate and the program will terminate; and
    - D) Assume responsibility for assisting students to continue their education in the event of closing of the school prior to the final student graduating.

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- 2) Upon closure of the nursing education program, the institution shall notify the Division, in writing, of the location of student and graduate records storage.
- l) Revocation of Program Approval
    - 1) The following are grounds for disapproval of a nursing education program:
      - A) A violation of any provision of the Act;
      - B) Fraud or dishonesty in applying for approval of a nursing education program;
      - C) Failure to continue to meet criteria of an approved nursing education program set forth in this Section; or
      - D) Failure to comply with recommendations made by the Division as a result of a site visit.
    - 2) Upon written notification of the Division's proposed action, the nursing education program may:
      - A) Submit a written response;
      - B) Request a hearing before the Board.
  - m) Out-of-State Education Programs Seeking Student Nurse Clinical Placement in Illinois
    - 1) Out-of-state nursing education programs offering clinical experiences in Illinois are expected to maintain the standards for approved nursing education programs set forth in this Section.
    - 2) Programs desiring to seek approval for student nurse clinical placement in Illinois shall submit the following documents:
      - A) Evidence of approval/accreditation by the Board of Nursing or other appropriate approval bodies in the state in which the institution is located.

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- B) A letter requesting approval to provide the clinical offering that indicates the time-frame during which the clinical experience will be conducted, the clinical agencies and the clinical units to be utilized.
- C) A course syllabus for the clinical experiences to be offered that specifies the related objectives of the offering.
- D) A copy of the executed contractual agreement between the academic institution and the clinical facility.
- E) A faculty qualification and/or preceptor form for individuals providing instruction in Illinois.

3) Faculty

- A) The institution responsible for conducting the nursing program and the administrator of the nursing education program shall be responsible for ensuring that the individual faculty members are academically and professionally qualified.
- B) Nurse faculty of a practical nursing program shall have:
  - i) ~~At~~ least 2 ~~years~~ years experience in clinical nursing practice; and
  - ii) ~~A~~ baccalaureate degree or higher with a major in nursing.
- C) The faculty shall be currently licensed as registered professional nurses in Illinois.
- D) Clinical experience must be under direct supervision of qualified faculty as set forth in subsection (g) or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.
- E) The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience.

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- i) When under direct supervision of the faculty, the ratio shall not exceed 10 to 1.
  - ii) When a registered nurse preceptor is used, the ratio of students to faculty member shall not exceed 12 to 1.
- 4) Approval for clinical offerings by out-of-state nursing programs shall be approved for a period of 2 years. A program representative may request renewal of the approval every 2 years. In order to renew, the program shall submit a written report that provides updated and current data as required by this subsection (m).
- 5) A written report of current clinical offerings and current data shall be submitted to the Division annually. Faculty qualification and preceptor forms shall be submitted when instructors are added or changed.
- 6) Failure to comply with the requirements set forth in this Part shall result in the immediate withdrawal of approval of the clinical experience offering.
- n) If the name of the program is changed or the institution in which the program is located or with which it is affiliated changes its name, the program shall notify the Division within 30 days after the name change. If the Division is not notified within the 30 days, the program's approval may be withdrawn.
- o) The Division has determined that nationally accredited nurse programs approved through the National League for Nursing Accrediting Commission or the Commission on Collegiate Accreditation meet the requirements set forth in this Section, except for those programs whose curriculums do not include a concurrent theory and clinical practice education component as required by Section 50-70 of the Act.

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.250 LPN Scope of Practice**

*Practice as a licensed practical nurse means a scope of basic nursing practice, with or without compensation, as delegated by a registered professional nurse or an advanced practice registered nurse or as directed by a physician assistant, physician, dentist or podiatric physician,*

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and includes all of the following and other activities requiring a like skill level for which the LPN is properly trained:

- a) *Conducting a focused nursing assessment and contributing to the ongoing comprehensive nursing assessment of the patient performed by the RN Collecting data and collaborating in the assessment of the health status of a patient.*
- b) *Collaborating in the development and modification of the RN's or APRN's registered professional nurse's or advanced practice registered nurse's comprehensive nursing plan of care for all types of patients.*
- c) *Implementing aspects of the plan of care as delegated.*
- d) *Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of patients, as delegated.*
- e) *Serving as an advocate for the patient by communicating and collaborating with other health service personnel, as delegated.*
- f) *Participating in the evaluation of patient responses to interventions.*
- g) *Communicating and collaborating with other health care professionals, as delegated.*
- h) *Providing input into the development of policies and procedures to support patient safety. (Section 55-30 of the Act)*

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.260 Standards for Professional Conduct for LPNs**

- a) The licensed practical nurse shall, but is not limited to, upholding the following professional standards:
  - 1) Practice in accordance with the Act and this Part;
  - 2) Practice nursing only when in functional physical and mental health;
  - 3) Be accountable for his or her own nursing actions and competencies;

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- 4) Practice or offer to practice, including delegated nursing activities, only within the scope permitted by law and within the licensee's own educational preparation and competencies;
  - 5) Perform nursing activities as delegated;
  - 6) Seek instruction from a registered professional nurse or advanced practice registered nurse when implementing new or unfamiliar nursing activities;
  - 7) Report unsafe, unethical or illegal health care practice or conditions to appropriate authorities and to the Division;
  - 8) Assume responsibility for continued growth and education to reflect knowledge and understanding of current nursing care practice.
- b) Violations of this Section may result in discipline as specified in Section 70-5 of the Act. ~~All disciplinary hearings shall be conducted in accordance with 68 Ill. Adm. Code 1110.~~

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART C: REGISTERED NURSE

**Section 1300.300 Application for Examination or Licensure**

- a) Each applicant shall file, with the Division or the testing service designated by the Division, a completed, signed application, on forms supplied by the Division, that includes:
  - 1) ~~Proof~~~~proof~~ of graduation from a nursing education program that meets the requirements of Section 1300.40;
  - 2) ~~Verification~~~~verification~~ of fingerprint processing from ~~ISP~~~~the Illinois Department of State Police (DSP)~~, or its designated agent. (Practical nurses licensed in Illinois are not required to be fingerprinted when applying for a license as a registered professional nurse.) Applicants shall contact ~~an Illinois-licensed~~~~a DSP-approved~~ fingerprint vendor for fingerprint processing. Out-of-state residents may have their fingerprints taken by an out-of-state vendor but the fingerprints must be processed by an Illinois Livescan Vendor~~unable to utilize an electronic fingerprint~~



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~~process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by the Illinois Department of State Police or one set of fingerprint cards issued by the FBI, accompanied by the processing fee specified in Section 1300.30(c)(7).~~ Fingerprints shall be taken within the 60 days prior to application;

- 3) ~~The~~ fees required by Section 1300.30(a)(1);
- 4) ~~For~~ applicants educated outside the United States or its territories, the following:
  - A) ~~A~~ credentials evaluation report of the applicant's foreign nursing education from either the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES), ~~or~~ the Educational Records Evaluation Service (ERES), or another credentialing service approved by the Division. To be accepted, the report must:
    - i) ~~Verify~~ that the applicant has successfully completed ~~primary and secondary and~~ nursing education equivalent to education received in a US state or territory as determined by the Department, based upon receipt and review of official transcripts from the nursing education program bearing the school seal;
    - ii) ~~verify that the applicant was licensed in his or her country of education if licensure was available at the time of education;~~
    - iii) ~~Indicate~~ any subject matter deficiencies; and
    - iiii) ~~Be~~ in a form and manner acceptable to the Division. The Division will not accept a credential report until it receives all relevant information required by this Section; and.
  - B) ~~If~~ the applicant's first language is not English, certification of passage of either the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS) Academic Module. For TOEFL the minimum passing score on the paper-based test is 560, computer-based test is 220,

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and internet-based test is 83. For the IELTS Academic Module, the minimum passing score shall be 6.5 (overall score) and 7.0 (spoken band). The Division may, upon recommendation from an approved credentials evaluation service, waive the requirement that the applicant pass the TOEFL or IELTS examination if the applicant submits verification of the successful completion of a nursing education program conducted in English.

~~€) for applicants who have completed a minimum of 2 years of nursing education but are unable to meet the requirement of subsection (a)(4)(A)(1), proof of successful passage of the General Education Development test enabling the applicant to be approved to sit for the examination.~~

- b) Any applicant who fails to demonstrate fulfillment of the education requirements shall be notified in writing and must satisfy the deficiency before being granted temporary authority to practice nursing, as permitted by Section 60-10 of the Act, or being admitted to the examination. Deficiencies in nursing theory and/or clinical practice may be removed by taking the required courses in an approved nursing education program.
- c) When the applicant has completed the nursing education program in less than the usual length of time through advanced standing or transfer of credits from one institution to another, the director of nursing education shall include an explanation in the certification.
- d) Pursuant to Section 50-70 of the Act, when an applicant has completed a nonapproved program that is a correspondence course or a program of nursing that does not require coordinated or concurrent theory and clinical practice, the Division may grant a license to an applicant who has applied in accordance with subsection (a) and who has received an advanced graduate degree in nursing from an approved program with concurrent theory and clinical practice or who is currently licensed in another state and has been actively practicing in clinical nursing for a minimum of 2 years. Clinical practice for purposes of this Section means nursing practice that involves direct physical (psychomotor and psychosocial) patient (client) care within an acute care facility.
  - 1) Clinical practice areas that would meet the requirements for clinical practice include the following:

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- A) Adult Medical Surgical Nursing
  - B) Pediatric Nursing
  - C) Maternity Nursing
  - D) Emergency Nursing
  - E) Critical Care Nursing
  - F) Post-Anesthesia Care Nursing
  - G) Psychiatric Nursing
  - H) Medicare/Skilled Nursing in a Long-Term Care Facility
- 2) Clinical practice shall not include:
- A) Telephone or Triage Nursing
  - B) Case Management
- 3) A year of clinical practice consists of not less than 1500 hours of direct patient care.
- 4) The Board of Nursing will review clinical practice documentation that does not meet the requirements of this subsection (d).
- e) Credentials of education and licensure, if not in English, shall be accompanied by a certified translation.
- f) After filing the original application, any change of name must be supported by an affidavit satisfactory to the Division.
- g) If an applicant has taken and passed the National Council Licensure Examination (NCLEX) in accordance with Section 1300.310, the applicant shall file an application in accordance with subsection (a) and shall have the examination scores submitted to the Division directly from the testing entity or from the state of original licensure.

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(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.310 RN Licensure Examination**

- a) The Board shall make recommendations to the Division regarding content, design and contractor for a licensure examination. A licensure examination contract shall be negotiated and approved by the Division.
- b) Registered Professional Nurse Examination
  - 1) The passing grade on the National Council Licensure Examination (NCLEX) for registered professional nurses shall be based on an ability scale designed to measure minimum RN competency. A pass/fail grade will be assigned.
  - 2) An RN applicant who fails the examination is not eligible for licensure
  - 3) If the examination is not passed within 3 years from the date of application, regardless of jurisdiction in which the examination was written, the applicant shall not be permitted to retake the examination until the applicant has enrolled in a NCLEX review course, successfully completed at least 2 additional years of professional nursing education. Upon successful completion of the approved nursing education program, ~~The~~ applicant shall submit proof to the Division. This subsection (b)(3) does not apply to applicants who are licensed in another jurisdiction.
  - 4) If 3 years from the date of original application has lapsed, the applicant shall be required to submit a new application to the Division pursuant to Section 60-10 of the Act and provide evidence of meeting the requirements in force at the time of the new application.

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.320 RN Licensure by Endorsement**

- a) Each applicant who is licensed in another jurisdiction shall file a completed, signed application for licensure on the basis of endorsement, on forms supplied by the Division. The application shall include:
  - 1) ~~The~~ fee required by Section 1300.30(a)(1);

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- 2) ~~Proof~~proof of graduation from a nursing education program that meets the requirements of Section 1300.340;
- 3) ~~Proof~~proof of passage of an examination recognized by the Division, upon recommendation of the Board (i.e., National Council Licensure Examination for professional nurses, or State Board Test Pool Examination for professional nurses or practical nurses);
- 4) ~~Verification~~verification of fingerprint processing from ~~ISP the Illinois Department of State Police (DSP)~~, or its designated agent. (Practical nurses licensed in Illinois are not required to be fingerprinted when applying for a license as a registered professional nurse.) Applicants shall contact ~~an Illinois-licensed a DSP approved~~ fingerprint vendor for fingerprint processing. Out-of-state residents may have their fingerprints taken by an out-of-state vendor but the fingerprints must be processed by an Illinois Livescan Vendor~~unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by the Illinois Department of State Police or one set of fingerprint cards issued by the FBI, accompanied by the processing fee specified in Section 1300.30(c)(7).~~ Fingerprints shall be taken within the 60 days prior to application;
- 5) ~~For~~for RN applicants who received education outside of the United States, a credentials evaluation report of the applicant's foreign nursing education from either the Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service (CES), ~~or~~ the Educational Records Evaluation Service (ERES), or another credentialing service approved by the Division. This requirement can be satisfied by providing proof of licensure in a state that requires such a report for initial licensure.
  - A) To be accepted, the report must:
    - i) ~~Verify~~verify that the applicant has successfully completed ~~primary and secondary~~ and nursing education equivalent to education received in a US state or territory as determined by the Department, based upon receipt and review of official transcripts from the nursing education program bearing the school seal;



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- ~~ii) the applicant provides proof of a minimum of two years full time licensed clinical nursing practice in another state;~~
  - 6) ~~Official~~ transcripts of theory and clinical education prepared by an official of the military for a nurse applicant who has received his/her education in the military service. Education must meet the standards for education set forth in Section 1300.340;
  - 7) ~~Verification~~ verification of licensure status from the jurisdiction in which the applicant was originally licensed, current licensure and any other jurisdiction in which the applicant has been actively practicing ~~within the last 5 years~~; and
  - 8) ~~A~~ certified translation for all credentials of education and licensure, if not in English.
- b) After filing the original application, any change of name must be supported by an affidavit satisfactory to the Division.
  - c) Deficiencies in nursing theory and/or clinical practice may be removed by taking the required courses in an approved nursing education program.
  - d) Compliance with the provisions of Section 1300.310(b)(3) for each RN applicant and shall be a requirement for Illinois nurse licensure by endorsement.
  - e) Individuals applying for licensure by endorsement may apply to the Division, on forms provided by the Division, to receive a Temporary Endorsement Permit pursuant to Section 60-10 of the Act. The permit shall allow the applicant to work pending the issuance of a license by endorsement.
    - 1) The temporary endorsement permit application shall include:
      - A) ~~A~~ completed, signed endorsement application, along with the required endorsement licensure fee set forth in Section 1300.30(a)(3). All supporting documents shall be submitted to the Division before a permanent license by endorsement is issued;
      - B) ~~Photocopies~~ photocopies of all current active nursing licenses and/or temporary permits/licenses from other jurisdictions. Current active licensure in at least one United States jurisdiction is

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required. Each applicant's license will be checked on the Nurse System (NURSYS) disciplinary data bank to determine if any disciplinary action is pending on the applicant's file;

C) ~~Verification~~~~verification~~ that fingerprints have been submitted to the Division or the Illinois Department of State Police or its designated agent; and

D) ~~The~~ fee for a temporary permit as required in Section 1300.30(a)(3).

2) The Division shall issue a temporary endorsement permit no later than 14 days after receipt of a completed application as set forth in subsection (e)(1).

3) Temporary permits shall be terminated upon:

A) ~~The~~ issuance of a permanent license by endorsement;

B) ~~Failure~~~~failure~~ to complete the application process within 6 months from the date of issuance of the permit;

C) ~~A~~ finding by the Division that the applicant has been convicted of any crime under the laws of any jurisdiction of the United States that is:

i) ~~A~~ felony; or

ii) ~~A~~ misdemeanor directly related to the practice of nursing, within the last 5 years;

D) ~~A~~ finding by the Division that, within the last 5 years, the applicant has had a license or permit related to the practice of nursing revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois; or

E) ~~A~~ finding by the Division that the applicant does not meet the licensure requirements for endorsement set forth in this Section.



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The Division shall notify the applicant in writing of the termination.

- 4) The Division shall notify the applicant by certified or registered mail of the intent to deny licensure pursuant to subsections (e)(3)(D) and (E) and/or Section 70-5 of the Act.
- 5) A temporary permit shall be renewed beyond the 6-month period, upon recommendation of the Board and approval of the Director, due to hardship, defined as:
  - A) ~~Servingserving~~ full-time in the Armed Forces;
  - B) ~~Anan~~ incapacitating illness as documented by a currently licensed physician;
  - C) ~~Deathdeath~~ of an immediate family member; or
  - D) ~~Extenuatingextenuating~~ circumstances beyond the applicant's control, as approved by the Director.

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.330 Nurse Externship (Repealed)**

- a) ~~Each applicant for a nurse externship permit shall file a completed, signed application on forms supplied by the Division. The application shall include:~~
  - 1) ~~proof of graduation from an RN educational program approved by the Division;~~
  - 2) ~~verification of licensure as an RN in another state or territory of the United States and proof of an active and unencumbered license in all of the states or territories in which the applicant is licensed;~~
  - 3) ~~verification of an offer for employment in Illinois as a nurse extern and a copy of the written employment offer;~~
  - 4) ~~a letter of acceptance from the Bilingual Nurse Consortium course or other comparable course approved by the Division;~~

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- 5) ~~verification from the applicant's prospective employer stating that the prospective employer agrees to pay the full tuition for the Bilingual Nurse Consortium course or other comparable course approved by the Division;~~
  - 6) ~~proof of taking the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS) Academic Module. For TOEFL a minimum passing score on the paper based test of 560, computer based test of 220, or internet based test of 83. For the IELTS Academic Module, the minimum passing score shall be 6.5 (overall score) and 7.0 (spoken band);~~
  - 7) ~~proof that the applicant has not violated the provisions of Section 10-45 of the Act; and~~
  - 8) ~~the required externship permit fee set forth in Section 1300.30(a)(3).~~
- b) ~~The nurse extern must submit to the Division a mid-year exam as determined by the Bilingual Nurse Consortium that demonstrates proficiency towards passing the NCLEX.~~
  - e) ~~A nurse extern shall be issued only one permit that shall expire one calendar year after it is issued.~~

(Source: Repealed at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.340 Approval of Programs**

- a) Program Approval  
Institutions desiring to establish a new nursing program that would lead to meeting requirements for licensure, change the level of educational preparation of the program, or establish an extension of an existing program shall:
  - 1) Submit a letter of intent to the Division.
  - 2) Provide a feasibility study to the Division, on forms provided by the Division, that includes, at least, documentation of:
    - A) Need for the program in the community;

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- B) Need for graduates of the proposed program;
  - C) Availability of students;
  - D) Impact on existing nursing programs in a 50-mile radius of the proposed program;
  - E) The curriculum vitae of identifiable faculty, including the curriculum vitae of any potential faculty members that will teach in the program;
  - F) Adequacy of clinical practicum and academic resources;
  - G) Financial commitment to support the initial and continuing program;
  - H) Community support of the scope and philosophy of the program;
  - I) Authorization by the appropriate education agency of the State of Illinois; and
  - J) A timetable for development of the program and the intended date of the first class beginning.
- 3) Identify and provide a curriculum vitae of a qualified nurse administrator with a minimum of a master's degree in nursing and with experience as a nurse educator.
- 4) Submit a curriculum proposal including:
- A) Program philosophy and objectives;
  - B) A plan of organization that is logical and internally consistent;
  - C) Proposed plans of study, including requisite and elective courses with rationale;
  - D) Course outlines or syllabi for all nursing courses;
  - E) Student handbook;

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- F) Faculty qualifications;
  - G) Instructional approaches to be employed;
  - H) Evaluation plans for faculty and students;
  - I) Facilities and utilization plan; and
  - J) Budget plan.
- 5) Coordinate with the Division and/or Nursing Coordinator for a site visit to be conducted prior to program approval.
- b) Continued Program Approval
- 1) Nursing education programs shall submit annual evaluation reports to the Division on forms provided by the Division. These reports shall contain information regarding curriculum, faculty and students and other information deemed appropriate by the Division.
  - 2) Full routine site visits may be conducted by the Division for periodic evaluation. The visits will be utilized to determine compliance with the Act. Unannounced site visits may be conducted when the Division obtains evidence that would indicate the program is not in compliance with the Act or this Part.
  - 3) *Beginning December 31, 2022, obtaining and maintaining programmatic accreditation by a national accrediting body for nursing education recognized by the United States Department of Education and approved by the Department. The Department and Board of Nursing shall be notified within 30 days if the program loses its accreditation. (Section 60-5(a)(5) of the Act)*
    - A) The Board shall issue a warning letter to any program that lost its national accreditation. This letter shall inform the program of its probationary status and the corrective actions necessary to be in compliance with the Act.
    - B) The program placed on probationary status must:

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- i) Immediately notify all enrolled students and applicants that the program has lost its national accreditation and of corrective actions the program will take to regain its accreditation; and
  - ii) Correct the deficiencies identified by the Board within 12 months unless otherwise directed by the Board, including regaining its national accreditation. Failure to correct the deficiencies within the specified time frame shall result in the Board's withdrawal of the program's approval status.
- 43) A pass rate of graduates on the National Council Licensing Examination (NCLEX) shall be included in the annual evaluation of nursing education programs.
  - A) A pass rate of 75% of first-time examinees will be required for a school to remain in good standing.
  - B) A nursing education program having an annual pass rate of less than 75% of first-time examinees for one year will receive a written warning of noncompliance from the Division.
  - C) A nursing education program having an annual pass rate of less than 75% of first-time examinees for 2 consecutive years will receive a site visit for evaluation and recommendation by the Division and will be placed on probation for program revision in accordance with 68 Ill. Adm. Code 1110.
  - D) The nursing education program will have 2 years to demonstrate evidence of implementing strategies to correct deficiencies and bring the pass rate in line with the 75% criteria.
  - E) If, 2 years after implementing the strategies to correct deficiencies in the program, the annual pass rate is less than 75%, the program will be reevaluated. The program will be allowed to continue to operate on a probationary status or will be disapproved and removed from the list of Illinois approved nursing programs in accordance with 68 Ill. Adm. Code 1110.

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- c) Major Curricular Revision  
Nursing education programs desiring to make a major curricular revision, i.e., addition or deletion of content, a substantive change in philosophy or conceptual framework, or length of program, shall:
  - 1) Submit a letter of intent to the Division; and
  - 2) Submit a copy of the proposed changes and new material to the Division, at least one term prior to implementation, for Board recommendation and Division approval in accordance with the standards set forth in subsection (f).
  
- d) Minor Curricular Revisions  
Nursing education programs desiring to make curricular revisions involving reorganization of current course content but not constituting a major curriculum revision shall submit the proposed changes to the Division in their annual report.
  
- e) Organization and Administration
  - 1) An institution responsible for conducting a nursing education program shall be authorized by the appropriate agency of the State of Illinois (e.g., Illinois Board of Higher Education, State Board of Education, Illinois Community College Board);
  - 2) The relationship of the nursing education program to other units within the sponsoring institution shall be clearly delineated with organizational charts on file with the Division;
  - 3) Nursing education programs shall have clearly defined lines of authority, responsibility and communication;
  - 4) Student input into determination of academic policies and procedures, curriculum planning and evaluation of faculty effectiveness shall be assured as evidenced by information such as student membership on policy and evaluation committees, policy statements and evaluation procedures;
  - 5) Nursing education program policies and procedures shall be in written form, congruent with those of the sponsoring institution, and reviewed by members of the program on a regular schedule;

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- 6) The philosophy, purpose and objectives of the nursing education program shall be stated in writing and shall be consistent with the sponsoring institution and current social, nursing and educational trends and the Act.
- f) Curriculum and Instruction
- 1) The curriculum shall be based upon the stated program purpose, philosophy and objectives;
  - 2) Levels of progression in relation to the stated program outcomes shall be established;
  - 3) Coordinated clinical and theoretical learning experiences shall be consistent with the program outcomes;
  - 4) Curricular content shall reflect contemporary nursing practice encompassing major health needs of all age groups;
  - 5) The entire curriculum shall be based on sound nursing, education and instructional principles;
  - 6) The curriculum may include a Nursing Student Internship/Cooperative Education Course that meets the following minimum requirements:
    - A) The course must be available with the nursing major and identified on the transcript.
    - B) Faculty must meet approved nursing education program qualifications and hold faculty status with the educational unit.
    - C) Clinical content must be coordinated with theoretical content.
    - D) Clinical experience must be under direct supervision of qualified faculty as set forth in subsection (g) or with a registered nurse preceptor. The nurse preceptor shall be approved by the program and shall work under the direction of a nurse faculty member.
    - E) Students shall not be permitted to practice beyond educational preparation or without faculty supervision.

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- F) The course shall be based on program purpose, philosophy, objectives and framework.
  - G) Course evaluation shall be consistent with the plan for program evaluation.
  - H) Articles of affiliation shall clearly delineate student, educational institution and health care agency roles and responsibilities;
- 7) The curriculum shall be evaluated by faculty with student input, according to a stated plan;
  - 8) The program shall be approved by the appropriate educational agency;
  - 9) Curriculum for professional nursing programs shall:
    - A) Include, at a minimum, concepts in anatomy, physiology, chemistry, physics, microbiology, sociology, psychology, communications, growth and development, interpersonal relationships, group dynamics, cultural diversity, pharmacology and the administration of medication, nutrition and diet therapy, patho-physiology, ethics, nursing history, trends and theories, professional and legal aspects of nursing, leadership and management in nursing, and teaching-learning theory;
    - B) Not preclude a flexible curriculum that would provide appropriate integration of the nursing subject matters;
    - C) Provide theoretical and clinical instruction in all areas of nursing practice in the promotion, prevention, restoration and maintenance of health in individuals and groups across the life span and in a variety of clinical settings;
    - D) Incorporate the nursing process as an integral part of the curriculum;
    - E) Prepare the student to assume beginning level professional nursing positions;



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F) Be at least 2 academic years in length.

g) Nursing Administrator and Faculty

- 1) The institution responsible for conducting the nursing program and the nurse administrator of the nursing education program shall be responsible for ensuring that the individual faculty members are academically and professionally qualified.
- 2) Nursing education programs shall be administered by the nurse administrator of the nursing education program.
- 3) The nurse administrator and faculty of a nursing education program shall be currently licensed as registered professional nurses in Illinois.
- 4) The nurse administrator of a nursing education program shall have at least:
  - A) 2 ~~years~~<sup>years</sup> experience in clinical nursing practice;
  - B) 2 ~~years~~<sup>years</sup> experience as ~~a nursing educator~~<sup>an instructor in an RN or higher nursing education program</sup>; and
  - C) ~~A~~<sup>a</sup> master's degree or higher with a major in nursing.
- 5) Nurse faculty of a professional nursing program shall have:
  - A) At least 2 ~~years~~<sup>years</sup> experience in clinical nursing practice;
  - B) A master's degree or higher with a major in nursing.
- 6) The requirements of subsections (g)(4) and (5) shall not affect incumbents as of the original date these requirements were adopted, January 14, 1980.
- 7) Nurse administrators of nursing education programs shall be responsible for:
  - A) Administration of the nursing education program;
  - B) Liaison with other units of the sponsoring institution;

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- C) Preparation and administration of the budget;
  - D) Facilitation of faculty development and performance review;
  - E) Facilitation and coordination of activities related to academic policies, personnel policies, curriculum, resource facilities and services, and program evaluation; and
  - F) Notification to the Division of program changes.
- 8) Faculty shall be responsible for:
- A) Development, implementation and evaluation of the purpose, philosophy and objectives of the nursing education program;
  - B) Design, implementation and evaluation of curriculum for the nursing education program;
  - C) Participation in academic advising of students;
  - D) Development and evaluation of student policies; and
  - E) Evaluation of student performance in meeting the objectives of the program.
- 9) Faculty shall participate in:
- A) Selection, promotion and tenure activities;
  - B) Academic activities of the institution;
  - C) Professional and health related community activities;
  - D) Self-development activities for professional and personal growth;
  - E) Research and other scholarly activities for which qualified; and
  - F) Activities that maintain educational and clinical expertise in areas of teaching.

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- 10) Clinical experience must be under direct supervision of qualified faculty as set forth in this subsection (g) or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.
- 11) The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience:
  - A) When under direct supervision of the faculty, the ratio shall not exceed 10 to 1.
  - B) When a registered nurse preceptor is used, the ratio of students to faculty member shall not exceed 12 to 1.
- h) Financial Support, Facilities, Records
  - 1) Adequate financial support for the nursing education program, faculty and other necessary personnel, equipment, supplies and services shall be in evidence in the program budget.
  - 2) The faculty of the nursing education program and the staff of cooperating agencies used as sites for additional theory and clinical experience shall work together for quality of patient care.
  - 3) Articles of Affiliation
    - A) The nursing education program shall have Articles of Affiliation between the nursing education program and each clinical facility that define the rights and responsibilities of each party, including agreements on the role and authority of the governing bodies of both the clinical site and the nursing education program.
    - B) If portions of the required clinical or theoretical curriculum are offered at different geographical sites or by distance learning, the curriculum must be planned, supervised, administered and evaluated in concert with appropriate faculty committees, department chairmen and administrative officers of the parent school.

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- 4) There shall be adequate facilities for the nursing program for both academic and clinical experiences for students.
- 5) There shall be access to learning resource facilities, including library and multi-media technology, that are reasonably sufficient for the curriculum and the number of students enrolled in the nursing education programs.
- 6) Cooperating agencies shall be identified to the Division and shall be suitable to meet the objectives of the program.
- 7) Addition or deletion of cooperating agencies shall be reported in writing to the Division on the program annual report.
- 8) The nursing program's policies and procedures shall not violate constitutional rights and shall be written and available to faculty and students.
- 9) Permanent student records that summarize admissions, credentials, grades and other records of performance shall be maintained by the program.

i) Faculty ~~Waiver~~Variance

- 1) ~~Waivers~~Variances for faculty with a graduate degree in a field other than nursing may be granted by the Division based on the following:
  - A) ~~The~~the individual has a bachelor's degree in nursing;
  - B) ~~The~~the individual has at least 2 years of experience in clinical nursing practice;
  - C) ~~The~~the individual has a degree in a field that directly relates to the course he or she will be teaching;
  - D) ~~At~~at least 80% of the school's undergraduate nursing faculty holds a master's degree in nursing.
- 2) ~~Waivers~~Variances for faculty without a graduate degree will be granted based on the following:

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- A) ~~The~~ faculty member is within one year of completion of the master's in nursing or the faculty member has completed a master's in another area or is enrolled in a doctoral degree in nursing program and has completed all coursework, ~~except~~ for a dissertation/final project;
  - B) ~~The~~ faculty member is continuously enrolled in the graduate degree in nursing program;
  - C) ~~A~~ plan exists for the timely completion of the graduate degree in nursing program; and
  - D) ~~A~~ at least 80% of the school's undergraduate nursing faculty holds a master's degree in nursing.
- 3) A school that has received a ~~waiver~~ ~~variance~~ must notify the Board of any changes related to that faculty member, including notification that the faculty member has received the graduate degree.

j) Preceptors

A program of registered professional nursing that uses the personnel of a clinical facility as preceptors to instruct the clinical experience must:

- 1) Require each preceptor to have demonstrated competencies with patient populations to which the student is assigned;
- 2) Require each preceptor to be approved by the faculty of the program of nursing;
- 3) Require the faculty of the program to provide to each preceptor an orientation concerning the roles and responsibilities of students, faculty and preceptors;
- 4) Require the faculty of the program to develop written competencies/outcomes and provide a copy of these to each preceptor before the preceptor begins instruction of the students;
- 5) Designate a member of the faculty to serve as a liaison between the preceptor and each student who participates in the clinical experience;

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- 6) Require that each preceptor be present in the clinical facility or at the location of point of care and available to the students at all times when the student provides nursing care or services to patients/clients;
  - 7) Require that each preceptor have a current registered professional nurse license in the state where the student is practicing.
- k) Denial of Approval of Nursing Program  
If the Division, in the course of reviewing an application for approval of a nursing program, determines that an applicant program has failed to comply with the application criteria or procedures outlined in this Part, or receives information that indicates that the applicant program will not be able to comply with the conditions set forth in subsection (b), the Division may deny the application for approval.
- l) Discontinuance of a Nursing Program
- 1) Prior to termination of a nursing education program, the program shall:
    - A) Notify the Division, in writing, of its intent to discontinue its program;
    - B) Continue to meet the requirements of the Act and this Part until the official date of termination of the program;
    - C) Notify the Division of the date on which the last student will graduate and the program terminate; and
    - D) Assume responsibility for assisting students to continue their education in the event of closing of the school prior to the final student graduating.
  - 2) Upon closure of the nursing education program, the institution shall notify the Division, in writing, of the location of student and graduate records storage.
- m) Revocation of Program Approval
- 1) The following are grounds for disapproval of a nursing education program:

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- A) A violation of any provision of the Act;
  - B) Fraud or dishonesty in applying for approval of a nursing education program;
  - C) Failure to continue to meet criteria of an approved nursing education program set forth in this Section; or
  - D) Failure to comply with recommendations made by the Division as a result of a site visit.
- 2) Upon written notification of the Division's proposed action, the nursing education program may:
- A) Submit a written response;
  - B) Request a hearing before the Board.
- n) Out-of-State Education Programs Seeking Student Nurse Clinical Placement in Illinois
- 1) Out-of-state nursing education programs offering clinical experiences in Illinois are expected to maintain the standards for approved nursing education programs set forth in this Section.
  - 2) Programs desiring to seek approval for student nurse clinical placement in Illinois shall submit the following documents:
    - A) Evidence of approval/accreditation by the Board of Nursing or other appropriate approval bodies in the state in which the institution is located.
    - B) A letter requesting approval to provide the clinical offering that indicates the time-frame during which the clinical experience will be conducted, the clinical agencies and the clinical units to be utilized.
    - C) A course syllabus for the clinical experiences to be offered that specifies the related objectives of the offering.

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- D) A copy of the executed contractual agreement between the academic institution and the clinical facility.
  - E) A faculty qualification and/or preceptor form for individuals providing instruction in Illinois.
- 3) Faculty
- A) The institution responsible for conducting the nursing program and the administrator of the nursing education program shall be responsible for ensuring that the individual faculty members are academically and professionally qualified.
  - B) Nurse faculty of a professional nursing program shall have:
    - i) ~~At a~~ least 2 ~~years~~ years experience in clinical nursing practice; and
    - ii) ~~A~~ master's degree or higher with a major in nursing.
  - C) The faculty shall be currently licensed as registered professional nurses in Illinois.
  - D) Clinical experience must be under direct supervision of qualified faculty as set forth in subsection (g) or with a registered nurse preceptor. The nurse preceptor shall be approved by the parent institution and shall work under the direction of a nurse faculty member.
  - E) The ratio of students to faculty in the clinical area shall be appropriate to the clinical learning experience.
    - i) When under direct supervision of the faculty, the ratio shall not exceed 10 to 1.
    - ii) When a registered nurse preceptor is used, the ratio of students to faculty member shall not exceed 12 to 1.
- 4) Approval for clinical offerings by out-of-state nursing programs shall be approved for a period of 2 years. A program representative may request



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renewal of the approval every 2 years. In order to renew, the program shall submit a written report that provides updated and current data as required by this subsection (n).

- 5) A written report of current clinical offerings and current data shall be submitted to the Division annually. Faculty qualification and preceptor forms shall be submitted when instructors are added or changed.
- 6) Failure to comply with the requirements set forth in this Part shall result in the immediate withdrawal of approval of the clinical experience offering.
- o) If the name of the program is changed or the institution in which the program is located or with which it is affiliated changes its name, the program shall notify the Division within 30 days after the name change. If the Division is not notified within the 30 days, the program's approval may be withdrawn.
- p) The Division has determined that nurse programs approved through the Commission on Collegiate Nursing Education (CCEN), Accreditation Commission for Education Nursing (ACEN), or the US Department of Education National League of Nursing for Nursing Accrediting Commission or the Commission on Collegiate Accreditation meet the requirements set forth in this Section, except for those programs whose curriculums do not include a concurrent theory and clinical practice education component as required by Section 50-70 of the Act.

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.350 Standards of Professional Conduct for Registered Professional Nurses**

- a) The RN shall:
  - 1) Practice in accordance with the Act and this Part;
  - 2) Uphold federal and State regulations regarding controlled substances and alcohol;
  - 3) Practice nursing only when in functional physical and mental health;
  - 4) Be accountable for his or her own nursing actions and competencies;

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- 5) Practice or offer to practice only within the scope permitted by law and within the licensee's own educational preparation and competencies;
  - 6) Seek instruction and supervision from qualified individuals when implementing new or unfamiliar nursing activities;
  - 7) Delegate tasks only to individuals whom the licensee knows or has reason to know are competent by education or experience to perform those tasks;
  - 8) Delegate professional responsibilities only to individuals whom the licensee knows or has reason to know are licensed to perform;
  - 9) Be accountable for the quality of nursing care delegated to others;
  - 10) Report unsafe, unethical or illegal health care practice or conditions to appropriate authorities; and
  - 11) Assume responsibility for continued professional growth and education to reflect knowledge and understanding of current nursing care practice.
- b) Violations of this Section may result in discipline as specified in Section 70-5 of the Act. ~~All disciplinary hearings shall be conducted in accordance with 68 Ill. Adm. Code 1110.~~

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.360 RN Scope of Practice**

*The RN scope of nursing practice is the protection, promotion, and optimization of health and abilities, the prevention of illness and injury, the development and implementation of the nursing plan of care, the facilitation of nursing interventions to alleviate suffering, care coordination, and advocacy in the care of individuals, families, groups, communities, and populations. Practice as an RN means this full scope of nursing, with or without compensation, that incorporates caring for all patients in all settings, through nursing standards of practice and professional performance for coordination of care, and may include, but is not limited to, all of the following:*

- a) *Collecting pertinent data and information relative to the patient's health or the situation on an ongoing basis through the comprehensive nursing assessment.*

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- b) Analyzing comprehensive nursing assessment data to determine actual or potential diagnoses, problems, and issues.
- c) Identifying expected outcomes for a plan individualized to the patient or the situation that prescribes strategies to attain expected, measurable outcomes.
- d) Implementing the identified plan, coordinating care delivery, employing strategies to promote healthy and safe environments, and administering or delegating medication administration according to Section 50-75 of the Act.
- e) Evaluating patient progress toward attainment of goals and outcomes.
- f) Delegating nursing interventions to implement the plan of care.
- g) Providing health education and counseling.
- h) Advocating for the patient.
- i) Practicing ethically according to the American Nurses Association Code of Ethics.
- j) Practicing in a manner that recognizes cultural diversity.
- k) Communicating effectively in all areas of practice.
- l) Collaborating with patients and other key stakeholders in the conduct of nursing practice.
- m) Participating in continuous professional development.
- n) Teaching the theory and practice of nursing to student nurses.
- o) Leading within the professional practice setting and the profession.
- p) Contributing to quality nursing practice.
- q) Integrating evidence and research findings into practice.
- r) Utilizing appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe and effective. (Section 60-35 of the Act)

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~~Practice as a registered professional nurse means the full scope of nursing, with or without compensation, that incorporates caring for all patients in all settings, through nursing standards recognized by the Division, and includes all of the following and other activities requiring a like skill level for which the registered professional nurse is properly trained:~~

- ~~a) The comprehensive nursing assessment of the health status of patients that addresses changes to patient conditions.~~
- ~~b) The development of a plan of nursing care to be integrated within the patient-centered health care plan that establishes nursing diagnoses, and setting goals to meet identified health care needs, determining nursing interventions, and implementation of nursing care through the execution of nursing strategies and regimens ordered or prescribed by authorized healthcare professionals.~~
- ~~e) The administration of medication or delegation of medication administration to licensed practical nurses or medication aides in a qualified facility (see Section 80-20 of the Act).~~
- ~~d) Delegation of nursing interventions to implement the plan of care.~~
- ~~e) The provision for the maintenance of safe and effective nursing care rendered directly or through delegation.~~
- ~~f) Advocating for patients.~~
- ~~g) The evaluation of responses to interventions and the effectiveness of the plan of care.~~
- ~~h) Communicating and collaborating with other health care professionals.~~
- ~~i) The procurement and application of new knowledge and technologies.~~
- ~~j) The provision of health education and counseling.~~
- ~~k) Participating in development of policies, procedures and systems to support patient safety. (Section 60-35 of the Act)~~

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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SUBPART D: ADVANCED PRACTICE REGISTERED NURSE

**Section 1300.400 Application for Licensure**

- a) An applicant for licensure as an advanced practice registered nurse shall file an application on forms provided by the Division. The application shall include:
- 1) Current Illinois registered professional nurse license number.
  - 2) Proof of current national certification, which includes completion of an examination, from one of the following:
    - A) Nurse Midwife certification from:
      - i) ~~the American College of Nurse-Midwives (ACNM);~~
      - ii) ~~The~~ American Midwifery Certification Board (AMCB);  
or
      - iii) ~~Other~~ certifications approved by the Department under subsection (a)(3).
    - B) Nurse Practitioner certification from:
      - i) American Academy of Nurse Practitioners Certification Program (AANP) as a Nurse Practitioner;
      - ii) American Nurses Credentialing Center (ANCC) as a Nurse Practitioner;
      - iii) The Pediatric Nursing Certification Board (PNCB) as a Nurse Practitioner;
      - iv) American Association of Critical-Care Nurses (AACN);
      - v) National Certification Corporation (NCC); or
      - iv) ~~The National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties as a Nurse Practitioner; or~~



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- E) Hashas an examination whose content and distribution are specified in a test plan;
  - F) Hashas examination items reviewed for content validity, cultural sensitivity and correct scoring, using an established mechanism, both before use and periodically;
  - G) Hashas an examination evaluated for psychometric performance;
  - H) Hashas a passing standard established using acceptable psychometric methods and is re-evaluated periodically;
  - I) Hashas examination security maintained through established procedures;
  - J) Issuesissues a certification based upon passing the examination;
  - K) Hashas mechanisms in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status and changes in the certification program, including qualifications, test plan and scope of practice; and
  - L) Hashas an evaluation process to provide quality assurance in its certification program.
- 4) Proof of successful completion of a graduate degree appropriate for national certification in the clinical advanced practice registered nursing specialty or a graduate degree or post-master's certificate from a graduate level program in a clinical advanced practice registered nursing specialty.
- 5) An applicant seeking licensure in more than one advanced practice registered nursing category shall have met the requirements for at least one advanced practice registered nursing specialty; and
- A) Submit proof of possession of an additional graduate education that results in a certificate for another clinical APRN category and that meets the requirements for the national certification from the appropriate nursing specialty; and

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- B) Submit proof of a current, national certification from the appropriate certifying body for that additional advanced practice registered nursing category.
- 6) Verification of licensure as an APRN from the state in which an applicant was originally licensed, current state of licensure or any other state in which the applicant has been actively practicing as an APRN within the last 5 years, if applicable, stating:
- A) The time during which the applicant was licensed in that state, including the date of the original issuance of the license; and
  - B) Whether the file on the applicant contains any record of disciplinary actions taken or pending.
- 7) The fee required in Section 1300.30(a)(4).
- b) An applicant for licensure as an APRN under Section 65-5 of the Act may apply to the Division for a temporary permit, on forms provided by the Division, to practice as an APRN prior to the issuance of the APRN license. Temporary permits will not be issued prior to granting an APRN full practice authority under Section 65-43 of the Act.
- 1) Application Requirements
- A) The application shall include a completed, signed application for licensure, as set forth in subsection (a).
  - B) The application shall include documentation from an approved certifying body set forth in subsection (a)(2) indicating the date the applicant is scheduled to sit for the examination. Upon successful completion of the examination, proof of certification shall be submitted to the Division from the certifying body.
  - C) An APRN who will be practicing in a hospital or ambulatory surgical treatment center in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act shall not be required to have prescriptive authority or a written collaborative agreement pursuant to the Act and this Part.



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D) An APRN applicant who will be practicing outside of a hospital or ambulatory surgical treatment center shall provide a certifying statement indicating that the APRN applicant has entered into a written collaborative agreement as required by Section 65-35 of the Act.

E) The applicant shall include the processing fee set forth in Section 1300.30(a)(4).

2) Practice Pending Licensure

A) The Division will provide a letter to each applicant indicating the ability to practice pending licensure.

B) Practice pending licensure shall be terminated upon:

i) ~~The~~ issuance of a permanent license;

ii) ~~Failure~~ to complete the application process within 6 months from the date of application;

iii) ~~A~~ finding by the Division that the applicant has violated one or more of the grounds for discipline set forth in Section 70-5 of the Act;

iv) ~~A~~ finding by the Division that, within the last 5 years, the applicant has had a license or permit related to the practice of advanced practice registered nursing revoked, suspended or placed on probation by another jurisdiction, if at least one of the grounds is substantially equivalent to grounds in Illinois; or

v) ~~A~~ finding by the Division that the applicant does not meet the licensure requirements set forth in this Section.

C) The Division shall notify the applicant in writing of the termination and shall notify the applicant by email of the intent to deny licensure.

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- c) When the accuracy of any submitted documentation or the relevance or sufficiency of the course work or experience is questioned by the Division or the Board because of lack of information, discrepancies or conflicts in information given, or a need for clarification, the applicant seeking licensure shall be requested to:
  - 1) Provide information as may be necessary; and/or
  - 2) Appear for an interview before the Board to explain the relevance or sufficiency, clarify information, or clear up any discrepancies or conflicts in information.
- d) An APRN license may be issued when the applicant meets the requirements set forth in this Section.

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.430 Written Collaborative Agreement – Prescriptive Authority**

- a) A collaborating physician or podiatric physician who delegates prescriptive authority to an advanced practice registered nurse shall include that delegation in the written collaborative agreement. This authority may include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, medical gases, and controlled substances categorized as any Schedule III through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating physician or podiatric physician must have a valid current Illinois controlled substances license and federal registration to delegate authority to prescribe delegated controlled substances.
- b) Pursuant to Section 65-40(d) of the Act, *a collaborating physician may, but is not required to, delegate authority to an ~~APRN~~ advanced practice registered nurse to prescribe any Schedule II controlled substances by oral dosage or topical or transdermal application if all the following conditions apply:*
  - 1) The delegated *Schedule II controlled substance is specifically identified by either brand name or generic name.* For the purposes of this Section generic substitution pursuant to Section 25 of the Pharmacy Practice Act [225 ILCS 85] shall be allowed under this Section when not prohibited by

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a prescriber's indication on the prescription that the pharmacist "may not substitute".

- 2) The *delegated* Schedule II controlled substances are routinely prescribed by the *collaborating physician* or podiatric physician.
  - 3) Any Schedule II controlled substance prescription must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the *collaborating physician* or podiatric physician.
  - 4) The ~~APRN advanced practice registered nurse~~ must discuss the condition of any patients for whom a Schedule II controlled substance is prescribed monthly with the *delegating physician* or podiatric physician.
  - 5) The ~~APRN advanced practice registered nurse~~ meets the education requirements of Section 303.05 of the Illinois Controlled Substances Act [720 ILCS 570].
- c) An APRN who has been given controlled substances prescriptive authority shall be required to obtain an Illinois mid-level practitioner controlled substances license in accordance with 77 Ill. Adm. Code 3100. The physician or podiatric physician shall file a notice of delegation of prescriptive authority with the Division and the Prescription Monitoring Program. [\(Section 65-40\(c\) of the Act\)](#) The delegation of authority form shall be submitted to the Division and the Prescription Monitoring Program prior to the issuance of a mid-level controlled substances license.
- d) The APRN may only prescribe and dispense Schedule II controlled substances that the collaborating physician or podiatric physician prescribes. Licensed dentists may not delegate prescriptive authority.
- e) ~~All prescriptions written and signed by an advanced practice nurse shall indicate the name of the collaborating physician or podiatric physician. The collaborating physician's or podiatric physician's signature is not required.~~ The APRN nurse shall sign his/her own name when writing and signing prescriptions. The collaborating physician's or podiatric physician's signature is not required.
- f) An APRN may receive and dispense samples per the collaborative agreement.

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- ~~g)~~ ~~Medication orders shall be reviewed periodically by the collaborating physician or podiatric physician.~~
- gh) Nothing in this Section shall be construed to apply to an APRN granted full practice authority pursuant to Section 65-43.
- hi) Nothing in this Section shall apply to any prescribing authority, including Schedule II controlled substances, of an APRN providing care in a hospital, hospital affiliate, or ambulatory surgical treatment center (see Section 65-45 of the Act).

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.445 Standards of Professional Conduct for APRNs**

APRNs shall:

- a) Practice in accordance with the Act and this Part;
- b) Uphold deferral and State regulations regarding controlled substances and alcohol;
- c) Practice nursing only when in functional physical and mental health;
- d) Practice within the scope of his/her education, knowledge, experience, training and skill;
- e) Provide directions and assistance to those they supervise;
- f) Report unsafe, unethical or illegal health care practice or conditions to appropriate authorities; and
- g) Assume responsibility for continued professional growth and education to reflect knowledge and understanding of current care practice.

(Source: Added at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.465 Full Practice Authority**

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- a) An Illinois-licensed advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist may be granted the privilege of full practice authority, which provides the ability under this Section to practice without a written collaborative agreement.
- b) An APRN certified as a nurse midwife, clinical nurse specialist, or nurse practitioner seeking full practice authority shall submit a form provided by the Department indicating he/she has met the necessary requirements in Section 65-43 of the Act. The documentation shall include:
  - 1) Current APRN license number and current registered professional nurse license number. Only applicants whose APRN license and registered professional nurse license are current, active and unrestricted are eligible for full practice authority.
  - 2) Notarized attestation, signed by the APRN, of completion of at least 250 hours of continuing education or training. Documentation of successful completion of this requirement shall be provided to the Department upon request.
    - A) Continuing education and training, as used in this Section, shall include, but not be limited to:
      - i) ~~Formal~~ Formal CE hours conducted by approved CE sponsors and programs as set forth in Section 1300.130(c)(1);
      - ii) ~~Completion~~ Completion of graduate education at universities or colleges;
      - iii) CE programs required for certification or recertification by appropriate professional associations;
      - iv) ~~Other~~ Other educational opportunities that comply with the continuing education standards in Section 1300.130.
    - B) The continuing education or training hours required shall be in the APRN's area of certification.

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- 3) Notarized attestation of completion of at least 4000 hours of clinical experience after first attaining national certification. The clinical experience must be in the APRN's area of certification. The clinical experience shall be in collaboration with a physician or physicians. Completion of the clinical experience must be attested to by the collaborating physician or physicians and the APRN. For APRNs working in a hospital setting, the clinical experience may be attested to by the hospital medical staff committee or designee. Documentation of successful completion of this requirement shall be provided to the Department upon request.
- 4) The fee required by Section 1300.30(a)(5).
- c) The scope of practice of an APRN granted full practice authority includes:
  - 1) All matters included in Section 65-30(c) of the Act;
  - 2) Practicing without a written collaborative agreement in all practice settings consistent with national certification;
  - 3) Authority to prescribe both legend drugs and Schedule II through V controlled substances, except as provided in Section 1300.465(c)(4). This; ~~this~~ authority includes prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, and controlled substances categorized as any Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies;
  - 4) Prescribing benzodiazepines or Schedule II narcotic drugs, such as opioids, only in a consultation relationship with a physician;
    - A) ~~This~~this consultation relationship shall be recorded in the Prescription Monitoring Program website, pursuant to Section 316 of the Illinois Controlled Substances Act, by the physician and advanced practice registered nurse with full practice authority;
    - B) Consultation~~consultation~~ is not required to be filed with the Department;

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- C) ~~The~~ specific Schedule II narcotic drug must be identified by either brand name or generic name;
  - D) ~~May~~ be administered by oral dosage or topical or transdermal application;
  - E) ~~Delivery~~ by injection or other route of administration is not permitted;
  - F) ~~At~~ least monthly, the APRN and the physician must discuss the condition of any patients for whom a benzodiazepine or opioid is prescribed;
  - G) ~~Nothing~~ in this subsection (c)(4) shall be construed to require a prescription by an APRN granted full practice authority to indicate a physician's name on the prescription; and
  - H) ~~All~~ consultation records shall be available to the Department upon request;
- 5) Authority to obtain an Illinois controlled substances license and a federal Drug Enforcement Administration number;
  - 6) Use of only local anesthetic; and
  - 7) The scope of practice of an APRN does not include operative surgery.
- d) Upon issuance of an APRN license with full practice authority, the regular APRN license will go inactive.
  - e) Prior to prescribing as an APRN granted full practice authority, the APRN must apply for a practitioner license under the Illinois Controlled Substances Act.
  - f) *Nothing in the Act shall be construed to authorize an advanced practice registered nurse with full practice authority to provide health care services required by law or rule to be performed by a physician, including, but not limited to, those acts to be performed by a physician in Section 3.1 of the Illinois Abortion Law of 1975 [720 ILCS 510]. (Section 65-43(e) of the Act)*

(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 1300.466 Full Practice Authority Dispensing**

- a) Except when dispensing manufacturers' samples or other legend drugs in a maximum 72-hour supply, APRNs shall maintain a book or file of prescriptions as required in the Pharmacy Practice Act. Any person licensed under that Act who dispenses any drug or medicine shall dispense the drug or medicine in good faith and shall affix to the box, bottle, vessel or package containing the drug or medication a label indicating the:
- 1) Date~~the date~~ on which the drug or medicine is dispensed;
  - 2) Name~~the name~~ of the patient;
  - 3) Last~~the last~~ name of the person dispensing the drug or medicine;
  - 4) Directions~~the directions~~ for use of the drug or medication; and
  - 5) Proprietary~~the proprietary~~ name or names or, if there are none, the established name or names, of the drug or medicine and the dosage and quantity, except as otherwise authorized by regulation of the Department.
- b) The labeling requirements set forth in subsection (a) shall not apply to drugs or medicines in a package that bears a label of the manufacturer containing information describing its contents that is in compliance with requirements of the Federal Food, Drug, and Cosmetic Act (21 USC 301) and the Illinois Food, Drug, and Cosmetic Act [410 ILCS 620]. "Drug" and "medicine" have the meanings ascribed to them in the Pharmacy Practice Act. "Good faith" has the meaning ascribed to it in Section 102(u) of the Illinois Controlled Substances Act.
- c) Prior to dispensing a prescription to a patient, the APRN shall offer a written prescription to the patient that the patient may elect to have filled by the APRN or any licensed pharmacy.
- d) APRNs must indicate on their medication orders that they have been granted full practice authority.
- ed) A violation of any provision of this Section shall constitute a violation of the Act and shall be grounds for disciplinary action provided for in the Act.



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(Source: Amended at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART E: MEDICATION AIDE

**Section 1300.600 Pilot Program (Repealed)**

- a) ~~The medication aide pilot program shall commence on July 1, 2016 and shall terminate on June 30, 2019.~~
- b) ~~The medication aide pilot program shall consist of not more than 10 qualified skilled nursing facilities geographically dispersed throughout the State, with 2 each from the 5 Appellate Court Districts.~~
- c) ~~Applications to be approved or selected as a qualified facility for the pilot program will be accepted from January 1, 2016 through March 31, 2016. All deficiencies in the pilot program application must be resolved within the time frames set forth in the deficiency notice.~~
- d) ~~Licenses to practice as a medication aide under this pilot program shall not be renewed or restored.~~

(Source: Repealed at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.610 Application for Examination or Licensure as a Medication Aide (Repealed)**

- a) ~~Each applicant shall file with the Division, or the testing service designated by the Division, a signed and completed application, on forms furnished by the Division, that includes:~~
  - 1) ~~evidence of good standing on the Illinois Department of Public Health's (IDPH) Health Care Worker Registry as an Illinois certified nursing assistant;~~
  - 2) ~~proof of completion of 2,000 hours of practice as a certified nursing assistant within 3 years prior to application for licensure;~~
  - 3) ~~proof of completion of a medication aide education program, as defined in Section 1300.660, provided by a qualified facility;~~

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- 4) ~~current certification to perform cardiopulmonary resuscitation by the American Heart Association, American Red Cross or the American Safety and Health Institute;~~
  - 5) ~~verification of fingerprint processing from the Illinois Department of State Police (ISP), or its designated agent. (Medication Aides licensed in Illinois are not required to be fingerprinted when applying for a license as a practical nurse.) Applicants shall contact an ISP approved fingerprint vendor for fingerprint processing. Out of state residents unable to utilize an electronic fingerprint process may submit to a Division recommended fingerprint vendor one set of fingerprint cards issued by ISP or one set of fingerprint cards issued by the FBI, accompanied by the processing fee specified in Section 1300.30(c)(7). Fingerprints shall be taken within the 60 days prior to application;~~
  - 6) ~~proof of employment by a qualified facility;~~
  - 7) ~~the required fees set forth in Section 1300.30;~~
  - 8) ~~proof of high school diploma or certificate of general education development (GED). Upon review, the Division has determined that proof of a high school diploma or GED shall demonstrate competency in math and the ability to speak, read and write the English language.~~
- b) ~~The Division shall not endorse applicants who have been licensed or certified as medication aides outside this State.~~
  - c) ~~After filing the original application, any change of name must be supported by an affidavit satisfactory to the Division.~~

(Source: Repealed at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.620 Medication Aide Licensure Examination (Repealed)**

- a) ~~The examination for licensure as a medication aide shall be the Medication Aide Certification Examination (MACE).~~
- b) ~~Medication Aide Examination~~

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- 1) ~~The passing grade on the Medication Aide Certification Examination (MACE) shall be based on an ability scale designed to measure minimum Medication Aide competency. A pass/fail grade will be assigned.~~
- 2) ~~A Medication Aide applicant who fails the examination is not eligible for licensure.~~
- 3) ~~If the examination is not passed within one year from the first examination date attempted, the applicant shall not be permitted to retake the examination until the applicant has again successfully completed another approved medication aide education program provided by a qualified facility. Upon successful completion of the approved medication aide program, the applicant shall submit proof to the Division.~~
- 4) ~~If an applicant fails to pass an examination for registration under this Act within 3 years after filing his or her application, the application shall be denied.~~
- e) ~~For the purpose of IDPH licensure or certification surveys, the only acceptable proof of a medication aide's valid licensure will be a listing on the Division's website.~~

(Source: Repealed at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.630 Qualified Employers and Facilities (Repealed)**

- a) ~~The Division shall review applications and issue authorizations according to the requirements of the Act and this Part. Applications shall be made on forms furnished by the Division, along with the fee required by Section 1300.30(a)(2). The application shall be signed certifying under penalties of perjury that all information contained in the application is true and accurate. Each individual facility shall file a separate application regardless of ownership. The Division shall review each application to determine whether it meets the minimum criteria and shall determine qualified applicants. If the Division determines that the number of qualified applicants exceeds the number of authorizations available, the Division will select a committee to determine the most qualified applicants in that District using the factors established in subsection (c). Upon request, the applicant may be required to supply additional copies of the application or supplemental material.~~
- b) ~~To be considered as a qualified facility for pilot program participation:~~

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- 1) ~~The applicant shall meet the following minimum requirements:~~
  - A) ~~Be licensed in good standing as a skilled nursing facility by the Department of Public Health;~~
  - B) ~~Have an overall Five Star Quality Rating of 3, 4 or 5, at the time of application, from the most recent data available on the Centers for Medicare and Medicaid Services (CMMS) website;~~
  - C) ~~Certify that the employment of a licensed medication aide will not replace or diminish the employment of a registered nurse or licensed practical nurse at the facility;~~
  - D) ~~Certify that a registered nurse will be on duty and present in the facility to delegate and supervise the medication administration by a licensed medication aide at all times when the medication aide is administering medication;~~
  - E) ~~Certify that, with the exception of licensed health care professionals, only licensed medication aides will be employed in the capacity of administering medication; and~~
  - F) ~~Certify that they will provide information regarding patient safety, efficiency and errors as determined by the Division. Failure to submit any required report may be grounds for discipline or sanctions under the Act, the Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70], or the Nursing Home Care Act [210 ILCS 45];~~
- 2) ~~Applicant facilities must also provide:~~
  - A) ~~A sample curriculum, course schedule, list of instructors and other educational materials or documents to demonstrate that the applicant will be able to competently provide a course of instruction for employees that fulfills the Medication Aide Curriculum set forth in Section 1300.660;~~
  - B) ~~Copies of the two most recent annual licensure and certification surveys completed by IDPH.~~

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- e) ~~The following additional factors may be used in selecting qualified facilities to participate in the medication aide pilot program:~~
  - 1) ~~An IDPH finding that the skilled nursing facility has been free from type B violation or above deficiencies related to the administration of medications and skilled nursing care in its two most recent annual licensure and certification surveys;~~
  - 2) ~~Geographic location of a skilled nursing facility;~~
  - 3) ~~Number of beds for which a skilled nursing facility is licensed;~~
  - 4) ~~Number of years that a skilled nursing facility or residential care facility has been licensed;~~
  - 5) ~~Compliance and safety history of a skilled nursing facility as evidenced by the survey reports submitted with the pilot program application;~~
  - 6) ~~Whether a skilled nursing facility is owned by an individual or entity that owns or operates additional nursing homes;~~
  - 7) ~~Any other factors determined appropriate by the Department.~~
- d) ~~The names and locations of approved qualified facilities shall be submitted to IDPH and shall be available on the Division's website.~~

(Source: Repealed at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.640 Standards for Termination (Repealed)**

- a) ~~The Division may terminate the participation of a skilled nursing facility in the medication aide pilot program for any of the following:~~
  - 1) ~~Failure to allow representatives of the Division or IDPH to conduct site visits or to provide resident records, data, information or reports to the board in accordance with the Act and this Part, and as agreed to in the pilot program application;~~
  - 2) ~~Failure to maintain the standards set forth in Section 1300.630;~~

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- 3) ~~Failure to assure that licensed medication aides administering prescription medications in the skilled nursing facility act in accordance with the standards set forth in Section 1300.670;~~
  - 4) ~~Failure to assure that licensed medication aides do not have access to, or do not administer, Schedule II controlled substances;~~
  - 5) ~~A finding by IDPH that the skilled nursing facility has violated the Nursing Home Care Act and/or the federal Centers for Medicare and Medicaid Services (CMMS) requirements;~~
  - 6) ~~A facility found by IDPH to have met any of the criteria in 77 Ill. Adm. Code 300.165(b) or 300.180 or Section 3-119 of the Nursing Home Care Act, shall be terminated from the pilot program.~~
- b) ~~A skilled nursing facility whose participation in the pilot program is terminated by the Division in accordance with subsection (a) shall comply with the following:~~
- 1) ~~Immediately cease using licensed medication aides to administer medications;~~
  - 2) ~~Submit to the Division all data and information necessary to satisfy reporting requirements imposed by Section 80-10(b)(6) of the Act;~~
  - 3) ~~Provide a list of the licensed medication aides employed by that facility.~~
- e) ~~A skilled nursing facility that voluntarily withdraws from participation in the pilot program shall comply with all of the following:~~
- 1) ~~Provide immediate written notice to the Division that the skilled nursing facility is withdrawing from participation in the pilot program;~~
  - 2) ~~Immediately cease using licensed medication aides to administer medications;~~
  - 3) ~~Submit to the Division all data and information necessary to satisfy reporting requirements imposed by Section 80-10(b)(6) of the Act.~~
  - 4) ~~Provide a list of the licensed medication aides employed by that facility.~~

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(Source: Repealed at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.650 Site Visits (Repealed)**

- a) ~~During the pilot program, representatives of the Division or IDPH may conduct announced or unannounced site visits of participating skilled nursing facilities so that the Division or IDPH may assess whether the qualified facility is complying with the terms of the pilot program, including but not limited to the following:~~
  - 1) ~~Evaluating whether licensed medication aides are able to administer medications safely to residents;~~
  - 2) ~~Determining whether continued participation in the pilot program poses an imminent danger, risk of serious harm or jeopardy to a resident;~~
  - 3) ~~Investigating medication errors or other acts or omissions required to be reported to the Division.~~
- b) ~~In conducting site visits of participating skilled nursing facilities, representatives of the Division or IDPH may observe the administration of medications by licensed medication aides and shall have access to qualified facility records as provided in the pilot program application.~~
- e) ~~A qualified facility shall make records available to representatives of the Division or IDPH during site visits and shall provide to the Division or IDPH copies of records within 10 business days after the date requested.~~

(Source: Repealed at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.660 Approved Curriculum (Repealed)**

- a) ~~Approved medication aide programs shall include 10 hours of laboratory instruction, 30 hours of RN supervised clinical practice with progressive responsibility for patient medication assistance, and 60 hours of classroom-based medication aide certified education that contains the following minimum components:~~
  - 1) ~~Medication Fundamentals—20 hours~~

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- 2) ~~Safety—7 hours~~
  - 3) ~~Communication and Documentation—8 hours~~
  - 4) ~~Medical Administration, including, but not limited to, the administration of medications only via oral or topical routes under the direction of a registered professional nurse—20 hours~~
  - 5) ~~Ethical and Legal Considerations—5 hours~~
- b) ~~A qualified facility may choose to use the National Council of State Boards of Nursing (NCSBN) Medication Assistant Certified (MA-C) model curriculum. However, if any provision of the NCSBN curriculum conflicts with the requirements of subsection (a), the requirements of subsection (a) shall prevail.~~
  - e) ~~For the purpose of this Section, supervision shall mean close physical proximity by an RN to the activities performed by the student.~~
  - d) ~~The program shall be administered or supervised by an Illinois licensed RN with a minimum of a baccalaureate degree in nursing and a minimum of two years clinical experience in a long term care facility.~~

(Source: Repealed at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.670 Medication Aide Scope of Practice (Repealed)**

~~Practice as a medication aide means a person assists with medication administration while under the supervision of a registered professional nurse (RN) in a long term care facility.~~

- a) ~~*A licensed medication aide may only practice in a qualified facility.*~~
- b) ~~*Licensed medication aides must be supervised by and receive delegation by a registered nurse that is on duty and present in the facility at all times when a licensed medication aide is administering medication.*~~
- e) ~~*Licensed medication aides shall not have a direct care assignment when scheduled to work as a licensed medication aide, but may assist residents as needed.*~~



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- d) ~~Licensed medication aides shall not administer any medication until a physician has conducted an initial assessment of the resident.~~
- e) ~~Licensed medication aides shall not administer any Schedule II controlled substances as set forth in the Illinois Controlled Substances Act, and may not administer any subcutaneous, intramuscular, intradermal, or intravenous medication. (Section 80-20 of the Act)~~

(Source: Repealed at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 1300.680 Required Reports of Qualified Facilities (Repealed)**

- a) ~~Qualified facilities shall submit quarterly written reports that document monthly review of the facility's pilot program by the facility's director of nursing, that document trends and patterns with regard to medication aides, and that include, at a minimum:~~
  - 1) ~~Medication errors and the outcome of the resident.~~
  - 2) ~~Costs and other financial implications associated with the use of medication aides.~~
  - 3) ~~The benefits of the program.~~
  - 4) ~~The quality of service provided by the medication aides.~~
  - 5) ~~The challenges of the program.~~
  - 6) ~~Any other issues with regard to patient safety and efficiency.~~
  - 7) ~~The overall quality of the medication aide curriculum and adherence to sound educational and instructional principles.~~
  - 8) ~~Current list of licensed medication aides employed at the qualified facility, including termination dates and hiring dates.~~
- b) ~~The Division shall submit a report to the General Assembly regarding patient safety, concerns and issues no later than 6 months after termination of the pilot program. The Division may consult with IDPH and other outside entities and may consult with individuals from institutions of higher learning to develop the report.~~

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(Source: Repealed at 44 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)