

NONSUBSTANTIVE

FD-10 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-	2014-0407-04N	

ENDORSED FILED
IN THE OFFICE OF

2014 APR 24 PM 2:03

Debra Bowen
DEBRA BOWEN
SECRETARY OF STATE

For use by Office of Administrative Law (OAL) only

2014 APR -7 PM 4:58

OFFICE OF ADMINISTRATIVE LAW

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY Board of Registered Nursing	AGENCY FILE NUMBER (If any)
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A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Sponsoring Entity Registration and Recordkeeping Requirements	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)
ADOPT
AMEND 1495.1, 1495.2
REPEAL
TITLE(S) 16

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) N/A

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input checked="" type="checkbox"/> §100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____

7. CONTACT PERSON Ronnie Whitaker	TELEPHONE NUMBER 916-574-8257	FAX NUMBER (Optional) 916-574-7700	E-MAIL ADDRESS (Optional) ronnie.whitaker@dca.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Louise R. Bailey</i>	DATE 4/7/2014
TYPED NAME AND TITLE OF SIGNATORY Louise R. Bailey, Executive Officer, Board of Registered Nursing	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

APR 24 2014

Office of Administrative Law

Board of Registered Nursing

Final Language

Proposed changes are designated by single underline and ~~strikeout~~.

1495.1. Sponsoring Entity Registration and Recordkeeping Requirements.

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the code shall register with the board not later than ninety (90) calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsoring entity shall register with the board by submitting to the board a completed "Registration of Sponsoring Entity under Business & Professions Code Section 901," Form 901-A (DCA/~~2011~~2014 - revised), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The board may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process "Registration of Sponsoring Entity under Business & Professions Code Section 901," Form 901-A (DCA/~~2011~~2014 - revised) on behalf of the board. The board or its delegate shall inform the sponsoring entity within fifteen (15) calendar days of receipt of Form 901-A (DCA/~~2011~~2014 - revised) in writing that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The board or its delegate shall reject the registration if all of the identified deficiencies have not been corrected at least thirty (30) days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by section 901 as well as a copy of the authorization for participation issued by the board to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five (5) years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the board at the time of registration as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the board.

(d) Requirement for Prior Board Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event unless and until the sponsoring entity has received written approval of such practitioner from the board.

(e) Report. Within fifteen (15) calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

- (1) The date(s) of the sponsored event;
- (2) The location(s) of the sponsored event;
- (3) The type(s) and general description of all health care services provided at the sponsored event; and
- (4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner.

* * *

Note: Authority cited: Sections 901 and 2715, Business and Professions Code. Reference: Section 901, Business and Professions Code.

1495.2. Out-of-State Practitioner Authorization to Participate in Sponsored Event.

(a) Request for Authorization to Participate. An out-of-state practitioner ("applicant") may request authorization from the board to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the board to provide those services. An applicant shall request authorization, at least sixty (60) days prior to the sponsored event, by submitting to the board a completed "Request for Authorization to Practice without a California License at a Sponsored Free Health Care Event" Form 901-B (~~BRN/2011~~2014 - revised), which is hereby incorporated by reference, accompanied by a non-refundable, non-transferable processing fee of \$50.00. The applicant shall not participate in more than four (4) sponsored events in a twelve (12) month period. The applicant shall also furnish either a full set of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the board to conduct a criminal history record check. The fingerprint or Live Scan inquiry shall apply only to the first application for authorization that is submitted by the applicant within a twelve (12) month period.

(b) Response to Request for Authorization to Participate. Within twenty (20) calendar days of receiving a completed request for authorization, the board shall notify the sponsoring entity or local government entity administering the sponsored event and the applicant whether the request is approved or denied.

(c) Denial of Request for Authorization to Participate.

(1) The board shall deny a request for authorization to participate if:

(A) The submitted Form 901-B is incomplete and the applicant has not responded within seven (7) calendar days to the board's request for additional information.

(B) The applicant has not met the following educational and experience requirements:

1. Completed a prelicensure registered nursing program whose curriculum is equivalent to section 1420 of this code.

2. Is clinically competent to perform the registered nursing services he or she will be providing at the sponsored event.

3. Has provided the same or similar nursing services to be provided at the sponsored event within the last three (3) years.

(C) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial of an application for licensure by the board.

(D) The applicant does not possess a current, valid, and active license in good standing and/or has a registered nurse license in another state, district, or territory of the United States to practice registered nursing that is not in good standing. The term "good standing" means the applicant:

1. Has not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency;

2. Has not entered into any consent agreement or been subject to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license;

3. Has not been the subject of an adverse judgment resulting from the practice for which the applicant is licensed that the board determines constitutes evidence of a pattern of negligence or incompetence.

(E) The applicant is a current participant in a health care professional diversion program for chemical dependency or mental illness.

(F) The applicant has participated in four (4) sponsored events during the twelve (12) month period immediately preceding the current application.

(2) The board may deny a request for authorization to participate if:

(A) The request is received less than sixty (60) calendar days before the date on which the sponsored event will begin.

(B) The applicant has been previously denied a request for authorization by the board to participate in a sponsored event.

(C) The applicant has previously had an authorization to participate in a sponsored event terminated by the board.

(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in section 1495.3(d).

* * *

Note: Authority cited: Sections 901 and 2715, Business and Professions Code. Reference: Sections 144 and 901, Business and Professions Code.



SPONSORED FREE HEALTH CARE EVENTS

REGISTRATION OF SPONSORING ENTITY UNDER BUSINESS & PROFESSIONS CODE SECTION 901

In accordance with California Business and Professions Code section 901(d), a non-government organization administering an event to provide health-care services to uninsured and underinsured individuals at no cost, may include participation by certain health-care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least 90 calendar days prior to the sponsored event**. *Note that the information required by Business and Professions Code section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*

PART 1 – ORGANIZATIONAL INFORMATION

1. Organization Name: _____

2. Organization Contact Information (*use principal office address*):

Address Line 1

Phone Number of Principal Office

Address Line 2

Alternate Phone

City, State, Zip

Website

County

Organization Contact Information in California (*if different*):

Address Line 1

Phone Number

Address Line 2

Alternate Phone

City, State, Zip

County

3. Type of Organization:

Is the organization operating pursuant to section 501(c)(3) of the Internal Revenue Code? Yes No

If not, is the organization a community-based organization*?

___ Yes ___ No

Organization's Tax Identification Number _____

If a community-based organization, please describe the mission, goals, and activities of the organization (*attach separate sheet(s) if necessary*): _____

* A "community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

PART 2 – RESPONSIBLE ORGANIZATION OFFICIALS

Please list the following information for each of the principal individual(s) who is the officer(s) or official(s) of the organization responsible for operation of the sponsoring entity.

Individual 1:

Name

Address Line 1

Address Line 2

City, State, Zip

County

Title

Phone

Alternate Phone

E-mail address

Individual 2:

Name

Address Line 1

Address Line 2

City, State, Zip

County

Title

Phone

Alternate Phone

E-mail address

Individual 3:

Name

Address Line 1

Address Line 2

City, State, Zip

County

Title

Phone

Alternate Phone

E-mail address

(Attach additional sheet(s) if needed to list additional principal organizational individuals)

PART 3 – EVENT DETAILS

1. Name of event, if any: _____

2. Date(s) of event (not to exceed ten calendar days): _____

3. Location(s) of the event (be as specific as possible, including address):

4. Describe the intended event; including a list of all types of healthcare services intended to be provided *(attach additional sheet(s) if necessary)*: _____

5. Attach a list of all out-of-state health-care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

___ *Check here to indicate that list is attached.*

Note:

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application to the applicable licensing Board or Committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

This form, any attachments, and all related questions shall be submitted to:

Department of Consumer Affairs
Attn: Sponsored Free Health-Care Events
~~Legislative and Policy Review Division~~Complaint Resolution Program
1625 North Market Blvd., Ste. S-204202
Sacramento, CA 95834

Tel: (916) 574-78007950
Fax: (916) 574-86558676
E-mail: ~~lprdivision@dca.ca.gov~~CRP2@dca.ca.gov

- I understand that I must maintain records in either electronic or paper form both at the sponsored event and for five (5) years in California, per the recordkeeping requirements imposed by California Business and Professions Code section 901 and the applicable sections of Title 16, California Code of Regulations, for the regulatory bodies with jurisdiction over the practice to be engaged in by out-of-state practitioners
- I understand that our organization must file a report with each applicable Board or Committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury under the laws of the State of California that the information provided on this form and any attachments is true and current, and that I am authorized to sign this form on behalf of the organization:

Name Printed

Title

Signature

Date

PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE

Disclosure of your personal information is mandatory. The information on this form is required pursuant to Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete. The information provided will be used to determine compliance with the requirements promulgated pursuant to Business and Professions Code section 901. The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the applicable Board or Committee, unless the records are exempted from disclosure by section 1798.40 of the Civil Code. An individual may obtain information regarding the location of his or her records by contacting the ~~Deputy Director of the Legislative and Policy Review Division~~Complaint Resolution Program at the address and telephone number listed above.



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer



REQUEST FOR AUTHORIZATION TO PRACTICE WITHOUT A CALIFORNIA LICENSE AT A SPONSORED FREE HEALTH CARE EVENT

In accordance with California Business and Professions Code Section 901, any registered nurse licensed and in good standing in another state, district, or territory in the United States may request authorization from the Board of Registered Nursing (Board) to participate in a free health care event offered by a local government or a sponsoring entity registered with the Board pursuant to Section 901, for a period not to exceed ten (10) days. The application should be submitted at least sixty (60) days prior to the free health care event.

ELIGIBILITY REQUIREMENTS

To be eligible, the applicant must:

1. Have a current, valid, and active registered nurse license in good standing in another state, district, or territory of the United States.
2. Not have a registered nurse license that is not in good standing in any jurisdiction.
3. Not be a participant in a health care professional diversion program for chemical dependency or mental illness.
4. Have completed a prelicensure registered nursing program whose curriculum is equivalent to that required of California programs.
5. Be clinically competent to provide the registered nursing services he or she will be providing at the sponsored event.
6. Have provided the same or similar nursing services to be provided at the sponsored event within the last three (3) years.
7. Not have already participated in four (4) sponsored events during the twelve (12) month period immediately preceding the current application.
8. Submit a completed application with the non-refundable, non-transferrable fee.

APPLICATION INSTRUCTIONS

An application must be complete and must be accompanied by all of the following:

- A processing fee of \$50.00, made payable to the Board of Registered Nursing.
- A copy of a current, valid, and active license and/or certificate authorizing the applicant to engage in the practice of registered nursing issued by any state, district, or territory of the United States.
- A copy of a valid photo identification of the applicant issued by the jurisdiction in which the applicant holds the license or certificate to practice.
- Complete the fingerprinting process by either: (1) submitting to the Board 2 fingerprint cards and a fee of forty-nine dollars (\$49) made payable to the Board of Registered Nursing; or (2) submitting a "Request for Live Scan Service" at an approved Live Scan site. The fingerprints/Live Scan inquiry will be used to establish identity and to permit the Board to conduct a criminal history record check.

The Board will not grant authorization until this form has been completed in its entirety, all required enclosures have been received by the Board, and any additional information requested by the Board has been provided by the applicant and reviewed by the Board, and a determination made to grant authorization.

The Board will process this request and will notify you and the sponsoring entity or local government entity named in this form whether the request is approved or denied within twenty (20) calendar days of receipt. If the Board requires additional or clarifying information, the Board will contact you directly. Written approval or denial of request will be provided directly to you and the sponsoring entity or local government entity. It is the applicant's responsibility to maintain contact with the sponsoring entity or the local government entity.



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer



APPLICATION FOR AUTHORIZATION TO PRACTICE WITHOUT A LICENSE AT A REGISTERED FREE HEALTH CARE EVENT APPLICATION FEE - \$50.00

1. Applicant Name: First Middle Last

2. Social Security Number: - - Date of Birth:

3. Applicant's Contact Information:

Address Line 1 Phone
Address Line 2 Alternate Phone
City, State, Zip E-mail address

4. Applicant's Employer :

Employer's Contact Information:

Address Line 1 Phone
Address Line 2 Facsimile
City, State, Zip E-mail address (if available)
Job Title Clinical Area Length of employment

LICENSURE INFORMATION

1. Do you hold a current, active and valid license issued by a state, district, or territory of the United States authorizing the unrestricted practice of registered nursing in your jurisdiction(s)?

No If no, you are not eligible to participate as an out-of-state practitioner in the sponsored event.

Yes If yes, list every license authorizing you to engage in the practice of registered nursing in the following table. If there are not enough boxes to include all the relevant information, please attach an addendum to this form. Please also attach a copy of each of your current licenses.

State/ Jurisdiction	Issuing Agency/Authority	License Number	Expiration Date	License is in Good Standing	
				Yes	No

2. Have you ever had a license or certification to practice registered nursing revoked, suspended, or subject to other disciplinary action?

Yes No

3. Have you ever been subject to any disciplinary action or proceeding by a licensing body?

Yes No

4. Have you ever allowed any license or certification to practice registered nursing to cancel or to remain in expired status without renewal?

Yes No

5. If you answered "Yes" to any of questions 2-3, please explain (*attach additional page(s) if necessary*): _____

SPONSORED EVENT

1. Name and address of local government entity or non-profit or community-based organization (the "sponsoring entity") hosting the free health care event: _____

2. Name of event: _____

3. Date(s) & location(s) of the event: _____

4. Date(s) & location(s) applicant will be performing health care services (if different):

5. Please specify the health care services you intend to provide: _____

6. Name and phone number of contact person with sponsoring entity or local government entity: _____

ACKNOWLEDGMENT/CERTIFICATION

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

- I have not committed any act or been convicted of a crime constituting grounds for denial of licensure by the board.
- I am in good standing with the licensing authority or authorities of all jurisdictions in which I hold licensure and/or certification to practice registered nursing.
- I will comply with all applicable practice requirements required of registered nurses and all regulations of the Board.
- I am clinically competent to perform the registered nursing services that I will be providing at the event, and have provided the same or similar services to clients within the last three (3) years.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of my licensure and/or certification and within the scope of practice for California-licensed registered nurse.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity or local government entity listed herein and only on the dates and at the locations listed herein for a period not to exceed ten (10) calendar days.
- I am responsible for knowing and complying with California law and practice standards while participating in a sponsored event located in California.
- I understand that practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential administrative, civil and/or criminal penalties.
- I understand that the Board may notify the licensing authority of my home jurisdiction, other states in which I hold a registered nurse license, and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- All information provided by me in this application is true and complete to the best of my knowledge. By submitting this application and signing below, I am granting permission to the Board to verify the information provided and to perform any investigation pertaining to the information I have provided as the board deems necessary.

Signature

Date

Name Printed

License Number

Board Action
Approved: _____
Denied: _____
Date: _____
Reviewer: _____

PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Title 16, California Code of Regulations Section 1495.2, Business and Professions Code Section 901. Failure to provide any of the required information will result in the form being rejected as incomplete or denied. The information provided will be used to determine compliance with Article 10 of Division 14 of Title 16 of the California Code of Regulations, Section 1495.2. The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by section 1798.40 of the Civil Code. An individual may obtain information regarding the location of his or her records by contacting the Board's Executive Officer at the address and telephone number on this application.