

BOARD OF REGISTERED NURSING

Proposed Regulations

Adopt Article 10, commencing with Section 1500, of division 14 of Title 16 of the California Code of Regulations, to read as follows:

Article 10

Sponsored Free Health Care Events—Requirements for Exemption.

§1500. Definitions.

For the purposes of section 901 of the code:

(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.

(b) “Out-of-state practitioner” means a person who is not licensed in California to engage in the practice of registered nursing but who holds a current valid license or certificate in good standing in another state, district, or territory of the United States to practice registered nursing.

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

§1501. 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 Form 901-A (09/2011), 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 Form 901-A 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 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 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.

§1502. 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 Form 901-B (09/2011), 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. This requirement 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 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 1504.

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

§1503. Termination of Authorization and Appeal.

(a) Grounds for Termination. The board may terminate an out-of-state practitioner’s authorization to participate in a sponsored event for any of the following reasons:

(1) The out-of-state practitioner has failed to comply with any applicable provision of this article, or any applicable practice requirement or regulation of the board.

(2) The out-of-state practitioner has committed an act that would constitute grounds for discipline if done by a licensee of the board.

(3) The board has received a credible complaint indicating that the out-of-state practitioner is unfit to practice at the sponsored event or has otherwise endangered consumers of the practitioner’s services.

(b) Notice of Termination of Authorization to Practice. The board shall provide both the sponsoring entity or a local government entity administering the sponsored event and the out-of-state practitioner with a written notice of the termination of the authorization to practice, including the basis for the termination. If the written notice is provided during a sponsored event, the board may provide the notice to any representative of the sponsored event on the premises of the event.

(c) Consequences of Termination. An out-of-state practitioner shall immediately cease his or her participation in a sponsored event upon receipt of the written notice of termination.

Termination of authority to participate in a sponsored event shall be deemed a disciplinary action reportable to the national practitioner data banks. In addition, the board shall provide a copy of the written notice of termination to the board of registered nursing in each jurisdiction in which the out-of-state practitioner is licensed.

(d) Appeal of Termination. An out-of-state practitioner may appeal the board's decision to terminate an authorization in the manner provided by section 901(j)(2) of the code. The request for an appeal shall be considered a request for an informal hearing under the Administrative Procedure Act.

(e) Informal Conference Option. In addition to requesting a hearing, the out-of-state practitioner may request an informal conference with the executive officer regarding the reasons for the termination of authorization to participate. The executive officer or his or her designee shall, within thirty (30) days from receipt of the request, hold an informal conference with the out-of-state practitioner. At the conclusion of the informal conference, the executive officer or his or her designee may affirm or dismiss the termination of authorization to participate. The executive officer or his or her designee shall state in writing the reasons for his or her action and mail a copy of his or her findings and decision to the out-of-state practitioner within ten (10) days from the date of the informal conference. The out-of-state practitioner does not waive his or her request for a hearing to contest a termination of authorization by requesting an informal conference. If the termination is dismissed after the informal conference, the request for a hearing shall be deemed to be withdrawn.

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

§1504 Disclosure Requirements; Name and License Status.

(a) A sponsoring entity shall place a notice visible to clients at every site where clients are receiving registered nursing services. The notice shall be in at least forty-eight (48) point font and shall include the following information:

(1) Registered nurses providing health care services at the event are either licensed and regulated by the California Board of Registered Nursing or hold a current valid license from another state and have been authorized to provide registered nursing services in California only at this specific event.

(2) Complaints or concerns should be reported to the California Board of Registered Nursing.

(3) California Board of Registered Nursing phone number, physical address, and e-mail address.

(b) An out-of-state practitioner authorized to provide nursing services at a sponsored event shall wear a name tag while practicing. The name tag shall be in at least eighteen (18)-point font and include the practitioner's name, registered nurse or R.N., and state of licensure.

NOTE: Authority cited: Sections 680, 901, and 2715, Business and Professions Code. Reference: Section 901, Business and Professions Code.



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.*

Only one form (per event) should be completed and submitted to the Department of Consumer Affairs. The Department of Consumer Affairs will forward a copy of the completed registration form to each of the licensing authorities indicated on this form.

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 are the officers or officials of the organization responsible for operation of the sponsoring entity.

Individual 1:

_____ Name	_____ Title
_____ Address Line 1	_____ Phone
_____ Address Line 2	_____ Alternate Phone
_____ City, State, Zip	_____ E-mail address
_____ County	

Individual 2:

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

County

Individual 3:

Name

Address Line 1

Address Line 2

City, State, Zip

County

Title

Phone

Alternate Phone

E-mail address

(Attach additional sheets 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 health care 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.*

6. Please check each licensing authority that will have jurisdiction over an out-of-state licensed health practitioner who intends to participate in the event:

- | | |
|-------------------------------------|-----------------------------------|
| ___ Acupuncture Board | ___ Physician Assistant Committee |
| ___ Board of Behavioral Sciences | ___ Physical Therapy Board |
| ___ Board of Chiropractic Examiners | ___ Board of Podiatric Medicine |

___ Dental Board
___ Dental Hygiene Committee
___ Medical Board
___ Naturopathic Medicine Committee
___ Board of Occupational Therapy
___ Board of Optometry
___ Osteopathic Medical Board
___ Board of Pharmacy

___ Board of Psychology
___ Board of Registered Nursing
___ Respiratory Care Board
___ Speech-Language Pathology,
Audiology & Hearing Aid Dispensers
Board
___ Veterinary Medical Board
___ Board of Vocational Nursing &
Psychiatric Technicians

Note:

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application (Form 901-B) to the applicable licensing board/committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

This form, and any attachments, shall be submitted to:

Department of Consumer Affairs
Attn: Division of Legislative & Policy Review
1625 North Market Blvd., Suite S-204
Sacramento, CA 95834

Questions regarding the completion of this form should be directed to:

Department of Consumer Affairs, Division of Legislative & Policy Review
(916) 574-7800
lprdivision@dca.ca.gov

I understand 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 agencies listed above to maintain records in either electronic or paper form at both at the sponsored event and for five (5) years in California.

I understand that our organization must file a report with each applicable board/committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury 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



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/certified 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 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.
- A copy of a valid and current 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.
- Furnish either a full set of fingerprints or submit a Live Scan inquiry 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.



**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 license, certification, or registration 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, certificate, and registration 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:_____