

CALIFORNIA BOARD OF  
**REGISTERED NURSING**

2016 SUPPLEMENTAL SUNSET REPORT

Presented to the Senate Committee on  
Business Professions and Economic Development and the  
Assembly Committee on Business and Professions

DECEMBER 2016



# **California Board of Registered Nursing Supplemental Sunset Review Report 2016**

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## Message from the Board President, California Board of Registered Nursing



It is with great honor and privilege that the Board of Registered Nursing (BRN) once again participates in the Sunset process. The Board's mission is to protect and advocate for the health and safety of the public by ensuring the highest quality registered nurses in the state of California. We have experienced many challenges in the recent past but our commitment to public protection through continuous quality improvement in our business and profession practices is even greater. The members of the Board and the BRN staff have worked diligently, just as they do on a daily basis, drafting this report. We are looking forward to working with Senator Hill, the Business and Professions Committees, the legislature, the Department of Consumer Affairs, and stakeholders on implementing and improving policies and practices to better protect the consumers of California.

The Board is very excited to have hired a new Executive Officer, Dr. Joseph Morris, who has already begun to implement some dynamic changes within our business practices (e.g., utilization of the CloudDrive in electronic transcript processing, videoconferencing for the Board and staff) in order to become more efficient and improve consumer satisfaction. Dr. Morris' vision and work ethic has already proven to enhance collaborative efforts with all community partners in order to better serve the best interests of the public. Thank you for the opportunity to present our accomplishments and improvements and we look forward to working towards a common goal to better serve the state of California.



*Michael Deangelo Jackson MSN, RN, CEN, MICN*

Michael Deangelo Jackson, MSN, RN, CEN, MICN  
Board President

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# California Board of Registered Nursing Supplemental Sunset Review Report 2016

## Introduction

The Board of Registered Nursing (BRN; Board) previously completed the sunset review process in 2014-2015. At that time the Board was granted authority to continue until January 1, 2018. The Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions have currently requested that the Board provide an update on many of the issues that were presented during the prior sunset review as well as address some new issues. This supplemental report is provided to address this request and continue dialogue on these important issues.

## Recent History of Registered Nursing in California

The registered nursing profession has been one of significant change and growth both locally and nationally in recent history. California has worked to keep up with the rapidly changing and evolving landscape of nursing and health care. Table 1 provides data regarding the BRN activities and registered nursing education, employment, and demographics in California over the past twenty years. This data provides a “snapshot” of the registered nurse (RN) profession and how it has grown and changed. Additionally, Licensing and Enforcement Program data is included in Attachments 1 and 2 and the BRN Fund Condition in Attachment 3. The latter reflects fee increases authorized by the approval of Senate Bill (SB) 1039 in September 2016 that increased the fee maximums and provided the BRN authority to charge additional fees.

As the profession has seen significant growth, so has the BRN as reflected in its activities. In the last twenty years, according to the BRN licensing database and as reported in Table 1, the number of active licensees in California has grown 68%, the number of licenses issued annually has more than doubled, and the enforcement activities have seen triple and quadruple digit growth. Although the number of applications received has shown overall growth in the past 20 years, there was a decline in the most recent ten years. This was, in major part, the result of the BRN no longer accepting applications that did not contain Social Security Numbers (SSN) beginning April 26, 2010 (per Business & Professions Code section 30). However, beginning April 1, 2015, the BRN is now accepting applications with either an SSN or an Individual Taxpayer Identification Number (ITIN). As reported in the BRN Annual School Surveys, RN education has also seen significant growth in the number of nursing programs, the number of pre- and post-licensure graduates, and more diversity in gender and ethnicity of those recent RN graduates. The average level of education of working RNs has increased along with average RN salaries, which have more than doubled, and the diversity of the workforce continues to grow as found in the 2014 BRN Survey of RNs.

BRN budget and staffing have tried to keep up with these changes but there has been less growth in the areas of personnel and resources. The BRN has faced many challenges to completing its functions over the past 20 years including: a significant nursing shortage; negative press reports; leadership changes both internally and with Board members; the Board being sunsetted and having to work at a critical time for months without a Board in place; understaffing in many units, most significantly in licensing and enforcement; and working with the challenge of the new BreZE licensing database - all while substantial growth was taking place inside and outside the BRN.

The past 20 years have also had some very positive developments for RNs and the BRN including: additional funding from the legislature that increased the number of nursing graduates to help alleviate the nursing shortage; the Institute of Medicine (IOM) report recommendations encouraging RNs and other providers to improve health care; and fee increases that brought in more revenue to the BRN and allowed for additional staff to help improve processing timeframes. California continues to be the state with the largest number of RN licensees by a significant amount, with 410,101 active licensees as of September 30, 2016, followed by New York with 305,344, Texas with 300,634, and Florida with 297,157. Other state data is from the National Council of State Boards of Nursing (NCSBN) National Nursing Database as of October 11, 2016.

**TABLE 1. Comparison of Registered Nursing in California 1997-2016**

<b>BRN Activities</b>	<b>1997-1998</b>	<b>2006-2007</b>	<b>% Change</b>	<b>2015-2016</b>	<b>% Change</b>	<b>Total % Change</b>
All Licensed RNs	260,113	343,495	32.1%	418,980	22.0%	61.1%
Current & Active RNs	241,978	324,911	34.3%	406,812	25.2%	68.1%
Applications Received	19,340	55,524	187.1%	38,049	-31.5%	96.7%
Licenses Issued	11,335	23,720	109.3%	24,135	1.7%	112.9%
Renewals Issued	123,559	155,739	26.0%	194,392	24.8%	57.3%
Complaints Received	1,675	3,361	100.7%	7,757	130.8%	363.1%
Formal Actions Filed	242	407	68.2%	1,364	235.1%	463.6%
RNs on Probation	50	120	140.0%	1,534	1178.3%	2968.0%
Intervention Program Participants	398	448	12.6%	400	-10.7%	0.5%
BRN Budget Amount	\$12,008,000	\$22,322,604	85.9%	\$42,424,000	90.0%	253.3%
Number of BRN Staff	94	93	-1.1%	158.8	70.8%	68.9%
<b>RN Education</b>						
BRN Approved RN Pre-Licensure Programs	94	130	38.3%	141	8.5%	50.0%
RN Pre-Licensure Program Graduates <sup>1</sup>	4,739	7,528	58.9%	11,119	47.7%	134.6%
RN Post-Licensure Program Graduates <sup>1</sup>						
RN to BSN	Not Avail	973	--	1,845	89.6%	89.6%
Master's	Not Avail	1,092	--	1,983	81.6%	81.6%
Doctoral	Not Avail	42	--	242	476.2%	476.2%
Gender of RN Graduates <sup>1</sup>						
% Female	87.2%	85.2%	-2.0%	78.3%	-6.9%	-8.9%
% Male	12.8%	14.8%	2.0%	21.7%	6.9%	8.9%
Race/Ethnicity of RN Graduates <sup>1</sup>						
% White, Not Hispanic	51.6%	46.3%	-5.3%	42.3%	-4.0%	-9.3%
% Hispanic	14.3%	19.0%	4.7%	20.2%	1.2%	5.9%
% Black/African-American	6.6%	6.1%	-0.5%	4.4%	-1.7%	-2.2%
% Filipino	8.7%	13.9%	5.2%	8.1%	-5.8%	-0.6%
% Asian Indian/Pacific Islander/Other Asian	13.1%	14.0%	0.9%	19.3%	5.3%	6.2%
% Native American						
Indian/Eskimo	1.1%	0.7%	-0.4%	0.8%	0.1%	-0.3%
% Mixed/Other	4.5%	Not Avail	--	4.9%	--	0.4%

**TABLE 1. Comparison of Registered Nursing in California 1997-2016 (continued)**

RN Employment	1997-1998	2006-2007	% Change	2015-2016	% Change	Total % Change
Average Annual Salary <sup>2</sup>	\$45,073	\$73,542	63.2%	\$93,911	27.7%	108.4%
RN Employment <sup>2</sup>						
% Employed in Nursing	84.2%	86.7%	2.5%	83.4%	-3.3%	-0.8%
% Employed in Acute Care Hospitals	60.2%	62.7%	2.5%	66.8%	4.1%	6.6%
Education of working RNs <sup>2</sup>						
% Pre-licensure Educ (BSN or higher)	32.2%	37.1%	4.9%	44.7%	7.6%	12.5%
% Highest Education (BSN or higher)	44.8%	54.1%	9.3%	61.5%	7.4%	16.7%
Avg. Age of Working RNs <sup>2</sup>	44.6	47.1	--	46.7	--	--
Gender of Working RNs <sup>2</sup>						
% Female	92.6%	89.5%	-3.1%	88.2%	-1.3%	-4.4%
% Male	7.4%	10.5%	3.1%	11.8%	1.3%	4.4%
Race/Ethnicity of Working RNs <sup>2</sup>						
% White, not Hispanic	64.5%	62.0%	-2.5%	51.6%	-10.4%	-13.0%
% Hispanic	4.9%	5.7%	1.0%	7.2%	1.5%	2.5%
% Black/African American	4.8%	4.6%	-0.2%	5.0%	0.4%	0.2%
% Filipino	15.9%	17.7%	1.8%	20.3%	2.6%	4.4%
% Asian Indian/Pacific Islander/Other Asian	6.9%	6.8%	-0.1%	8.8%	2.0%	1.9%
% Native American Indian/Eskimo	0.5%	0.8%	0.3%	0.4%	-0.4%	-0.1%
% Mixed/Other	2.4%	2.6%	0.2%	6.6%	4.0%	4.2%

<sup>1</sup>Data from the California BRN: Annual School Surveys. <http://www.rn.ca.gov/forms/reports.shtml>

<sup>2</sup>Data from the California BRN: Survey of RNs 2014. <http://www.rn.ca.gov/forms/reports.shtml>

### Recent Supply and Demand for RNs in California

In the late 1990s, forecasts of the supply and demand for the RN workforce indicated significant short- and long-term shortages. In California, the shortage endured through the early 2000s. This spurred significant action to address the relatively low supply of RNs; the number of graduates from California nursing schools grew significantly. During the economic recession that began in late 2007, the supply of RNs increased overall through delayed retirements, nurses returning to work, and part-time nurses working full-time. Additionally, the recession placed significant financial pressure on hospitals and other health care employers, with many cutting back on hiring new RN graduates due to the lack of vacant RN positions and limited financial resources. With the recovering recession over the past few years, the demand for RNs appears to be increasing again.

While it may appear the nursing shortage is being alleviated, research is showing that this is not the case in all regions of California and for specialty areas in nursing. Additional changes that impact the supply and demand for RNs include the aging population in general and the aging population of RNs. Data from the California BRN Survey of RNs 2014 reports that more than one-third (36%) of RNs with active California licenses are 55 years or older and 13.2% plan to retire in the next five year, which is the highest percentage since 2004 when this data began being collected. The BRN 2015 Forecast of RN Workforce in California reports the estimated

supply and demand for RNs in California through 2035, depending upon estimate model used, ranges from supply being aligned with demand to another period of an RN shortage. Which scenario prevails will depend upon factors such as whether the number of RN graduates is sustained at the current level or declines, whether older RNs continue to work at higher rates than in the past, whether younger RNs are able to find employment at similar rates to 2008 rather than the lower rates seen later, and whether more nurses enter California than leave.

Another change occurring is a shift of new RN graduates being employed more into ambulatory and outpatient care settings and less in the hospital. Data from the 2014-2015 California BRN Annual School Survey reports that in 2014-2015, 58% of recent RN graduates were employed in hospitals as compared to 88% in 2007-2008. Employment of new RN graduates has increased in long-term care facilities (8% in 2014-2015 compared to 2% in 2007-2008) and more are pursuing additional RN education (12% in 2014-2015 compared to 3% in 2007-2008). Changes in nursing education care models are occurring to better prepare students for the ambulatory care settings as a result of these changes.

Table 2 includes data from a variety of sources. It includes a summary of demand by general acute care hospital RN employers in California over the past six years from findings of a survey conducted by the University of California, San Francisco (UCSF) in collaboration with the Hospital Association of Southern California and HealthImpact. The data is reported using a rank order scale of 1 to 5. A score of “1” indicated that demand for RNs was “much less than the available supply”, while a score of “5” indicated “high demand for RNs and difficulty filling open positions”.

The data over the last two years shows the demand for RNs has increased in all regions of California to varying degrees. The Los Angeles region reports the highest demand in 2015 and the Southern Border region the lowest. The most significant change between 2014 and 2015 is reported in the San Francisco Bay Area region. This report also found that demand for more experienced RNs is still higher than the demand for new RN graduates. However, 90% of hospitals reported hiring new RN graduates in fall 2015, which is the second consecutive year in which the share of hospitals that reported hiring new graduates has increased. Hospitals cited expectations of additional resources to support new graduate training programs and a desire to build an internal pipeline to advance younger RNs into specialty areas of nursing as reasons for an anticipated increase in the hiring of new RN graduates in 2016.

Table 2 also includes annual average employment data from the Office of Statewide Health Planning and Development (OSHPD), Healthcare Workforce Development Division (HWDD) that reports the expected employment change from 2012 through 2022. Employment changes represented in this data shows similarity to the expected supply and demand ratings reported by hospital employers except for more nurses needed in the Central Valley region than in the Los Angeles region.

**TABLE 2. Supply and Demand Data for RNs in California**

Region	Average Overall Demand Scores <sup>†*</sup>						Annual Average Employment <sup>**</sup>		Employment Change <sup>**</sup>	
	2010	2011	2012	2013	2014	2015	2012	2022	#	%
Sacramento & No. California	3.14	2.81	2.96	3.22	3.54	4.18	74,090	89,250	15,160	20.5
San Francisco Bay Area	2.09	2.27	2.76	1.89	3.08	4.29	107,400	129,340	21,940	20.4
Central California	2.93	3.34	3.41	3.18	3.72	4.29	41,770	51,880	10,110	24.2
Los Angeles	2.82	2.95	3.20	3.17	3.76	4.41	73,880	84,110	10,230	13.8
Inland Empire	2.72	3.00	3.78	3.47	3.61	4.00	65,470	75,680	10,210	15.6
Southern Border	2.36	2.93	3.00	2.76	3.30	3.64	24,590	26,900	2,310	9.4

<sup>†</sup> A score of "1" indicates demand for RNs was "much less than the available supply" and a score of "5" indicates "high demand for RNs and difficulty filling open positions".

Data Sources: \*Bates, T., Chu, L., Spetz, J. Survey of Nurse Employers in California, Fall 2015. San Francisco, CA: UCSF in collaboration with the Hospital Association of Southern California and HealthImpact. Fall 2015.

<http://rnworkforce.ucsf.edu/demand-data/>

\*\*OSHPD-HWDD, Occupational Employment Projections, July 6, 2016. <http://report.oshpd.ca.gov/>

## Summary

The field of nursing continues to evolve as a more complex profession with increasing challenges in the monitoring of nursing education and oversight of licensees. The public demands better quality and fitness of these practitioners as they navigate the complex field of health care. The BRN is dedicated to continuing its mission to protect and advocate for the health and safety of the public by ensuring the highest quality registered nurses in the state of California. While the BRN has had challenges in the recent past, we believe we are moving in the right direction at this time. The Board is complete with nine members, staff positions have minimal vacancy, internal key positions are in place, a bill to increase many of the BRN fees and increase revenue has been signed by the Governor and essential documents and regulations are being developed or in process. While the Board recognizes that there are continuing challenges, this report provides evidence of the BRNs focused effort and demonstrates substantial improvement. Attachment 4 includes a spreadsheet with the current status of each of the Questions included in this report. Attachment 10 includes a List of Acronyms and Terms used throughout this report.

## Major Accomplishments

- In collaboration with the Attorney General's Office and the Office of Administrative Hearing, the BRN launched the FastTrack project in spring 2015 to improve case times and reduce costs on cases that do not require any additional investigation or paperwork, such as notification of discipline from out-of-state Boards of Nursing.
- In September 2015, the Board began publishing processing time frames on the Board's Web site to better inform the public.
- In September 2015, the Board re-established the Nurse-Midwifery Committee to meet biannually to address current midwifery issues and facilitate communication.
- Beginning in February 2016 in conjunction with Board meetings, the Board's Licensing Program management staff offer presentations providing an overview of the application and eligibility process to California students to assist them with their Board application.
- In May 2016, the Board launched a new and improved website template to make the Web site more user-friendly and easier to navigate for consumers, licensees and applicants.
- In the summer 2016, extraordinary collaborative efforts of the Board and Department of Consumer Affairs staff brought the application licensing times from four to five months to within the regulatory requirements of 90 days.
- In July 2016, the Board appointed a new Executive Officer.
- Worked with Senator Hill on Senate Bill 1039, which was approved by Governor Brown in September 2016, to increase many of the BRN fee maximums after the completion of a state audit of the licensing processes.
- The Board implemented video conferencing capabilities in October 2016 that allow Board members and staff to communicate via video tele-conferencing as a cost saving measure.
- The Board's Recommended Guidelines for Disciplinary Orders and Conditions of Probation, including the Uniform Standards for Substance Abusing Licensees were submitted to Office of Administrative Law in November 2016.
- In December 2016 secure electronic transcript and document sharing and processing, utilizing the CloudDrive, between the Licensing Program and California nursing programs will be implemented in order for the BRN to receive and process transcripts in a more timely manner.
- The Board submitted proposed regulations to Office of Administrative Law, to meet the requirement in Senate Bill 466, and is awaiting final approval to be effective January 1, 2017.

- The Nursing Workforce Advisory Committee and the Education Issues Workgroup was combined into a single committee to meet at least twice a year, with the first being scheduled for January or February of 2017.
- Worked with Department of Consumer Affairs to maximize functionality of the BreEZe system.
- In an effort to improve outreach to potential men and minority registered nurses, the Board developed a flyer targeting these groups and included it on the Web site, will distribute to K-12 schools, colleges, universities, minority nursing organizations and at Board meetings.
- The Board, Department of Consumer Affairs, and Department of Justice staff worked in collaboration to identify licensed registered nurses whose fingerprint data, for a variety of reasons, is missing in the Board database and affected registered nurses are being notified.
- The Board has a full complement of Nursing Education Consultant staff.
- Board-approved nursing program information, including school and program accreditation, retention, attrition and if the program is in warning status, is currently available on the Web site.
- The Board completed the posting to the Web site and to the National Council of State Boards of Nursing NURSYS system all historical public disciplinary documents.
- A Consumer Satisfaction Survey was conducted in which 21,759 respondents replied in the six week data collection period. The results were analyzed and are currently being used to improve the Board's processes and services.
- The Board re-established the Mental Health Ad-Hoc Committee to determine best practice strategies for mental health participants in the Board's Intervention Program.
- The Board continues extensive data collection and reporting of nursing students and graduates and registered nurses in the workforce which is used by other state agencies, stakeholders, the legislature and governors' office, education programs, and the public to make policy decisions, report to their constituents, and for additional research purposes.

## Response to Current Questions: Follow-up to Issues In the 2014 Sunset Report

### Question #1: What is the BRN's position on sponsoring legislation? Is the BRN

**Background:** The Board of Registered Nursing (BRN; Board) has worked with Senator Hill on Senate Bill (SB) 1039 to address urgent issues including necessary increases for many of the BRN fees. The Bill was signed by Governor Brown in September 2016. The BRN has initiated the rulemaking process to establish the new fees on or about January 1, 2017.

**2016 BRN Action and Response:** Legislation is an important function to meet the evolving needs of all stakeholders. The BRN appreciates Senator Hill and other legislators who have worked on our behalf to author legislation. The BRN looks forward to that work continuing as the following areas are being reviewed for possible legislative and/or regulatory changes. The BRN Executive Officer and other staff have discussed these issues with Senator Hill and the possibility of his authoring bills to make the necessary changes.

A full-time legislative analyst, who will have the ability to engage with stakeholders and the legislature, is needed to benefit both the BRN and its current and future licensees. In the past, the BRN has been unsuccessful in receiving approval through the Budget Change Proposal (BCP) process to create a legislative and regulatory staff position. The BRN does have a staff person who works on legislative and regulatory issues and has recently re-directed an additional staff person to cross-train and work part-time completing legislative analyst duties. The BRN also has a Retired Annuitant Nursing Education Consultant who works on reviewing legislation and keeping the Board current on the legislation that may impact the BRN. However, other staffs sharing legislative analyst duties are then pulled from various work areas of responsibility which could potentially cause neglect in other job duties of the Board.

The BRN is reviewing the following areas for possible sponsoring of legislation:

**Continuing Registered Nursing Education (CRNE)** – Due to staffing issues and the current structure of the CRNE laws and regulations, the BRN has been unable to adequately evaluate and monitor Continuing Education Providers (CEPs) and the courses that are offered. BRN approved CEPs provide CRNE courses. With the current program, the BRN approves a CEP when they have provided the appropriate forms, fee, and specific information for one class they offer. The CEP is approved with the initial application fee of \$300. CEPs provide additional CRNE courses without additional fees to the BRN for reviews, evaluation and approval. Although some courses may be free of cost, CEPs can and do collect a fee ranging from as low as \$25.00 to as high as \$1,500.00 or more per person, per course offered.

The BRN has been researching and evaluating professional continuing education and has found helpful information outlined in the Accreditation Council for Pharmacy Education and its Accreditation Standards for Continuing Pharmacy Education at the following website address: [https://www.acpe-accredit.org/pdf/CPE\\_Standards\\_Final.pdf](https://www.acpe-accredit.org/pdf/CPE_Standards_Final.pdf). The BRN is also researching and evaluating the feasibility of third-party entities to assist with the approval of CEPs and CRNE courses which may impact the number of BRN staff needed for the continuing education program.

The goals of CRNE should be consistent with the Board's mission to ensure the highest quality registered nursing care. CEPs must demonstrate that the continuing education provided to registered nurses (RNs) includes quality outcome measures that improve the health and safety of the public. As recommended by the Institute of Medicine (IOM), RNs must be educated to deliver patient-centered care as members of an inter-professional team with practice emphasizing evidence based practices, quality improvement approaches and informatics. Cultural diversity, multi-cultural nursing concepts, population based practice, health care financing, and community based health care settings are also areas in which ongoing education is important in the dynamic field of nursing to be responsive to complex patient, setting and system differences.

CRNE should be a structured educational activity designed to support the continuing professional development of RNs in order for them to maintain and enhance nursing practice competencies. CRNE activities should promote, maintain and enhance problem-solving and critical thinking and be applicable to the practice of registered nursing and advanced practice registered nursing. The BRN is using this information as a model when considering revisions for CRNE and CEP legislation and regulatory language. These standards include the following BRN staff recommendations:

1. Develop standards for CRNE that are consistent with the Board's mission to ensure the highest quality registered nurses and to achieve quality outcome measures to improve the health and safety of the public. CRNE should be based upon advanced theoretical and clinical content in the Nursing Practice Act (NPA) and be structured for the needs of RNs:
  - to meet the knowledge, application and/or practice-based education;
  - to maintain and enhance RNs professional competencies to practice in various settings independent of commercial interest;
  - to deliver patient- centered care as members of an inter-professional team, emphasizing evidence based practices, quality improvement approaches, and informatics;
  - to apply the information learned in the time frame allotted;
  - to systematically acquire specific knowledge, skills, attitudes, and performance behaviors that expand or enhance practice competencies;
  - to assess their achievement of the learned content
2. Establish a robust electronic tracking system.
3. Develop staffing plan to support CRNE based on recommendations from Department of Consumer Affairs (DCA's) Strategic, Organization, Leadership, and Individual Development (SOLID) Training Solutions after review of the current business processes.
4. Set fees at the level intended to assist in the support and continued improvement of the CRNE program.

The BRN has begun work on reviewing the current applicable Business and Professions (B&P) Code sections 2811.5, 2811.6, 2815 to determine amendments needed as well as considering the California Code of Regulations (CCR) sections included in Title 16, Division 14, Article 5 that apply. The BRN recommends that each CEP course be reviewed and approved by the BRN and that the CEP and their courses be reviewed on a set schedule as is done with the approved pre-licensure registered nursing programs. In order to complete this, a revised fee structure would need to be established such as either imposing a fee for each individual course or

developing a graduated fee structure based on the number of courses offered by the CEP. The BRN would require additional staff and resources to be in place prior to implementation in order to effectively monitor and evaluate the additional CRNE courses.

**Malpractice Settlement or Arbitration Reporting and Mandatory Reporting** – The BRN is reviewing these areas and is currently collecting additional data to consider an increase in the baseline for mandatory reporting of malpractice settlements or arbitration awards from \$3,000 to \$30,000, which would be the same as the Medical Board of California. This would require a legislative change to B&P Code section 801. The current \$3,000, established in or about 1975 is a very low amount in 2016. Insurance settlements for low dollar amounts are likely not egregious violations of the NPA and may not result in the best use of BRN resources to conduct investigations. From January 1, 2014 through October 24, 2016 there were 199 cases reported to the BRN. Of those, ten are between \$0 and \$2,999, which are not required for reporting with the current \$3,000 baseline. There are 39 between \$3,000 and \$29,999, which would not be required for reporting under the proposed new language. The amount of settlement awards ranged from \$0 to \$6,000,000 with the average amount being \$345,908.

In regards to mandatory reporting, the BRN has been reviewing the language that has been included for Licensed Vocational Nurses (LVNs) in B&P Code section 2878.1. The BRN is also meeting with other healing arts boards to review their malpractice settlement and mandatory reporting practices. The Board will continue to review and move forward in the near future with these issues for possible legislative change proposals.

**LVN-30 Unit Option** – Per B&P Code section 2736.3, established in 1969, all BRN approved nursing programs are required to offer a track for LVNs that does not require them to take more than 30 units in nursing courses to be eligible to take the RN licensing examination. The BRN is reviewing this requirement and considering alternatives for LVNs that wish to become RNs. When the LVN 30-unit option was established, the beginning introductory educational components and job opportunities for the RN were similar to that of LVNs. This is no longer the case. An LVN who seeks licensure via this method may have limited employment opportunities in both California and out-of-state jurisdictions, additional challenges for education advancement, and limited mobility of endorsing the RN license to other states. This issue is discussed in more detail in Question #18 of this report and is another issue for which the Board is considering introducing legislative changes.

**Question #2: Has the BRN reconvened its Nurse-Midwifery Advisory Committee?**

**Background:** In 2014, the California Nurse Midwives Association (CNMA) worked with Assembly member Burke to introduce Assembly Bill (AB) 1306 which would have replaced B&P Code section 2746.2 and included the creation of a Nurse-Midwifery Council that would have replaced the BRN's Nurse-Midwifery Committee. The BRN worked with the authors and stakeholders of the bill to remove the creation of a conflicting Nurse-Midwifery Council. The

Board voted to support the bill at its June 4, 2015, Board meeting. The bill recently died in the Assembly for failure to concur with Senate amendments.

**2016 BRN Action and Response:** At its September 2015 Board meeting, in accordance with B&P Code section 2746.2 and CCR section 146, the Board approved to re-establish the Nurse-Midwifery Committee to advise the Board regarding nurse-midwifery practice through the Nursing Practice Committee. CNMA supported this action. BRN staff and CNMA discussed and agreed upon details such as membership, terms and application process. The Board approved the recommendations. The Board approved the Committee to meet biannually. Meetings are open to the public and agendas, materials and minutes are posted on the BRN Web site. A Board member regularly attends the meetings and BRN staff report on the meetings to the Boards Nursing Practice Committee.

At the November 2015 Board meeting, members were appointed to the Committee. The first meeting was held in Sacramento at BRN headquarters on January 12, 2016. Topics addressed by the Committee included: Certified Nurse-Midwife (CNM) regulations and the need for review and updating to be consistent and congruent with contemporary/current and evolving CNM practices and standards; a variety of practice and educational issues; review of nurse-midwifery advisories so they are reflective of current practice; and the need to explore ways to effectively communicate CNM information to CNMs, other stakeholders and the general public.

The second meeting was held on September 16, 2016 in Newport Beach, following the BRN September Board meeting. Topics discussed included: information presented on CCR sections that apply to unprofessional conduct, grounds for discipline, rehabilitation and disciplinary proceedings; review and feedback of a draft workforce survey of California Nurse Practitioners (NPs) and CNMs that is planned for distribution in January 2017 to follow-up a similar survey that was completed in 2010; review of the Committee's draft mission statement; and review of nurse-midwifery advisories that are currently on the BRN Web site.

The BRN will continue to convene the Nurse-Midwifery Committee to address current midwifery issues and facilitate communication among the BRN and CNM practitioners and stakeholders. BRN staff will work with the Committee members to move forward appropriate recommendations or issues to the Nursing Practice Committee.



**Background:** In the previous Sunset Report, it was recommended by the sunset legislative committee that the BRN consider combining the Nursing Workforce Advisory Committee (NWAC) and Education Issues Workgroup (EIW). Historically the main focus of the EIW has been to review and provide input for the Annual School Survey and other education issues relevant in California such as faculty, clinical placements, simulation, and military veterans in nursing. The EIW has had annual face-to-face meetings and works throughout the year by e-mail and subgroup conference calls when necessary. The main focus of the NWAC has been to review and provide input into the biennial California RN Survey and other workforce issues relevant in California. The NWAC has met face-to-face less frequently (about every other year). At its June 2015 Board meeting, the Board voted to combine the NWAC and the EIW and hold

meetings two to three times per year. The EIW would be continued as a workgroup under the NWAC for the specific function of providing review and advising BRN staff regarding the Annual School Survey. Meetings will occur when the Board's resources allow and are not prohibited by budget restrictions or other fiscal conservation mandates.

**2016 BRN Action and Response:** The combining of the NWAC and the EIW membership results in a large number of participants (20+ members) for more meetings per year. The BRN generally reimburses for travel expenses when it conducts face-to-face committee meetings. Due to BRN budget restrictions in Fiscal Year (FY) 2014/15 and FY 2015/16, the BRN continued to restrict the frequency of meetings to once per year and to delay the implementation of combining the groups. The NWAC (12 members) met on November 17, 2015, and discussed a variety of issues including: reviewing the draft 2016 BRN Survey of RNs document; NP proposed regulations; Nurse-Midwifery Committee appointments; and data from the BRN Annual School Survey regarding clinical restrictions on RN students. Committee members also shared other recent nursing workforce research. The EIW (11 members) met on April 30, 2015, and most recently on April 26, 2016. At these meetings the EIW reviewed the Annual School Survey document and data collected from the previous year and recommended changes for the next year survey as well as for the structure of the EIW (becoming a workgroup under the NWAC), and for addition of nursing program information on the BRN Web site.

The BRN has reviewed the structure of the NWAC and the EIW and is proceeding with combining them into a single committee to be re-named the Nursing Education and Workforce Advisory Committee (NEWAC). Meetings will be held at least twice a year. To control costs, members located out of the area will participate in the meeting using video conferencing software. Face-to-face meetings will be held on an occasional basis. Initial membership will include members from both of the current groups. The BRN is considering adding additional educators to represent the different geographic regions (north/central/south), degree type (ADN/BSN/ELM/post-licensure), and program type (public/private). The first meeting of the joint group is being scheduled for January or February of 2017. At this meeting, among other things, the Committee will discuss how it wants to conduct future reviews of the RN survey and Annual School survey.

#### **Question #4: What is the Board doing to address the lack of African-American**

**Background:** The BRN recognizes the value of cultural diversity in the nursing workforce. We work with nursing programs and other stakeholders to support diversity in the RN workforce. The BRN continues to participate and collaborate with other stakeholders on this issue. Demographic data is collected in the biennial RN survey and the Annual School Survey.

**2016 BRN Action and Response:** Understanding the importance of continued outreach to ensure diversity in the RN profession and to build on what has already been accomplished; the BRN continues its efforts to address this issue and has completed the following activities:

- Added links on the BRN Web site on the career (<http://rn.ca.gov/careers/futurern.shtml>) and financial aid information (<http://rn.ca.gov/careers/financial-aid.shtml>) pages that lead to Web sites that specifically serve minority students and men in nursing. As additional useful resources are identified, they will be added and space has been dedicated to this issue on the BRN Web site at <http://rn.ca.gov/careers/men.shtml>.

- BRN staff continue to present and conduct outreach at various meetings and conferences including American Assembly of Men in Nursing (AAMN), minority nurse leadership organizations (i.e., the National Coalition of Ethnic Minority Nurse Association, NCEMNA), and meetings with the National Latino and Black Nurses Association to discuss campaign efforts and additional ways in which the BRN might assist with the outreach efforts.
- In an effort to improve outreach, the BRN has developed a flyer targeted to African-American and Latino males and has included it on the BRN Web site at <http://www.rn.ca.gov/pdfs/careerbrochure.pdf> and it is included in Attachment 5. The flyer will be distributed to K-12 schools, colleges, universities, minority nursing organizations, and at the BRN Board meetings.
- BRN staff continue to collaborate with other stakeholder groups such as HealthImpact, California Action Coalition, and Association of California Nurse Leaders (ACNL) who promote workforce diversity outreach and research. BRN staff serve on committees and workgroups with these and other organizations and include their representatives on BRN committees. Addressing workforce diversity is a topic on the agenda for the BRN NEWAC meeting planned for January or February 2017.
- BRN staff serve on the Office of Statewide Health Planning and Development (OSHPD), Health Professions Education Foundation (HPEF) committee. This committee makes recommendations for scholarship and loan repayment recipients. It is partially funded by the \$10 surcharge placed on RN renewal fees. Recipients of the scholarship or repayment awards agree to work in underserved areas of California in exchange for financial assistance. Diversity is always considered when both encouraging applicants and providing recipient recommendations.
- A BRN Board member has joined the newly established HealthImpact Diversity Advisory Committee that was established to investigate, discuss and promote diversity in nursing and other health care professions.
- The BRN requires that the instructional content of the curriculum of nursing education programs includes cultural diversity in order to comply with curriculum requirements contained in CCR section 1426(d).
- The BRN collects demographic data on the biennial RN and annual school survey. Data from these surveys is presented in the Introduction section of this report and shows consistent increased diversity in RN graduates and RNs in the workforce.

In addition, questions were added to the 2014-2015 Annual School Survey to begin collecting data on outreach and retention efforts for students from underrepresented groups in RN programs and for faculty recruitment and training. This data is reported annually at a BRN Board meeting along with other data collected from the survey. The data is also reviewed by the EIW and ideas for outreach to stakeholders are discussed. The most recent Annual School Reports are also available on the BRN Web site. Forty-two percent (42%) of schools reported having a student retention specialist or coordinator exclusively dedicated to the nursing program and works an average of 20 hours per week. Thirty-one percent (31%) of schools reported

being part of a pipeline program that supports people from underrepresented groups in applying to their nursing programs.

Schools were asked to describe the strategies their programs used to recruit, support, and retain students from groups underrepresented in nursing. Student success strategies, such as mentoring, remediation and tutoring (92%), followed by personal counseling (70%), and additional financial support (52%), were the most commonly-used strategies reported. Some schools, 52%, reported that they provided training for faculty to support the success of at-risk students in their nursing programs. Training most commonly included faculty development and orientation, cultural diversity training, training on disabilities and accommodations, faculty mentoring and peer mentoring programs, and training on various student success initiatives.

Schools were also asked what strategies were used to recruit diverse faculty. One-hundred twenty-five schools reported the data below:

Strategies Used to Recruit Diverse Faculty	% Schools
Send job announcements to a diverse group of institutions and organizations for posting and recruitment	67.2%
Share program/school goals and commitments to diversity	61.6%
Highlight campus and community demographics	59.2%
Share faculty development and mentoring opportunities	44.0%
Use of publications targeting minority professionals (e.g. Minority Nurse)	33.6%
Showcase how diversity issues have been incorporated into the curriculum	29.6%
Highlight success of faculty, including faculty of color	23.2%
External funding and/or salary enhancements (e.g. endowed lectureship)	3.2%
Other	8.8%

Data source: 2014-2015 BRN Annual School Survey

**Question #5: What further needs to be done to fully implement the State Auditor's**

**Background:** The BRN worked with DCA's SOLID Training Solutions who mapped the licensing business process in 2014. In September 2014, the BRN submitted BCPs to obtain additional staff but was denied because there were not sufficient monetary resources to pay for the additional staffing positions. The BRN obtained additional funds through a regulation change and contracted with an auditor to conduct a fee audit and possible statutory fee change.

**2016 BRN Action and Response:** BRN management and staff work continually with DCA to optimize and standardize the transaction processes in BreEZe, the BRN's applicant and licensing database. DCA's SOLID mapped the licensing process in 2014 which included changes the BRN had implemented. In light of the approval of SB 1039, effective January 1, 2017, the BRN will begin seeking an outside vendor to conduct a performance audit of the licensing process and business performance. This will help determine whether current processes have been optimized and may provide additional recommendations that streamline the licensing process. Staff has continued to work with DCA to submit ticket requests to both make improvements and enhancements to BreEZe in order to maximize the functionality of the system. DCA has deployed the new Quality Business Interactive Reporting Tool (QBIRT)

system to enable staff to create and run customized reports to help determine processing time frames for the various applications in the licensing process. In September 2015, the BRN began publishing the processing time frames on the Board's Web site to better inform the public as we continue to improve the processing functions.

To implement one of the BreEZe audit recommendations, the Board contracted with a fee auditor in 2015 to evaluate the licensing process to determine whether the Board is charging the appropriate fees for the initial and renewal licensing processes. It was determined that the BRN was not charging appropriate fees and is in need of additional staffing to provide the customer service to process applications in a timely fashion. Governor Brown signed legislation in September 2016 that allows the BRN to collect additional and increased fees. The BRN initiated the rulemaking process to be completed on or about January 1, 2017. The BRN has submitted a BCP to obtain additional staff in both licensing and the public information unit to improve customer service.

As of the one-year report submitted to the auditors in February 2016, there were only three State Auditor recommendations remaining that had not been fully implemented. Since then, two have been fully implemented and one is pending full implementation. Details for each are provided below:

**1. *Formally track and monitor timeliness of its processing of applications, by type, and the cause of any delays.***

BRN staff worked with DCA and initiated a system enhancement to track application processing at specified points within the application life cycle. This data has been used to track the timeliness of application processing by type. This enhancement to track the postmark date, initial review date, and deficiency period was implemented in BreEZe for the BRN starting July 1, 2015. This revised process has allowed the BRN to identify the source of delays in application processing and consider implementation of more efficient practices.

Additionally, starting in May 2016, the BRN has been able to formally track and monitor applications by type by utilizing QBIRT. The BRN can track application deficiency periods, but cannot currently track the specific cause for the delay. The BRN is working with DCA BreEZe staff to update and create new specific deficiency tracking points within BreEZe to allow for more detailed application deficiency tracking that will allow the BRN the ability to identify specific causes of application delays.

During the months of June and July 2016, the BRN experienced a significant backlog in application processing, ranging from four to five months. Extraordinary collaborative efforts of BRN and DCA staff have brought the application processing times within the regulatory requirements of initial application evaluation of **90 days**. The following table presents processing times for some of the highest volume of applications that are received for the week of October 24, 2016. These were posted on the BRN Web site at that point in time.

<b>Applicants</b>	<b>Week of October 24, 2016 Processing Items Received # of Days Ago</b>
RN Examination/Endorsement - US/California Educated	24 to 38 Days
RN Examination/Endorsement - Internationally Educated	54 to 69 Days
Advanced Practice Certification	70 to 85 Days
Public Health Nurse Certification	39 to 54 Days
<b>Licensees</b>	<b>Week of October 24, 2016 Processing Items Received # of Days Ago</b>
License & Certificate Renewal – Online	0 to 8 Days
License & Certificate Renewal – By Mail	9 to 24 Days
Verification of License for RNs Endorsing out of California	54 to 69 Days

The BRN anticipates the ability for BreEZe to track and monitor causes of delays by July 1, 2017. Once completed, this recommendation will be considered fully implemented.

**2. Formally track and monitor its pending workload of applications by type and original receipt date.**

BRN staff worked with the DCA and initiated a system enhancement request to capture the deficiency start and end date. This provides us with statistical information for incomplete applications. The enhancement to track the deficiency period was implemented for use in BreEZe on July 1, 2015.

Beginning April 1, 2015, the BRN began utilizing the "postmark date field" in BreEZe to track the original receipt date of all initial licensing application types. BRN staff members worked with DCA to design and develop data extracts to help ensure applications are processed in a timely manner. Additionally, starting in May 2016, the BRN has been able to create specific reports in QBIRT to formally track and monitor applications.

The BRN continues to maintain the initial licensing application workload sorted by month and week to determine age of pending applications in process. This allows us to monitor the number of pending applications in concise groupings to help ensure applications are processed within the regulatory time frame.

These additional tracking capabilities and enhancements to BreEZe have led to full implementation of this recommendation as of May 2016.

**3. To ensure that the BRN continues to process applications within regulatory time frames, it should continue its efforts to refine its business processes to increase efficiency and reduce the amount of time applications are pending its review.**

The BRN continues to analyze and encourage staff feedback regarding its business processes in order to continually revise and improve procedures for the initial licensure application process. The BRN has worked with DCA's SOLID Training Solutions to document all of its business processes and to review recommendations. The BRN has implemented recommended changes and, on an ongoing basis, has taken additional steps to improve and refine our business processes. The BRN continues to assess efficiency and workload capability. The BRN has identified the need for additional resources, and BCP requests for additional staff have been submitted.

This recommendation is considered implemented, but is also considered ongoing as business processes evolve and ongoing enhancements occur with the BreEZe system.

The BRN has engaged in other activities to address licensing processes, workload, and staffing issues in the Licensing Program that include:

- Presentations providing an overview of the application and eligibility process to California students to assist them in applying to the Board. These began in February 2016 in conjunction with some of the Board meetings and are conducted by the Licensing Program's management team.
- Training session on processing of applications was conducted by the Licensing Program for staff in various other units of the BRN to provide an opportunity for cross-training of staff. On a temporary basis, the Licensing Program has received redirected staff from within the BRN and DCA to assist with processing initial applications.
- Licensing Program's management continues, as necessary, to ensure the evaluation and licensure processes are as streamlined as possible. Along with this continued assessment, since August 2016, the BRN has been working bi-weekly with the DCA BreEZe team to incorporate changes into the system to more efficiently process applications.
- Utilization of the CloudDrive by the Licensing Program which allows for secure sharing of documents. This Drive is managed by DCA Office of Information Services (OIS) staff. In August 2016, the BRN successfully piloted the CloudDrive with several schools and was able to receive and process electronic transcripts in a more timely manner. This pilot process has assisted the Licensing Program management in preparing internal processing procedures for staff and streamlining implementation instructions for California programs to ensure as smooth a transition as possible from paper to electronic transcripts. In October 2016, the BRN presented the new electronic transcript procedure to the Deans and Directors and announced it will launch for all schools in December 2016. Attachment 6 includes a flow chart outlining the CloudDrive process for the electronic transcript sharing.
- Reviewing staff resources and schedules to assess the best way for staff to improve customer services and handle the high volume of work. Beginning in October 2016, a Monday through Friday, 8am to 5pm schedule was implemented for all staff to better serve the public.

#### **Question #6: Cost Recovery**

**Background:** At the time of the 2014 Sunset Report, the BRN reported that it had initiated the process to enforce cost recovery through the following means:

- Payment plans initiated at the beginning of a probationary period.
- Extension of probation by one year to effect repayment of cost recovery if the RN is not currently in violation of any other provisions of the probation decision.
- The BRN is not renewing the RN license or advanced practice certificate if there is outstanding cost recovery owed to the Board.

- The BRN refer RNs owing cost recovery to the Franchise Tax Board (FTB) and will continue to use this as a means to collect outstanding cost recovery.

If a license is revoked through the default decision process, the BRN is not authorized to collect cost recovery if not negotiated through a stipulation pursuant to B&P Code section 125.3(i) or ordered by an Administrative Law Judge pursuant to B&P Code section 125.3(d). Licensees who have agreed to the actions of voluntarily surrender or revocation of their license results in cost recovery that is due to the BRN upon reinstatement of the license. If the license is not reinstated then cost recovery will not be recovered.

**2016 BRN Action and Response:** Cost recovery payment plans are developed and implemented with licensees who are placed on probation. In cases where the final disciplinary action ordered is probation, the cost recovery ordered in the Board’s decision is not required to be paid to the Board until three months prior to the end of the ordered probation term (typically terms are three years). This results in the total cost recovery ordered monies reported in a Fiscal Year (FY) being recouped over multiple later FYs.

Licensees are encouraged to utilize the on-line payment process through BreEZe for ease in payments. If payments are not made, the BRN provides three written notices to the licensee and refers those who owe cost recovery to the FTB for collection through state income tax returns. However, if the individual is living out-of-state or does not file taxes in California, this process for collecting monies cannot be completed. The BRN places holds on the renewal of RNs who owe cost recovery pursuant to B&P Code section 125.3(g)(1) to prevent the renewal of the license until the amount owed is paid in full. In an effort to ensure transparency and oversight, the BRN will review if there are any other possible options on additional cost recovery methods to provide to the Board for review and an annual report to the Board on the progress of the cost recovery process.

The amount of cost recovery ordered by the BRN continues to increase. Cost recovery data for FY 2014/15 and 2015/16 are presented in the following table.

<b>Cost Recovery</b>		
	FY 2014/15	FY 2015/16
Potential Cases for Recovery *	1,538	1,695
Cases Recovery Ordered	1,505	1,552
Amount of Cost Recovery Ordered	\$2,583,000	\$3,329,000
Amount Collected	\$1,427,000	\$1,092,000
* “Potential Cases for Recovery” are those cases in which disciplinary action has been taken based on violation of the license practice act.		

**Question #7: Please detail current license processing times. What is the status of**

**Background:** Every application is entered into the BreEZe system which systematically tracks the steps throughout the process. Even though the BreEze system tracks this information, the system had been unable to provide any reports to show tracking of applications through this process to determine whether the BRN was meeting its regulatory time frames or determining pending workload of applications by type and receipt date.

The BRN worked with the DCA on an enhancement to BreEZe to track the postmark date, initial review date, and deficiency period which was implemented in BreEZe for the BRN starting July 1, 2015. Additionally, starting in May 2016, the BRN has been able to formally track and monitor applications by type by utilizing the QBIRT reporting feature.

**2016 BRN Action and Response:** The BRN can now formally track and monitor applications by type utilizing the QBIRT. The BRN can track deficiency time periods, but cannot currently track the specific cause for the delay. The BRN is working with DCA BreEZe staff to update specific deficiency tracking within BreEZe to allow for more detailed application deficiency tracking so that the BRN is able to identify specific causes of delays. The BRN anticipates implementation of these changes by July 1, 2017. BRN staff constantly review the processes and reports to identify possible efficiencies and enhancements. The tables below provide information for each of the license types issued by the BRN. They present the total number of applications received for FY 2014/15 and FY 2015/16 and the average application processing timeframes. Processing times are reported for both applications with deficiencies and those without. Those without deficiencies are generally completed in a much shorter time frame.

License Type	Total Apps Received	
	FY 2014/15	FY 2015/16
Registered Nurse	37,045	38,651
Clinical Nurse Specialist	224	178
Nurse Practitioner (NP)	1,954	1,712
NP Furnishing Number	1,835	1,808
Nurse Anesthetist	212	211
Nurse-Midwife (NM)	86	68
NM Furnishing Number	86	60
Public Health Nurse	3,674	2,679
Psychiatric Mental Health	13	15

License Type	FY 2015/16			
	Number of Apps without Deficiencies <sup>1,3</sup>	Average Processing Time in Days	Number of Apps with Deficiencies <sup>2,3</sup>	Average Processing Time in Days
Registered Nurse	29,821	97	14,049	446
Clinical Nurse Specialist	1	179	172	184
Nurse Practitioner (NP)	94	56	1,767	75
NP Furnishing Number	151	53	1,663	70
Nurse Anesthetist	75	48	126	69
Nurse-Midwife (NM)	37	35	27	70
NM Furnishing Number	28	63	35	71
Public Health Nurse	1,741	122	429	163
Psychiatric Mental Health	0	0	2	88

<sup>1</sup>Number of applications without deficiencies – application receipt date to application approval.

<sup>2</sup>Number of applications with deficiencies – application receipt date to application approval, but includes a period of deficiency which is outside of BRN control.

<sup>3</sup>Applications may overlap from one fiscal year to another.



**Background:** SB 466, which became effective January 1, 2016, included amendments to B&P Code section 2786 and added section 2786.1. These amendments and additions require the Board to deny or revoke approval of a school of nursing that does not give student applicants credit in the field of nursing for military education and experience by the use of challenge examinations or other methods of evaluation. The Board is required by January 1, 2017, to adopt regulations requiring schools seeking approval to have a process to evaluate and grant credit, as defined, for military education and experience and to review a school's policies and practices regarding granting credit for military education and experience at least once every five years to ensure consistency in evaluation and application across schools. It also requires the Board to post on its Web site information related to the acceptance of military coursework and experience at each approved school.

**2016 BRN Action and Response:** At the February 2016 Board meeting, BRN staff received approval to initiate the rulemaking process for regulatory amendments to Title 16, CCR sections 1418, 1423.1, 1423.2, 1424, 1426, and 1430, for implementation of SB 466. Over the next several months, BRN staff worked with staff from the Governor's Interagency Council on Veterans (ICV) and various stakeholders to provide updates, obtain feedback on the proposed regulations, and learn of any new resources that may be helpful to the nursing program's development of policies. The regulations moved through the regulatory process and are currently awaiting Office of Administrative Law (OAL) final approval to be effective January 1, 2017. All schools are expected to comply with the BRN regulations when the regulations become effective upon final approval by OAL.

As the regulations moved through the process, all nursing program deans and directors were notified of the draft language. BRN continues to follow-up with the programs to make clear that if programs do not meet the regulatory requirements their program will be out of compliance and at risk of losing BRN approval. Data from the 2014-2015 BRN Annual School Survey reported a

total of 77 programs with 395 declared military veterans among newly enrolled students between 8/1/14 and 7/31/15. Compliance with these new requirements will be reviewed by Nursing Education Consultants (NECs) as part of the regularly scheduled continuing approval evaluation of the programs.

The BRN has drafted guidelines for the nursing programs that provide the requirements and identify possible resources to assist them in developing their policies and procedures to meet the requirements. Many nursing programs across the state have already drafted new policies to specifically address the requirements of SB 466. A workgroup of Community College nursing program directors in conjunction with the California Community College Chancellor's Office (CCCCO) have drafted policy guidelines for military personnel nursing admission. Once the draft policy is reviewed and confirmed by the stakeholders it will then go to the Chancellor's office for final approval. The California State University (CSU) programs have a CSU Executive Order 1036 which is used to give credit to veterans in pre-licensure RN programs. In addition, language is being proposed for the CSU campuses to include additional information in published documents, such as college catalogs, student handbooks, and online. Procedures are being drafted for all of the CSU nursing campuses.

The BRN is following-up with the University of California (UC) and other nursing programs to determine and discuss their work in this area and assist with compliance. The text of SB 466, BRN regulations as submitted to OAL, the draft BRN, CCCCCO, and CSU (including Executive Order 1036 from the CSU Office of the Chancellor) guidelines are included in Attachment 7.

**Question #9: What is the status of the updated fingerprints for the years 1990-**

**Background:** Due to a variety of reasons, there are some licensees who were licensed between 1990 and 2005 whose fingerprints are not updated in the BRN system. To date, the BRN and DCA have been unsuccessful in identifying through the BreEZe system those RNs licensed from 1990-2005 who do not have fingerprint information.

**2016 BRN Action and Response:** The BRN began addressing the fingerprint workload for the period between 1990 and June 2008 beginning with license renewals in March 2016. Information regarding the fingerprint requirement is available on the RN license renewal form as well as on the Board's Web site. Additionally, if a renewal is received from the licensee requiring fingerprints, a notification is generated and sent to the licensee that fingerprints are required before the license can be renewed. License renewals missing the electronic fingerprints are not processed until the BRN has proof of fingerprint submission. Continuing with this method, the BRN would finish obtaining fingerprints for this group by March 2018 when all licensees have completed the license renewal cycle. Originally the BRN estimated that approximately 173,000 RNs could be impacted. DCA's OIS in collaboration with the BRN and Department of Justice (DOJ) compared fingerprint data in BreEZe to the DOJ database in order to better determine the actual number.

The table below provides the number of RNs potentially impacted (95,290). The first column represents the number of records that are missing fingerprints from both the DCA BreEZe database and DOJ. The BRN will make contact (i.e., regular mail, phone call, e-mail, etc.) to all of the 50,894 affected RNs in this group and provide detailed information on submitting their fingerprints. The second column includes 44,396 RNs who DOJ has indicated they have no

fingerprint records, however, the DCA BreEZe system shows that fingerprint results have been received. The BRN is currently working with DCA's OIS and DOJ to reconcile these records, pending fingerprint data release by DOJ. Once this reconciliation is completed, affected RNs will be notified with detailed information on submitting their fingerprints. RNs in active status (28,972) are the highest priority for fingerprinting, however, identified RNs who are currently in inactive or delinquent status (66,318) will also be notified of the fingerprint requirement. While completing this project, the BRN continues to require affected RNs, as their license renewals are being processed, to meet the fingerprint requirement as a condition of their renewal. The BRN is attempting to complete the reconciliation and notification to RNs by March 1, 2017.

	RN Records w/No Fingerprints	RN Records to be Reconciled
	No DOJ & No BreEZe	No DOJ & Yes BreEZe
<b>Active</b>	4,650	24,322
<b>Inactive</b>	3,382	458
<b>Delinquent</b>	42,862	19,616
<b>Total</b>	50,894	44,396

**Question #10: Are NEC positions fully staffed? Is there a shortage of qualified**

**Background:** In the past, recruitment and retention of NEC positions has been a challenge in large part due to the NEC salary compared to that of RN salaries with equivalent education and experience in other positions. The low NEC salary has been a barrier to recruitment; however, the ability to have a home office, thus eliminating the daily commute to the office and parking expenses, has helped with recruitment for the Southern California NEC positions. The duties assigned to NECs are undergoing review and consideration by the BRN.

**2016 BRN Action and Response:** Currently, all NEC positions are filled. In filling recent positions in the past two years, there were sufficient applicants to make hiring selections. Available NEC positions are promoted at Deans and Directors meetings and other meetings where educators are present. Duties of NECs assigned to education are to:

- Ensure compliance with nursing education laws and regulations.
- Evaluate nursing educational requirements.
- Review international nursing programs for compliance with California requirements.
- Review and approve CEPs and their coursework.
- Provide support to Board committees.
- Participate in development of legislation, regulation, and policy related to nursing education and practice.
- Respond to webmail and phone inquiries from governmental and private agencies as well as the general public regarding practice, and education.

NECs assigned in the enforcement area evaluate certain practice related complaints, assist with investigations, make recommendations regarding discipline or closure, and approve jobs and remedial course work for probationers. Following are the current requirements for NECs:

- Possess an active, valid California registered nurse license, **and**
- Five years of active work experience in the field of nursing which must include at least three years as a member of the teaching faculty in a U.S. state-approved registered nurse, practical nurse, vocational nurse, or psychiatric technician program or in a regionally accredited post-licensure program, **or**
- Five years of experience in the field of nursing which must include at least three years as a clinical specialist, nurse practitioner, or in-service educator in a hospital, clinic, or private practice setting, **and**
- A master's degree in nursing or a related field from an accredited college or university

Some current benefits of the NEC positions are those in Southern California work out of their home office, thus eliminating commuting and parking expenses. All NECs have flexible work schedules due to the nature of their responsibilities and according to the provisions of their bargaining unit contract. The work currently conducted by NECs requires the above qualifications as well as knowledge of the NPA and a willingness to travel throughout California.

However, BRN staff have recently begun standing meetings to review the NEC workload and job duties to evaluate the current requirements and process and how NECs are utilized within the BRN. Some considerations include: availability of some part-time positions so NECs could continue to work part-time in education or practice; the NEC collective bargaining unit is working on a salary increase; considering expanding the NEC classification to include multiple education levels and disbursing job duties accordingly so some could focus on nursing program reviews, nursing practice issues, and legislation/regulation issues while those with other various education and work experience could work on continuing education, answering phone call and e-mail inquiries, and Board committee work. In addition, the BRN has contacted the National Council of State Boards of Nursing (NCSBN) regarding resources to assess the role and responsibilities of the NECs and for possible recommendations. It is anticipated some alternatives can be established for future work in the event NEC staffing again becomes an issue.

**Question #11: Is the BRN making information available on its Web site such as program accreditation, retention, and attrition rates for individual programs? Does the Board post "warning" status?**

**Background:** The BRN has historically included RN National Council Licensing Examination (NCLEX) passing rates for each program on its Web site as an indication of program success. In 2014, the BRN began discussing and collaborating with the nursing programs to provide additional information on the BRN Web site.

**2016 BRN Action and Response:** Yes, the BRN has made this information available on the BRN Web site. At the June 2015 meeting, the Board approved the placement of the identification of programs on warning status on the BRN Web site. BRN staff immediately began posting this information both under the "What's New" section on the home page and identifying this on the BRN Web site's list of pre-licensure nursing programs. The additional posting of school and program accreditation, retention, and attrition rates for individual programs

on the BRN Web site was approved by the Board at the September 2015 Board meeting. Posting of this data to the BRN Web site was implemented in June 2016 and is currently available as a table with five years of retention/attrition data (if available and applicable) for each program with program and school accreditation also listed. The data will be updated annually as each new year of data becomes available.

### **Question #12: Has BRN updated its Disciplinary Guidelines?**

**Background:** BRN staff have been working on updating the Disciplinary Guidelines since 2008, but there have been many delays in the process due the majority of the Board members being replaced by the Governor in 2010 and the sunset in 2011, followed by all Board members being replaced again in 2012. In addition, there were vacancies and replacements of key BRN staff positions. BRN staff continued work on the Disciplinary Guidelines and presented them to the Board at the June 2015 meeting, and received Board approval.

**2016 BRN Action and Response:** After the June 2015 Board meeting, the language was reviewed by DCA legal counsel who suggested modifying some of the language. The Board approved the modified language in April 2016. At the June 2016 meeting, the Board approved staff moving forward with a regulatory package for submittal to OAL to update the BRN Disciplinary Guidelines, formally titled the Recommended Guidelines for Disciplinary Orders and Conditions of Probation (Guidelines). The Guidelines document also includes the Uniform Standards for Substance Abusing Licensees. The Guidelines were submitted to OAL in November 2016 to begin the regulatory process. The Board will address any public comments and plans to complete the regulatory package within the OAL processing timeframe. Although estimated completion is December 2017, the BRN is working with DCA to expedite this process. The draft Guidelines currently at OAL is included in Attachment 8.

### **Question #13: Has the BRN evaluated ways to recover fees for the production of court records?**

**Background:** Historically, the BRN has had an issue with recovering of fees for the production of court records and continues to evaluate ways to recover these fees.

**2016 BRN Action and Response:** Yes, the BRN has implemented the process of including court fees for obtaining court documentation in the cost recovery of a case directly from the licensee. Refer to Question #6 for additional information regarding cost recovery.

### **Question #14: Has the BRN developed and drafted MOUs with relevant partner agencies to share data?**

**Background:** The BRN has worked with relevant partner agencies and participated in informal agreements to share and receive data (i.e., dually licensed practitioners for disciplinary matters, clinical practice issues, etc.).

**2016 BRN Action and Response:** The BRN currently has a Memorandum of Understanding (MOU) in place with the Bureau of Private & Post-Secondary Education. The BRN is currently

working with other Healing Arts boards to understand their process for partnering with the relevant agencies to determine best practices. The agencies the BRN would most likely work with to develop MOU's would be other boards/bureau's and other state health care agencies, such as California Department of Public Health, and the Department of Health Care Services. Private agencies like large Health Management Organization (HMO) agencies such as Kaiser are also being considered. The BRN has begun making contact with these agencies.

An alternative to MOUs could be to legislate mandatory reporting by all agencies that oversee employment of RNs or employ RNs as well as other boards or bureaus for RNs that hold multiple licenses.

**Question #15: Has the BRN posted all disciplinary information that occurred prior to 2005 on the BRN's website?**

**Background:** The BRN worked to gather and scan all documents for discipline records for licenses revoked and surrendered prior to 2005. The BRN expected to have any missing revoked or surrendered discipline information that occurred prior to 2005 posted to the BRN Web site by December 31, 2015.

**2016 BRN Action and Response:** Yes, the BRN has posted all disciplinary documents to the BRN Web site and to the NSCBN NURSYS system.

**Question #16: Has the BRN adopted the Uniform Substance Abuse Standards?**

**Background:** The BRN submitted a regulation package regarding the Uniform Substance Abuse Standards (Uniform Standards) in 2011 to OAL. The BRN was sunset on December 31, 2011, and was not able to act on the regulation package which then expired. Consequently, due to a variety of reasons, the Uniform Standards were not addressed by the Board again until October 2013. Staff were directed to develop a comparison of the standards for both the Probation and Intervention Programs. The Board and its relevant committee began reviewing and considering the standards in March 2014. The Board received public comment which included concerns and opposition for certain standards.

**2016 BRN Action and Response:** The Uniform Standards, formally titled the Uniform Standards for Substance Abusing Licensees, are included in the Recommended Guidelines for Disciplinary Orders and Conditions of Probation (Guidelines). At the June 2016 meeting, the Board gave approval for staff to move forward with a regulatory package for submittal to OAL. The Guidelines were submitted to OAL in November 2016 to begin the regulatory process. The Board will address any public comments and plans to complete the regulatory package within the OAL processing timeframe. Although estimated completion is December 2017, the BRN is working with DCA to expedite this process. The draft Guidelines, which include the Uniform Standards, are currently at OAL and are included in Attachment 8.

**Question #17: Customer satisfaction.**

**Background:** The BRN utilizes the DCA consumer satisfaction survey with those who have filed a complaint with the BRN. Historically, very few individuals have responded to this survey. In the 2014 Sunset Report, the BRN reported that we had received a total of 21 responses for the past four fiscal years. While the BRN has taken many steps to improve the enforcement process and has reduced the average disciplinary timeframe, the results of the 21 responses continued to show a low satisfaction rate.

As is true with satisfaction surveys, people are more inclined to respond when dissatisfied with the outcome. In this case, the BRN believes the low response and dissatisfaction is often likely due to the non-disciplinary action taken on complaints and their disappointment with the Board's decision. Many do not understand the Board's high burden of proof (clear and convincing) and the evidence needed to prosecute a case. Compared to the number of complaints, only a small number of cases go on to receive formal disciplinary action.

In an effort to develop additional opportunities to receive feedback, in May 2012 the BRN implemented a Web site satisfaction survey. Responses from FY 2011/12 to FY 2013/14 were reported in the 2014 Sunset Report. The BRN reinstated a staff Web site committee to systematically review and revise the Web site to improve service to the public. Administrative staff conducts weekly meetings with BRN call center staff to provide customer service suggestions/requirements and training information. The BRN worked with SOLID Training Solutions to develop Customer Service Training that was delivered to BRN staff in 2015.

**2016 BRN Action and Response:** During FY 2014/15 and 2015/16, the BRN received a total of five responses to the DCA consumer satisfaction survey available to complainants. In an effort to obtain additional consumer satisfaction feedback, the BRN worked with SOLID Training Solutions to develop an online consumer satisfaction survey available to any of the public who are in contact with the BRN. The survey has a total of eight questions and went live on the BRN Web site on September 9, 2016, and data was collected through October 15, 2016.

Information about and links to the survey were distributed in a variety of formats including e-mails and newsletter announcements with the survey link included from the BRN and a variety of stakeholders and verbal announcements at meetings. A reminder e-mail was also sent from the BRN in early October. A summary of the distribution of information regarding the survey is included below:

Organization	Format	Date	Audience	
			Description	#
BRN	E-mail	9/9/16	Licensees	366,706
BRN	E-mail	9/9/16	General List Subscribers	10,076
BRN	E-mail	9/9/16	Deans/Directors	131
BRN	Web site	9/9/16	General Public	Unknown
BRN/HealthImpact	E-mail	9/12/16	Chief Nursing Officers	192
BRN	E-mail	9/23/16	Additional Stakeholders	16
BRN	E-mail	10/1/16	Reminder to above groups	377,000
Assoc. of CA Nurse Leaders	E-mail	9/20/16	Directors/Managers	1,537
American Nurses Assoc./CA	Web site/social media/e-mail	9/28/16	RNs	5,000

### **Consumer Satisfaction Survey**

Data from the Consumer Satisfaction Survey was presented by SOLID Training Solutions to the BRN management on October 27, 2016. Reasons for lower ratings and ways to incorporate improvements were discussed. Results from the 21,759 survey responses show that the majority (72% to 85%) were satisfied or very satisfied with a variety of BRN services. Overall respondents are satisfied with the online BreEZe renewal and license verification system and much of the information on the BRN Web site. They were less satisfied with the online application process and checking renewal or application status. Respondents were most satisfied with the online services and the professionalism and knowledge of the BRN staff.

Licensees were the largest response group, 18,563 out of the 21,759 respondents. Overall applicants were consistently the least satisfied group, while consumers generally provided the highest satisfaction ratings. In addition to the ratings, the survey encouraged comments at various points throughout the survey and a variety of additional comments were received. The BRN staff are reviewing these comments and survey results and will use this feedback to continue to improve the BRN processes and services when possible. This survey will be conducted annually to continue to assess and improve the services of the BRN.

### **Web site Satisfaction Survey**

Data from the Web site Satisfaction Survey shows overall improvements in ratings from FY 2014/15 to FY 2015/16 and then additional improvements from FY 2015/16 to the time period from 5/1/16 to 8/31/16. For example, those that answered yes they were able to find what they were seeking on the BRN Web site went from 31% in FY 2014/15 to 46% in 2015/16 to 52% in the four months from 5/1/16 to 8/31/16. The BRN made changes during these time periods that may be the reason for these improved ratings.

In September 2015, the BRN began publishing the processing time frames on the board's Web site to better inform the public and on May 9, 2016, the BRN launched a completely redesigned Web site that was updated and reorganized to provide easier access to information in a format intended to be more user-friendly and easier to navigate. Since these changes were made to better serve the public, the Board is pleased it appears to have had a positive impact. The staff Web site Committee reviews survey data and makes recommendations for improvement to the Web site and BRN processes as appropriate.

Complete data from both the BRN Consumer Satisfaction Survey from September 9 through October 15, 2016, and the BRN Web site Satisfaction Survey for FY 2014/15 and 2015/16 and the time period from 5/1/16 to 8/31/16 are included in Attachment 9.

**Question #18: What is the BRN's opinion of the 30 unit option towards licensure? Should this pathway remain available? Does it need any modifications?**

**2016 BRN Action and Response:** Per B&P Code section 2736.3, established in 1969, all BRN-approved nursing programs are required to offer a track for LVNs that does not require them to take more than 30 units in nursing courses to be eligible to take the RN licensing examination. The 2010 IOM report made two specific recommendations regarding RN education: (1) that 80 percent of RNs attain a bachelor's degree by 2020; and (2) that the number of nurses with doctorates doubles by 2020. This was, in part, to prepare future RN educators based on their assessment that the increasing complexity of nursing care warrants a greater emphasis on the advancement of nurses' education and knowledge.

The LVN 30-unit option is a limited option towards RN licensure and employment opportunities. Furthermore, it results in a certificate of completion rather than the award of a degree. When the 30-unit option was established, the beginning or introductory educational components for the RN program were similar to coursework/experience of LVN's. This is no longer the case. An LVN who enters an educational program mid-stream is not counted as a traditional student. The nursing program does not get credit for the educational resources devoted to the process. Nursing programs are always looking for ways to maximize resources in order to provide the best education possible so students are successful. The 30-unit option is contrary to that goal and rarely utilized by the nursing programs in California as students are accepted on a space-available basis when there are not degree bound students waiting to enter. In addition, any LVN who seeks licensure via this method may have limited employment opportunities and limited mobility of transferring their RN licensure outside of California.

RN programs in California are impacted with many highly qualified students waiting to be enrolled. Many Associate Degree Nursing (ADN) programs offer an advanced placement LVN to ADN track where they accept students in cohorts or on an individual, space-available basis. These students take a nationally-normed advanced placement test when entering the program that determines their advanced placement in either the 2<sup>nd</sup> or 3<sup>rd</sup> semester of the nursing program. Their placement is based on success in demonstrating theory and clinical knowledge. These programs generally include a bridge course that transitions the LVN into the RN curriculum and practice. While nursing programs can highly recommend and encourage, they cannot require 30-unit option students to take additional orientation, bridge or transition courses outside of the 30-units. This often puts the student at a disadvantage for success.

There are seven California BRN-approved ADN programs that accept only LVN to ADN students. Many other approved ADN programs in California offer an LVN to ADN track where LVN students enter at an advanced placement level. Students who complete these programs earn an associate degree. Some Bachelor of Science Nursing (BSN) degree programs also offer advanced placement LVN to BSN programs leading to a bachelor's degree. However, as previously stated, 30 unit-option completions do not lead to a degree and thus do not follow the IOM recommendations. There may also be other potentially limiting effects for the licensee. Because informal discussions of this issue with nursing program deans and directors at their annual meeting in October 2016 and with other stakeholders indicate overwhelming support for removing this option, the BRN is currently collecting more formal data. A question on the 2015-2016 Annual School Survey asks the nursing program deans and directors whether or not they believe this pathway should remain available. This survey is still collecting data, however, as of November 17, 2016; data had been received from the majority of nursing schools (123), with 108 (88%) saying no, it should not remain available.

Data from the 2014-2015 Annual School Survey indicates very few students were enrolled in and completed the 30-unit option. It was reported that eight students were enrolled in and four students completed this option in 2014-2015. The tables below include NCLEX pass rates and demographic data for some of these students. The data also compares all degree students with the 30-unit option students. However, all 30-unit option students may not have been reported on the Annual School Survey, as the BRN has record of more first-time 30-unit option students attempting the NCLEX. Below are NCLEX results for first time test takers for both 30-unit option and degree program graduates, which reflect both entry-level ADN and advanced placement LVN to ADN graduates. Data below shows that those completing the 30-unit option program have lower success on the NCLEX than degree program graduates.

## NCLEX Pass Rates

NCLEX-RN Pass Rates First Time Candidates	FY 2014/15			FY 2015/16		
	# Tested	# Pass	% Pass	# Tested	# Pass	% Pass
California LVN 30-Unit Option (non-degree)	44	30	68%	31	19	61%
California Degree Graduates (ADN, BSN, ELM)	10,960	9,230	84%	11,167	9,706	87%

Data source: NCSBN and BreEZe QBIRT Reports

## Student Demographics

Student Demographics	California LVN 30-Unit Option (non-degree)		California Degree Graduates (ADN, BSN/ ELM)	
	Enrolled	Completed	Enrolled	Completed
Race/Ethnicity				
% White, Not Hispanic	50%	50%	37%	42%
% Hispanic	33%	50%	23%	20%
% Black/African American	0%	0%	5%	4%
% Filipino	0%	0%	9%	8%
% Asian Indian/Pacific Islander/Other Asian	0%	0%	19%	18%
% Native American Indian/Eskimo	0%	0%	1%	1%
% Mixed/Other	17%	0%	6%	5%
	6	2	12,496	10,435
Gender				
% Female	83%	100%	79%	82%
% Male	17%	0%	21%	18%
	6	2	13,255	10,907
Age (years)				
% 17-20	0%	0%	13%	2%
% 21-25	0%	0%	32%	32%
% 26-30	33%	50%	25%	31%
% 31-40	50%	50%	20%	24%
% 41-50	0%	0%	7%	9%
% 51-60	17%	0%	2%	2%
% 61+	0%	0%	0%	0%
Totals	6	2	13,189	10,598

Data source: 2014-2015 BRN Annual School Survey

## RN Workforce Demographics

Data from the 2014 California BRN Survey of RNs includes demographic and other data for 107 RNs prepared by the 30-unit option program. This data compared to the total RN sample (5,000+), in the following table.

RN Workforce Demographics	California LVN 30-Unit Option (non-degree)	Total RN Population
Decade Licensed		
% 1970s	6.9%	10.4%
% 1980s	12.7%	16.9%
% 1990s	23.6%	16.9%
% 2000s	38.0%	33.7%
% 2010s	18.7%	18.9%

<b>RN Workforce Demographics (continued)</b>	<b>California LVN 30-Unit Option (non-degree)</b>	<b>Total RN Population</b>
Employed as an RN in California	87.2%	83.4%
Race/Ethnicity		
% Caucasian	62.2%	54.1%
% African-American	9.7%	4.9%
% Filipino	8.0%	18.6%
% Other/Mixed	9.3%	6.2%
% Mexican	4.3%	4.6%
% Other Hispanic	0.3%	0.8%
% Chinese	0.3%	3.1%
% Vietnamese	0.3%	1.0%
% South Asian Indian	2.5%	1.2%
% Central American	2.5%	0.9%
% South American	0.4%	0.4%
% American Indian	0.3%	0.5%
Gender		
% Female	88.0%	88.9%
% Male	12.0%	11.1%
Age (years)		
% Under 35	10.3%	18.5%
% 35-44	26.7%	23.4%
% 45-54	24.8%	21.9%
% 55-64	23.9%	25.1%
% 65 +	14.3%	11.1%
Post-Licensure Education		
% ADN	13.1%	4.7%
% BSN	9.8%	17.5%
% MSN	2.5%	10.9%
% Other non-nursing AD, BS/BA, MS/MA	5.9%	10.2%
% No post-licensure degree	58.3%	61.4%
Employment Setting		
% Hospital	59.0%	81.3%
% Nursing home/rehab facility	7.0%	8.5%
% Inpatient mental health/ substance use disorder	4.2%	2.1%
% Correctional facility	1.5%	1.5%
% Public clinic/health/community	3.2%	1.5%
% Private clinic/ambulatory center	10.5%	5.4%
% School health	0.9%	1.5%
% Government	0.8%	1.4%
% Case management	1.7%	2.1%
% Other	4.0%	3.4%
% Currently Licensed in Another State	7.2%	8.2%

Data Source: 2014 BRN Survey of RNs in California

The Board will review data and the issue further and consider possible legislative and regulatory changes for the LVN 30-unit option program.

**Question #19: Many other boards allow probationers into their intervention program. Should BRN begin allowing probationers? Why or why not?**

**2016 BRN Action and Response:** BRN staff have been researching options for this issue. Probation is not confidential, once the terms and conditions of probation are decided; both the decision and the probation terms are made public. Whereas, the Intervention Program (formerly known as the Diversion Program), is confidential for the RN participants. One possibility is to allow specified probationers who are in the discipline process to utilize the services of the Intervention Program. If a licensee is deemed to fall under the requirements of the Uniform Standards for Substance Abusing Licensees (Uniform Standards), then that licensee could be referred to the Intervention Program to be monitored for all terms and conditions under the Uniform Standards. BRN probation staff would coordinate monitoring with the Intervention Program contractor and would oversee any term of probation that does not fall within the Uniform Standards.

If feasible, probationers should be allowed to enter the Intervention Program for the terms and conditions that need to be monitored under this contract (i.e., substance abuse). The BRN has the premier nationwide nursing Intervention Program which specifically addresses the recovery needs of nurses diagnosed with substance use disorder and or mental illness. The opioid epidemic and the need to address substance use disorder is an issue at the forefront of national public health. The Intervention Program can potentially be leveraged to improve business practices, address the needs of licensees and provide additional public protection.

If specified probationers were allowed to be in the Intervention Program and monitored by the contractor, no additional BRN staff resources would be necessary. However, if BRN probation monitors were required to follow probationers in the Intervention Program to ensure they were following the terms and conditions of probation under the Uniform Standards, which are much more complex and time consuming, additional staff resources would be needed. Once the Uniform Standards have been adopted, BRN staff will collect data and present findings to the Board for consideration.

**Question #20: Does the BRN track individuals who withdraw from Maximus for financial concerns? Is there anything the Board could do to assist with insurance, etc.?**

**2016 BRN Action and Response:** Yes, the BRN began tracking individuals who withdrew from the Intervention Program for financial concerns on January 1, 2016. Since this time, there have been four participants who have withdrawn from the Intervention Program for financial reasons. The Board currently informs all participants that they may qualify for medical disability insurance. They are encouraged to contact and investigate the Employment Development Department regarding applicable insurance benefits, their personal insurance plans and Covered California for information regarding additional supplemental resources.

**Question #21: The audit of Maximus indicated that Diversion Program Managers expressed concern that the program needs to identify better ways to treat participants suffering from mental illness, and that such participants take twice as long to recover. Has the Board heard similar concerns? Has BRN discussed this with Maximus or current/former participants?**

**2016 BRN Action and Response:** The Board has heard similar concerns and has discussed this with Maximus. To address the expressed concerns, at its November 2015 meeting, the Board gave approval to re-establish the Mental Health Ad-Hoc Committee to determine best practice strategies for mental health participants in the BRN Intervention Program. This was approved to better meet the unique needs of nurses with mental illness and to develop a model rehabilitation plan for use by all the Intervention Evaluation Committees. This is a complex issue that requires research, preparation, and planning for the Ad-Hoc Committee to be as productive as possible. The BRN has been completing this background work. This has included the preparation of a "Monitoring Mental Health Program Participants" survey that will be e-mailed to all Intervention Evaluation Committee members. Ad-Hoc Committee members with mental health expertise have been selected and a meeting schedule is being drafted. In addition, the Board is currently in the process of analyzing statistics obtained from MAXIMUS regarding mental health and dual diagnosis participants. Work will continue, and it is planned that the Ad-Hoc Committee will begin meeting in early 2017. The BRN is exploring the best practices of other healing arts boards and community partners to better serve participants suffering from psychiatric and mental health illnesses.

**Question #22: Does the Board pursue disciplinary cases after charges have been dropped by other prosecuting agencies? If so, why? Does the BRN have a policy on this?**

**2016 BRN Action and Response:** Yes, the Board currently pursues disciplinary cases after charges have been dropped by other prosecuting agencies. If there is a potential violation of the NPA, the Board, to protect the public, can take action against a licensee or applicant whether or not another prosecuting agency has pursued a case. The Board handles the case in the normal complaint processing manner. The BRN works with the Attorney General's (AG's) Office to determine if there is enough evidence to prove a violation of the NPA has occurred, and if so, then an accusation is filed for possible discipline. Another potential outcome, outside of the accusation and discipline process, may be the imposition of cite and fine.

The Board has the authority and responsibility to pursue discipline against a licensee for an incident that does not result in a conviction and investigate the underlying actions. The underlying actions are important to consider when determining whether an applicant or licensee has violated the laws in the NPA and may be unsafe to practice. B&P Code section 2750 authorizes the Board to take disciplinary action against a licensee or applicant. B&P Code section 2761(a) states the Board can take disciplinary action for any unprofessional conduct; and CCR section 1444 states that any conviction or act that is considered substantially related to the practice of nursing and evidences any present or potential unfitness of a registered nurse to practice in a manner consistent with the public health, safety, or welfare can be used to consider whether discipline should be rendered.

**Question #23: Does the Board have a policy on coordinating disciplinary efforts**

**2016 BRN Action and Response:** Yes, the BRN has a procedure in place in the complaint intake process for handling cases where it is known that licensees have licensure with another board to notify the other board. Historically, the BRN has worked with other boards when an individual is dually licensed to inform and coordinate disciplinary efforts. Currently, the BRN receives monthly reports from DCA regarding dually licensed RNs who have been disciplined by another Board within the BreZE database. The BRN will work with DCA to determine whether it would be cost effective to modify BreZE to include the capability to promptly alert the BRN when another board receives a complaint or takes disciplinary action against a licensee.

**2016 BRN Action and Response:** All schools (public or private) requesting consideration of approval to establish a pre-licensure (ADN, BSN, ELM) nursing program follow the same process as defined in *Instructions For Institutions Seeking Approval of New Pre-licensure Registered Nursing Program* (B&P Code section 2786; CCR sections 1421, 1422, and 1423) (Effective 10/21/10) available on the BRN Web site at <http://rn.ca.gov/pdfs/regulations/edp-i-01.pdf>. The process includes the following major steps with submission of the following:

- Letter of Intent
- Feasibility Study (requires Board approval to move forward to Self-Study phase)
- Self-Study Report and BRN Site Visit (requires Board approval to move forward to initial program approval)
- Initial Program Approval

The process requires that the proposed program demonstrates arrangements for all required resources adequate to support proposed program delivery, including clinical placements. Schools provide documentation utilizing BRN form Facility Verification EDP-I-01 which presents information regarding the nature and volume of facility services and is signed by the clinical facility representative with indication whether the facility will offer clinical placements for proposed program students. As outlined in CCR section 1427(d), when selecting new clinical agencies or facilities, the programs are to take into consideration the impact their students will have on students of other nursing programs already assigned to that facility or agency.

During the Self-Study phase of the new program approval process, an assigned BRN NEC visits the facilities and evaluates whether the proposed program has obtained written agreements with an adequate number and type of facilities to support the proposed program's learning objectives. During the actual site visit, the NEC meets with the facility staff, usually the clinical education liaison, and verifies that clinical placements are available to accommodate additional students without displacing placement students using the facility. All new schools are required to provide a document projecting the placement of students in the clinical facilities to be used by the first cohort of students and subsequent groups until the first cohort group completes the program. This is to ensure adequate clinical placement for students enrolling in the proposed new school. The same process is used for all nursing programs whether public or private.

From 2008 to 2016, the Board approved 21 new programs, only four (19%) of which were public programs. This demonstrates that the majority of recent program growth is from private programs. All programs must follow the same procedures and meet the same requirements. When reviewing the clinical placement plans of new programs, the Board asks if the proposed program representative has asked clinical facility management whether the addition of new students will displace existing students. Competition for clinical space has been an area of concern for many years. There is heightened awareness recently as more new nursing programs request approval and especially as existing programs request approval for enrollment expansion. As the number of nursing programs and clinical placement requests increase, the BRN will review the need for possible additional NEC staff in order to continue effective program and clinical site assessments.

When programs plan to increase or decrease the number of student enrollments or change enrollment cycles previously approved by the Board, Board policy is to process this type of request as a revision of the school's curriculum. This follows the format for approval of a major curriculum revision or substantive change which requires board authorization per CCR section 1432(b). To further assist nursing programs with this process, the BRN has drafted guidelines on what information needs to be considered, prepared, and presented to the NEC when making a request for student enrollment changes. In addition to information about the proposal (need for change, impact on existing students, funding, space, etc.), the program must show evidence of communication with nearby agencies and BRN-approved pre-licensure nursing programs. This communication must include the proposed enrollment increase and any anticipated adverse impact affecting currently placed students of other schools.

Beginning with the 2010-2011 Annual School Survey, questions were added to collect data on programs that were denied clinical space they had the previous year, the strategies used to address the loss, and the reasons for being denied. Below is the data that was collected. In the most recent survey year (2014-2015) the number of programs reporting denied clinical space decreased from a high of 93 in 2010-2011 to 70. These losses affected 2,145 students which is 8% of the 2014-2015 total student census of 25,814. In addition, in the 2014-2015 survey, 58 programs (41%) reported that there were fewer students allowed in a clinical placement, unit, or shift this year than in the prior year.

<b>Programs Denied Clinical Space</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>
Number of programs denied a clinical placement, unit or shift	93	85	90	81	70
Number of programs that reported	142	140	143	141	135
Total number of students affected	2,190	1,006	2,368	2,195	2,145

Data Source: 2014-2015 BRN Annual School Survey

<b>Strategies to Address the Loss of Clinical Space</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>
Replaced lost space at different site currently used by nursing	61.2%	64.4%	66.7%	66.2%
Added/replaced lost space with new site	48.2%	53.3%	56.8%	48.6%
Clinical simulation	29.4%	34.4%	32.1%	37.8%
Replaced lost space at same clinical site	47.1%	38.9%	45.7%	32.4%
Other	9.4%	4.4%	1.2%	8.1%
Reduced student admissions	8.2%	2.2%	7.4%	1.4%
Number of programs that reported	85	90	81	74

Data Source: 2014-2015 BRN Annual School Survey

Reasons for Clinical Space Being Unavailable	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Competition for clinical space due to increase in number of nursing students in region	64.5%	58.8%	54.5%	46.9%	48.7%
Displaced by another program	40.9%	44.7%	42.2%	43.2%	38.2%
Staff nurse overload or insufficient qualified staff	46.2%	54.1%	41.1%	45.7%	36.8%
Visit from Joint Commission or other accrediting			21.1%	21.0%	26.3%
Decrease in patient census	30.1%	31.8%	30.0%	28.4%	25.0%
Change in facility ownership/management	11.8%	12.9%	21.1%	14.8%	21.1%
Other	9.7%	10.6%	11.1%	11.1%	21.1%
No longer accepting ADN students	16.1%	21.2%	20.0%	23.5%	21.1%
Nurse residency programs	18.3%	29.4%	17.8%	18.5%	18.4%
Closure, or partial closure, of clinical facility	23.7%	25.9%	26.7%	25.9%	18.4%
Clinical facility seeking magnet status	12.9%	18.8%	15.5%	11.1%	17.1%
Implementation of Electronic Health Records system		3.5%	32.3%	22.2%	13.2%
The facility began charging a fee (or other RN program offered to pay a fee) for the placement and the RN program would not pay				4.9%	1.3%
Facility moving to a new location				6.2%	
Number of programs that reported	93	85	90	81	76

Data Source: 2014-2015 BRN Annual School Survey

Note: Blank cells indicate that the applicable information was not requested in the given year.

Many geographical areas in California have a regional consortium that coordinates and allots available clinical placements to ensure the most efficient utilization of clinical facility resources. Decisions regarding allotment of clinical placements to nursing programs are ultimately the decision of each individual clinical facility. Those decisions may be affected by multiple factors including: the facility's patient census/volume; specific internal activities at any given time (e.g. accreditation processes and requirements, staff nurses requiring education/training, changes in operations, etc.); philosophy regarding nursing service (e.g. preference for BSN); the facility staff's willingness and ability to accommodate student learning needs; and, relationships with specific schools (e.g. agreements with the school to provide education for the facility's staff).

Determination of adequate clinical sites for proposed programs without displacement of existing program students is problematic not only in California but for other state nursing boards as well. This has been a frequent topic of exploration in the regular Education Network conferences held by the NCSBN in which the California BRN NECs participate. NECs rely upon the proposed program documentation of clinical site availability signed by clinical facility representatives. Existing programs have the opportunity to voice concerns when proposed programs are presented to both the Board's Education/Licensing Committee and the full Board meetings. There have been instances, however, where new program approval has been deferred or student enrollment has been limited so that additional evaluation can be conducted when concern regarding potential existing student displacement has been received by the Board.

***California Board of Registered Nursing***  
**Supplemental**  
**Sunset Review Report 2016**

**ATTACHMENTS**

# **ATTACHMENT 1**

## **LICENSING PROGRAM STATISTICS**

<b>BOARD OF REGISTERED NURSING</b>						
<b>MONTHLY STATUS REPORT</b>				<b>QBIRT SPECIAL REPORT**</b>		
<b>September 30, 2016</b>				<b>October 10, 2016</b>		
<b>DESCRIPTION</b>	<b>ACTIVE</b>	<b>INACTIVE*</b>	<b>TOTAL</b>	<b>ACTIVE OUT-OF-STATE***</b>	<b>ACTIVE OUT-OF-COUNTRY</b>	<b>TOTAL DELINQUENT</b>
<b>REGISTERED NURSES</b>	410,101	11,816	421,917	58,911	1,601	116,562
<b>CLINICAL NURSE SPECIALIST</b>	3,495	76	3,571	221	11	694
<b>NURSE ANESTHETISTS</b>	2,372	41	2,413	555	17	813
<b>NURSE-MIDWIVES</b>	1,259	32	1,291	132	7	359
<b>NURSE-MIDWIVES FURNISHING</b>	939	10	949	65	2	186
<b>NURSE PRACTITIONERS</b>	22,095	183	22,278	2,109	51	3,288
<b>NURSE PRACTITIONER FURNISHING</b>	18,146	242	13,388	1,222	30	2,364
<b>PSYCHIATRIC/MENTAL HEALTH</b>	324	6	330	28	1	126
<b>PUBLIC HEALTH NURSES</b>	59,246	1,295	60,541	2,655	69	10,834
<b>CONTINUING EDUCATION PROVIDERS (CEP'S)</b>	2,963	---	2,963	802	22	1,297

\*Inactive licensees are current in fee payment but not CE requirement. They must submit proof of meeting the CE requirement prior to practicing in California.

\*\*Active licensees with out-of-state or out-of-country address of record and delinquent licensees whose fee payments are not current and not able to practice in California until license status is changed to Active.

\*\*\*As reported in this table, approximately 14% of RNs with active California licenses live in other states.

According to the California BRN 2014 Survey of RNs, approximately 14% of these RNs work as an RN in California for a temporary/traveling agency/registry, 10% work as an RN for California clients for an out-of-state telenursing/telemedicine employer, 3% each work as an RN for a California employer in a telenursing capacity or live in a border state and commute to California to work as an RN. Thus, almost one-third (approximately 31%) of the RNs residing out-of-state spend some time working with California residents.

## **ATTACHMENT 2**

# **ENFORCEMENT PROGRAM STATISTICS**

<b>Enforcement Program Statistics</b>		
	<b>FY 2014/15</b>	<b>FY 2015/16</b>
<b>COMPLAINT</b>		
Total Complaints/Notifications Received	6,783	7,757
Intake-Consumer Complaints		
Received	3,464	3,383
Closed	182	0
Referred to Investigation	1,766	3,393
Average Time to Close (in days)	33	11
Pending (close of FY)	174	232
Source of Complaint		
Public	1,037	1,015
Licensee/Professional Groups	513	622
Governmental Agencies	4,943	5,711
Other	263	251
Conviction / Arrest		
Conviction Received	3,319	4,374
Conviction Closed	104	100
Referred to Investigation	2,455	4,224
Average Time to Close (in days)	17	6
Conviction Pending (close of FY)	17	50
<b>LICENSE DENIAL</b>		
License Applications Denied	208	29
Statement of Issues (SOIs) Filed+	156	143
SOIs Withdrawn**	9	15
SOIs Dismissed**	0	2
SOIs Declined*	2	5
Average Days SOI	732	668
<b>ACCUSATION</b>		
Accusations Filed**	1,167	1,113
Accusations Withdrawn**	14	27
Accusations Dismissed**	13	15
Accusations Declined*	56	59
Average Days Accusations	891	778
Pending (close of FY)	900	1,469

+Statement of Issues (SOIs) are formal charges against applicants filed by the AG's Office.

\* Cases sent to the AG for SOI or an Accusation where the case was declined by the AG.

\*\*Due to more accurate data retrieval, previous FY numbers have been updated from that previously published.

<b>Enforcement Program Statistics (continued)</b>		
	<b>FY 2014/15</b>	<b>FY 2015/16</b>
<b>DISCIPLINE</b>		
Disciplinary Actions		
Proposed/Default Decisions	737	788
Stipulations	730	799
Average Days to Complete	806	737
AG Cases Initiated	1,307	1,744
AG Cases Pending (close of FY)*	1,001	1,692
<b>Disciplinary Outcomes</b>		
Revocation	463	429
Voluntary Surrender	457	214
Suspension	0	0
Probation with Suspension	1	6
Probation*	653	476
Probationary License Issued	77	100
Public Reprimand/Reprimand**	174	183
Other	41	9
<b>PROBATION</b>		
New Probationers	653	476
Probations Successfully Completed C = Completed ET = Early Termination	98-C 30-ET	112-C 31-ET
Probationers (close of FY) A = Active T = Tolled	1,095-A 290-T	1,189-A 345-T
Petitions to Revoke Probation	106	87
Probations Revoked	25	46
Probations Modified	0	2
Probations Extended	12	41
Probationers Subject to Drug Testing	707	625
Drug Tests Ordered	13,895	17,754
Positive Drug Tests	1,420	1,822
Petition for Reinstatement Granted	31	49
<b>INTERVENTION</b>		
New Participants	148	106
Successful Completions	97	93
Participants (close of FY)	430	400
Terminations***	57	42
Terminations for Public Threat	25	27
Drug Tests Ordered	15,230	16,229
Positive Drug Tests+	494	717
Relapses	36	42

\* Due to more accurate data retrieval, previous FY numbers have been updated from that previously published.

\*\*Public Reprimand/Reprimands are considered disciplinary action so they have been added to the Disciplinary Outcomes list and not reported as "other" since there is a significant number.

\*\*\*Excludes cases closed for "Successful Completion" or "Public Threat".

+All positive drug tests, including those for expected positives.

<b>Enforcement Program Statistics (continued)</b>		
	<b>FY 2014/15</b>	<b>FY 2015/16</b>
<b>INVESTIGATION</b>		
All Investigations		
First Assigned	7,524	7,617
Closed	6,933	8,061
Average days to close	165	125
Pending (close of FY)	4,370	2,403
Desk Investigations		
Closed	4,437	6,746
Average days to close	92	60
Pending (close of FY)	927	1,059
Non-Sworn Investigation		
Closed	523	690
Average days to close	316	263
Pending (close of FY)	497	536
Sworn Investigation		
Closed	585	435
Average days to close	315	324
Pending (close of FY)	395	313
<b>COMPLIANCE ACTION</b>		
Interim Suspension Order (ISO) Issued	0	0
PC 23 Orders Requested	29	48
Other Suspension Orders	0	0
Public Letter of Reprimand	0	0
Cease & Desist/Warning	4	1
Referred for Intervention	1,125	1,152
Compel Examination	23	44
<b>CITATION AND FINE</b>		
Citations Issued	935	541
Average Days to Complete	200	133
Amount of Fines Assessed*	\$545,845	\$294,988
Reduced, Withdrawn, Dismissed*	\$57,250	\$60,300
Amount Collected*	\$211,064	\$240,256
<b>CRIMINAL ACTION</b>		
Criminal Action	19	15
Referred for Criminal Prosecution	47	41

\*Due to more accurate data retrieval, previous FY numbers have been updated from that previously published.

<b>Enforcement Aging</b>				
	<b>FY 2014/15*</b>	<b>FY 2015/16</b>	<b>Total Cases Closed</b>	<b>Average %</b>
<b>ATTORNEY GENERAL CASES (AVERAGE %)</b>				
Closed Within:				
1 Year	233	**391	624	21%
2 Years	463	**490	953	32%
3 Years	446	**258	704	24%
4 Years	267	**189	456	15%
Over 4 Years	129	**95	224	8%
Total Cases Closed	1,538	**1,695	2,961	100%
<b>INVESTIGATIONS (AVERAGE %)</b>				
Closed Within:				
90 Days	4,438	5,405	9,843	62%
180 Days	632	717	1,349	9%
1 Year	1,297	876	2,173	14%
2 Years	1,147	936	2,083	13%
3 Years	150	93	143	1%
Over 3 Years	51	34	85	1%
Total Cases Closed**	7,715	8,061	15,776	100%

\* Due to more accurate data retrieval, FY 2014/15 numbers have been updated from those previously published.

\*\*Detailed Numbers are from a different report than total number, thus detailed numbers do not add to the total.

## **ATTACHMENT 3**

### **BRN FUND CONDITION**

*Includes proposed fee Increase as approved by SB 1039  
and pending completion of regulatory package*

# 0761 - Board of Registered Nursing Analysis of Fund Condition

Prepared 09/12/2016

(Dollars In Thousands)

2016 BUDGET ACT  
\$8.3 M GF LOAN REPAYMENT IN 2015-16 CURRENT YEAR  
SB 1039 Proposed Fee Increase

	Actual 2015-16	Budget Act CY 2016-17	BY 2017-18	BY+1 2018-19
<b>BEGINNING BALANCE</b>	\$ 7,081	\$ 9,358	\$ 19,498	\$ 42,731
Prior Year Adjustment	\$ -207	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 6,874	\$ 9,358	\$ 19,498	\$ 42,731
<b>REVENUES AND TRANSFERS</b>				
Revenues:				
125600 Other regulatory fees	\$ 1,581	\$ 1,963	\$ 1,963	\$ 1,963
SB 1039 New Fee Level	\$ -	\$ 129	\$ 257	\$ 257
125700 Other regulatory licenses and permits	\$ 6,325	\$ 6,603	\$ 6,603	\$ 6,603
SB 1039 New Fee Level	\$ -	\$ 6,155	\$ 12,309	\$ 12,309
125800 Renewal fees	\$ 27,876	\$ 30,072	\$ 30,072	\$ 30,072
SB 1039 New Fee Level	\$ -	\$ 6,959	\$ 13,918	\$ 13,918
125900 Delinquent fees	\$ 622	\$ 708	\$ 708	\$ 708
SB 1039 New Fee Level	\$ -	\$ 82	\$ 164	\$ 164
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ 57	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 56	\$ 15	\$ 128	\$ 195
150500 Interest Income from Interfund Loans	\$ 121	\$ -	\$ -	\$ -
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 9	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ 6	\$ 20	\$ 39	\$ 39
161400 Settlements/judgements (not anti-trust)	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 38,653	\$ 52,706	\$ 66,161	\$ 66,228
Transfers from Other Funds				
T00001 GF loan per Item 1110-011-0761 BA of 2011	\$ 8,300	\$ -	\$ -	\$ -
Totals, Revenues and Transfers	\$ 44,953	\$ 52,706	\$ 66,161	\$ 66,228
Totals, Resources	\$ 51,827	\$ 62,064	\$ 85,659	\$ 108,959
<b>EXPENDITURES</b>				
Disbursements:				
1110 Program Expenditures (State Operations)	\$ 42,403	\$ -	\$ -	\$ -
1111 Program Expenditures (State Operations)	\$ -	\$ 42,513	\$ 42,928	\$ 43,787
8880 Financial Information System for California (State Operations)	\$ 66	\$ 53	\$ -	\$ -
Total Disbursements	\$ 42,469	\$ 42,566	\$ 42,928	\$ 43,787
<b>FUND BALANCE</b>				
Reserve for economic uncertainties	\$ 9,358	\$ 19,498	\$ 42,731	\$ 65,172
Months in Reserve	2.6	5.5	11.5	17.5

**NOTES:**

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ON-GOING
- B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING BY+1
- C. ASSUMES INTEREST RATE AT 0.3%.
- D. BASED ON FISCAL MONTH 13\*

# **ATTACHMENT 4**

## **STATUS SUMMARY OF CURRENT QUESTIONS**

## Current Status of Questions: Supplemental Sunset Review Report 2016

As of 11/16/16

Question	Completed	In progress	Estimated Completion Date	Ongoing	Notes
#1 Sponsoring Legislation				X	Ongoing activity to complete legislation
#2 Nurse-Midwifery Committee	X				
#3 Education & Workforce Committees	X				
#4 Workforce Diversity				X	Ongoing activity to encourage diversity
#5 BreEZe Audit Implementation	X (most)	X	7/1/17	X	Some recommendations are ongoing activities to continue to improve transactions and processing
#6 Cost Recovery				X	Ongoing activity to process and collect costs
#7 License Processing Times				X	Ongoing activity to continue to improvement
#8 Military Experience		X	1/1/17 (regs)	X	Ongoing activity to review programs for compliance
#9 Fingerprints for 1990-2005		X	3/1/17		Working with DCA and DOJ to expedite completion
#10 NEC Staffing/Workload	X			X	NEC positions are currently filled. Continue to review NEC duties and consider alternatives
#11 School Data on Web site	X				
#12 Disciplinary Guidelines		X	12/31/17		In the OAL rulemaking process, working to expedite
#13 Court Record Fee Recovery	X			X	Ongoing activity to improve the tracking of charges
#14 MOUs with partner agencies		X	Continuing		Various meetings are scheduled with Healing Arts Boards to discuss related matters and MOUs
#15 Discipline Prior to 2005 Posting	X				
#16 Substance Abuse Standards		X	12/31/17		In the OAL rulemaking process, working to expedite
#17 Customer Satisfaction	X			X	Provided a satisfaction survey, ongoing work to improve board functions
#18 LVN 30-Unit Option		X	Unknown		Board is reviewing the issue and considering legislative and regulatory changes
#19 Probationers in Intervention Program		X	Unknown		BRN is investigating this option
#20 Intervention Participants-Financial	X			X	Tracking and informs participants of insurance
#21 Mental Health Intervention Participants		X	2017	X	Mental Health Ad-Hoc Committee formed to review and provide recommendations for best practices
#22 Charges Dropped by Other Agencies	X				
#23 Coordinating Disciplinary Efforts	X				
#24 Education Clinical Placement Needs	X			X	Ongoing activity to review available resources

## **ATTACHMENT 5**

### **DOCUMENT RELATED TO QUESTION #4 OUTREACH FLYER FOR MEN IN NURSING**

## OTHER RESOURCES

### Organizations and Websites:

Discover Nursing  
DiversityNursing.com  
MinorityNurse.com  
National Association of Hispanic Nurses  
National Black Nurses Association  
National Coalition of Ethnic Minority Nurse Associations  
Philippine Nurses Association of America

### For Men in the Profession:

American Assembly for Men in Nursing (aamn.org)

### Career Tools:

Scholarships for Minorities in Nursing  
ExploreHealthCareers.org

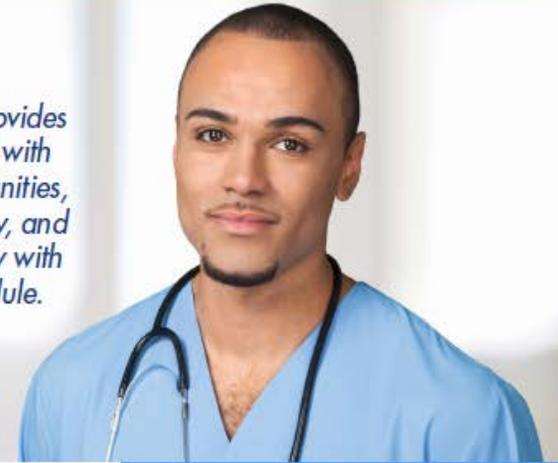
## MORE QUESTIONS?

Contact the California Board of Registered Nursing at (916) 322-3350 or visit [www.rm.ca.gov](http://www.rm.ca.gov).

## CONSIDER A REWARDING CAREER IN NURSING!



*A career in nursing provides opportunities to work with diverse people, communities, systems and technology, and offers financial stability with a flexible work schedule.*



## NURSING TODAY

Healthcare is one of the fastest-growing occupational industries (U.S. Census Bureau). Nursing is one of the largest populated careers in the United States, providing jobs for more than 2.7 million people nationwide (Bureau of Labor Statistics, 2015) and offering a wide variety of opportunities for those committed to caring for others. The profession offers a choice of many different specialties and emphasizes critical thinking, scientific evidence-based practice, clinical skills, patient protection, and advocacy.

Increased numbers of people with health insurance coverage has increased the demand for healthcare services. A large number of nurses are preparing to retire from the workforce, and the aging of our population is increasing the need for long-term healthcare and end-of-life services.

A predicted shortage of healthcare providers has created a need for recruitment and retaining to increase the pool of Registered Nurses (RNs). A high priority is increased recruitment of men, including those with ethnically diverse backgrounds. **It is a great time for men to consider a career in nursing!**

## OPPORTUNITIES AND BENEFITS

Currently, the largest percentage of nurses is women. However, the number of men in the profession has continuously grown over the last several decades (2011 American Community Survey) as more men discover the richness of career opportunities available in the nursing profession.

According to recent surveys, Registered Nurses have very low unemployment rates because of high demand for skilled nursing care, and annual salaries range from \$60,700 to \$162,900.



PDE 16241

## NURSING OCCUPATIONS AND WHAT THEY DO

**Registered Nurse**—Assess patient health problems and needs, develop and implement nursing care plans, maintain medical records, and administer holistic healthcare. Average pay is \$60,000-plus.

**Nurse Anesthetist**—Administer anesthesia and monitor patients' recovery from anesthesia. Specialized graduate education is required. Average pay is \$150,000-plus.

**Nurse-Midwife**—Diagnose and coordinate all aspects of the birthing process and provide gynecological care. Specialized graduate education is required. Average pay is \$80,000-plus.

**Nurse Practitioner**—Diagnose and treat illnesses and order, perform, or interpret diagnostic tests. May prescribe medications and work as healthcare consultant. Graduate education after completion of a basic RN education program is required and can include specialization in areas such as pediatrics, geriatrics, women's health, mental health, family practice, and more. Average pay is \$80,000-plus.

## WHAT IT TAKES

There are many routes to travel to arrive at a nursing career. Whether you're still in high school, a college student, or weighing a career change, consider a career in nursing that will allow you to make a positive difference in the lives of others while also achieving your personal and financial goals. The California Board of Registered Nursing (BRN) has resources to assist you with exploring and planning your nursing career.

## GETTING FROM POINT A TO POINT B

A U.S. high school education or the equivalent as described in Section 1412 of BRN's regulations is required to become a Registered Nurse. Individual nursing schools vary in their nursing course prerequisite and nursing program course requirements.

If you are about to enter or are still in high school, you should follow a college preparatory plan to provide a strong basis for your nursing studies at college. Talk to your high school guidance counselor and visit the websites of the California nursing schools you are considering.

If you have already completed high school, visit the websites of the California nursing schools you are considering. Review their requirements for admission to the college as well as admission to the nursing program. Make an appointment to meet with a college admissions counselor for an evaluation of your individual situation to determine what courses you will need to take and how to meet requirements for nursing program admission.



## CHOOSING A PROGRAM

In California, there are several types of pre-licensure nursing programs and two alternative routes to become a Registered Nurse:

**Associate Degree in Nursing (ADN)**—Takes 2–3 years. Offered at many private and public community colleges. Prepares you to provide registered nursing care in a variety of settings with opportunities to advance into administrative and leadership positions.

**Bachelor of Science Degree in Nursing (BSN)**—Takes 4 years. Offered at many public and private colleges. Prepares you to provide registered nursing care in a variety of settings with opportunities to advance into administrative and leadership positions.

**Entry Level Master's Degree in Nursing (ELM)**—Designed for adults who have a baccalaureate degree in another field and wish to become registered nurses. Takes 1-2 years depending on how many nursing course prerequisites you have already completed. Graduate receives a master's degree in nursing.

**LVN 30-Unit Option**—Designed as a career ladder for California Licensed Vocational Nurses (LVN) to become Registered Nurses. Takes approximately 18–24 months. No degree is granted upon completion. You must obtain an LVN license prior to pursuing this option. Some states do not recognize California's LVN 30-Unit Option and will not issue an RN license to these LVNs. Therefore, many LVNs choose to complete an ADN or BSN program to earn a degree that provides greater career flexibility and mobility. Most ADN, BSN, and ELM programs grant credit toward the degree for some of the coursework completed to become an LVN.

**Military Education/Experience**—California law permits those with military education and experience to take the national RN licensure examination if they have completed RN-level education and clinical experience.



## SELECT A COLLEGE AND APPLY FOR ADMISSION

Visit the websites and campuses of the colleges in the geographic areas of interest to you. You can choose from over 140 California nursing schools.

Review entry requirements of the colleges you are considering.

Apply at more than one college to give yourself options. Many colleges have limited space for nursing students.

Please visit: [www.rn.ca.gov](http://www.rn.ca.gov) for a complete listing of registered nursing schools located throughout California.

## CONSIDER COSTS

The cost of a nursing education program can vary greatly depending on the college and the degree program. However, cost does not have to be a barrier since opportunities abound for scholarships, loans, and loan forgiveness programs. Visit the "Financial Aid Information" section of the Board's website for more information.

# ATTACHMENT 6

## DOCUMENT RELATED TO QUESTION #5

### CLOUDRIVE FLOW CHART FOR TRANSCRIPT PROCESSING

*Flow chart of CloudDrive transcript processing*

● ● ● | *Transcript Submittal Process*



# ATTACHMENT 7

## **DOCUMENTS RELATED TO QUESTION #8**

### **CONSIDERATION OF MILITARY EXPERIENCE**

*SB 466*

*BRN regulations as submitted to OAL*

*BRN draft guidelines*

*CCCCO draft guidelines*

*CSU draft policies, including Executive Order 1036 (7/14/08)  
from the California State University Office of the Chancellor*

**CHAPTER 489**

An act to amend Sections 2701, 2708, and 2786 of, to add Sections 2718 and 2786.1 to, and to repeal Section 2736.5 of, the Business and Professions Code, relating to nursing.

**[Approved by Governor October 4, 2015. Filed  
with Secretary of State October 4, 2015.]**

Legislative Counsel's Digest

SB 466, Hill. Registered nurses: Board of Registered Nursing.

The Nursing Practice Act provides for the licensure and regulation of registered nurses by the Board of Registered Nursing within the Department of Consumer Affairs. Existing law requires the board to appoint an executive officer to perform duties delegated by the board. Existing law repeals those provisions establishing the board and the executive officer position on January 1, 2016.

This bill would extend the repeal date to January 1, 2018.

The act authorizes the board to take disciplinary action against a certified or licensed nurse or to deny an application for a certificate or license for certain reasons, including unprofessional conduct. Existing law establishes the California State Auditor's Office, which is headed by the California State Auditor, to conduct financial and performance audits as directed by statute.

This bill would require the board, by February 1, 2016, to contract with the California State Auditor's Office to conduct a performance audit of the board's enforcement program, as specified. The bill would require the board to reimburse the office for the cost of the performance audit. The bill would require the office to report the results of the audit to the Governor, the department, and the appropriate policy committees of the Legislature by January 1, 2017. The bill would require the board's staff and management to cooperate with the office and provide the office with access to data, case files, employees, and information.

The act authorizes any person who has served on active duty in the medical corps of the Armed Forces of the United States and who successfully completed the course of instruction to qualify him or her for rating as a medical service technician—independent duty, or other equivalent rating, and whose service in the Armed Forces was under honorable conditions to submit the record of that training to the board for evaluation. The act requires the board to grant a license to that person if he or she meets specified qualifications and the board determines that his or her education would give reasonable assurance of competence to practice as a registered nurse in this state. The act requires the board to maintain records of those applicants, including, but not limited to, applicants who are rejected from examination.

This bill would repeal those provisions.

The act requires the board to maintain a list of approved schools or programs of nursing in this state, as specified and provides that an approved school or program of nursing is one that has been approved by the board and meets certain academic requirements. The act requires the board to deny an application for approval of, and to revoke the approval given to, any school of nursing that does not give student applicants credit for previous education and the opportunity to obtain credit for other acquired knowledge by the use of challenge examinations or other methods of evaluation.

This bill would require the board to deny or revoke approval of a school of nursing that does not give student applicants credit in the field of nursing for military education and experience by the use of challenge examinations or other methods of evaluation. The bill would require the board, by January 1, 2017, to adopt regulations requiring schools seeking approval to have a process to evaluate and grant credit, as defined, for military education and experience. The bill would require the board to review a school's policies and practices regarding granting credit for military education and experience at least once every 5 years to ensure consistency in evaluation and application across schools. The bill would require the board to post on its Internet Web site information related to the acceptance of military coursework and experience at each approved school.

*The people of the State of California do enact as follows:*

SECTION 1. Section 2701 of the Business and Professions Code is amended to read:

2701. (a) There is in the Department of Consumer Affairs the Board of Registered Nursing consisting of nine members.

(b) For purposes of this chapter, "board," or "the board," refers to the Board of Registered Nursing. Any reference in state law to the Board of Nurse Examiners of the State of California or the California Board of Nursing Education and Nurse Registration shall be construed to refer to the Board of Registered Nursing.

(c) The board shall have all authority vested in the previous board under this chapter. The board may enforce all disciplinary actions undertaken by the previous board.

(d) This section shall remain in effect only until January 1, 2018, and as of that date, is repealed, unless a later enacted statute that is enacted before January 1, 2018, deletes or extends that date. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 2. Section 2708 of the Business and Professions Code is amended to read:

2708. (a) The board shall appoint an executive officer who shall perform the duties delegated by the board and who shall be responsible to it for the accomplishment of those duties.

(b) The executive officer shall be a nurse currently licensed under this chapter and shall possess other qualifications as determined by the board.

(c) The executive officer shall not be a member of the board.

(d) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

SEC. 3. Section 2718 is added to the Business and Professions Code, to read:

2718. (a) (1) By February 1, 2016, the board shall contract with the office to conduct a performance audit of the board's enforcement program. The board shall reimburse the office for the cost of the performance audit. The office shall report the results of the audit, with any recommendations, to the Governor, the department, and the appropriate policy committees of the Legislature by January 1, 2017.

(2) The performance audit shall include, but not be limited to, an evaluation of all the following:

(A) The quality and consistency of, and compliance with, complaint processing and investigation.

(B) The consistency and adequacy of the application of board sanctions or discipline imposed on licensees.

(C) The accuracy and consistency in implementing the laws and rules affecting discipline, including adherence to the Division of Investigation Case Acceptance Guidelines (Consumer Protection Enforcement Initiative Model), as revised July 1, 2014.

(D) The timeframes for completing complaint processing, investigation, and resolution.

(E) Staff concerns regarding licensee disciplinary matters or procedures.

(F) The appropriate utilization of licensed professionals to investigate complaints.

(G) The adequacy of the board's cooperation with other state agencies charged with enforcing related laws and regulations regarding nurses.

(H) Any existing backlog, the reason for the backlog, and the timeframe for eliminating the backlog.

(I) The adequacy of board staffing, training, and fiscal resources to perform its enforcement functions.

(b) Board staff and management shall cooperate with the office and shall provide the office with access to data, case files employees, and information as the office may, in its discretion, require for the purposes of this section.

(c) For the purposes of this section, "office" means the California State Auditor's Office.

SEC. 4. Section 2736.5 of the Business and Professions Code is repealed.

SEC. 5. Section 2786 of the Business and Professions Code is amended to read:

2786. (a) An approved school of nursing, or an approved nursing program, is one that has been approved by the board, gives the course of instruction approved by the board, covering not less than two academic years, is affiliated or conducted in connection with one or more hospitals, and is an institution of higher education. For purposes of this section, “institution of higher education” includes, but is not limited to, community colleges offering an associate of arts or associate of science degree and private postsecondary institutions offering an associate of arts, associate of science, or baccalaureate degree or an entry-level master’s degree, and is an institution that is not subject to the California Private Postsecondary Education Act of 2009 (Chapter 8 (commencing with Section 94800) of Part 59 of Division 10 of Title 3 of the Education Code).

(b) A school of nursing that is affiliated with an institution that is subject to the California Private Postsecondary Education Act of 2009 (Chapter 8 (commencing with Section 94800) of Part 59 of Division 10 of Title 3 of the Education Code), may be approved by the board to grant an associate of arts or associate of science degree to individuals who graduate from the school of nursing or to grant a baccalaureate degree in nursing with successful completion of an additional course of study as approved by the board and the institution involved.

(c) The board shall determine by regulation the required subjects of instruction to be completed in an approved school of nursing for licensure as a registered nurse and shall include the minimum units of theory and clinical experience necessary to achieve essential clinical competency at the entry level of the registered nurse. The board’s regulations shall be designed to require all schools to provide clinical instruction in all phases of the educational process, except as necessary to accommodate military education and experience as specified in Section 2786.1.

(d) The board shall perform or cause to be performed an analysis of the practice of the registered nurse no less than every five years. Results of the analysis shall be utilized to assist in the determination of the required subjects of instruction, validation of the licensing examination, and assessment of the current practice of nursing.

SEC. 6. Section 2786.1 is added to the Business and Professions Code, to read:

2786.1. (a) The board shall deny the application for approval made by, and shall revoke the approval given to, any school of nursing that does not give student applicants credit in the field of nursing for military education and experience by the use of challenge examinations or other methods of evaluation.

(b) The board shall adopt regulations by January 1, 2017, requiring schools to have a process to evaluate and grant credit for military education and experience. The regulations shall be adopted pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The word “credit,” as used in this subdivision, is limited to credit for licensure

only. The board is not authorized to prescribe the credit that an approved school of nursing shall give toward an academic certificate or degree.

(c) The board shall review a school's policies and practices regarding granting credit for military education and experience at least once every five years to ensure consistency in evaluation and application across schools. The board shall post on its Internet Web site information related to the acceptance of military coursework and experience at each approved school.

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## BOARD OF REGISTERED NURSING

### Specific Language of Proposed Changes

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

#### **1418. ~~Criteria for Evaluation of Equivalent Armed Services Training and Experience~~**

##### **Eligibility for licensure of applicants who have Military Education and Experience**

An applicant who presents with relevant military education and experience, and who presents documentation from a board-approved registered prelicensure nursing program of equivalency credit evaluation that provides evidence of meeting the minimum standards for competency set forth in Section 1443.5 and the minimum education requirements of licensure listed pursuant to Sections 1426(c)(1) to (3), utilizing challenge examination or other evaluative methods, will be considered to meet the education requirements for licensure. ~~A military applicant who has met the qualifications set forth in Section 2736.5 of the Code and who has completed a course of instruction that provided the knowledge and skills necessary to function in accordance with the minimum standards for competency set forth in Section 1443.5 and that contained the theoretical content and clinical experience specified in Section 1426(c)(1) through (e)(7) is determined to have completed the course of instruction prescribed by the Board for licensure.~~

Note: Authority cited: Section 2715, Business and Professions Code. Reference: ~~Section 2736.5, Business and Professions Code~~ Section 2786.1(a), (b), and (c).

HISTORY: 1. New section filed 10-28-76; effective thirtieth day thereafter (Register 76, No. 44). 2. Amendment filed 9-27-85; effective thirtieth day thereafter (Register 85, No. 39). 3. Repealer and new section filed 3-9-2000; operative 4-8-2000 (Register 2000, No. 10).

#### **1423.1 Grounds for denial or removal of board approval.**

The board shall deny approval and shall remove approval of a prelicensure nursing program that:

- (a) Fails to provide evidence of granting credit, in the field of nursing, for previous education, including military education and experience, through an established policy and procedure, to evaluate and grant credit.

- (1) Each precicensure program shall have a policy and procedures that describe the process to award credits for specific course(s), including the prior military education and experience, through challenge examinations or other methods of evaluation for meeting academic credits and licensure requirements.
- (2) Each program shall make information regarding evaluation of and granting credit in the field of nursing for previous education, including military education and experience, for purpose of establishing equivalency or granting credit, available to applicants in published documents, such as college catalog or student handbook and online, so that it is available to the public and to the board.
- (3) Each program shall maintain a record that shows applicants and results of transferred/challenged credits, including applicants who applied for transfer of military education and experience.
- (b) Fails to provide opportunity for applicants with military education and experience for the purpose of obtaining evaluation for equivalent academic credit through challenge examination or other method of evaluation.
- (c) Discriminates against an applicant solely on the grounds that an applicant is seeking to fulfill the units of nursing required by Section 2736.6.
- (d) Fails to demonstrate continuous improvement to correct deficient findings, including but not limited to the following:
  - (1) Deferred Action to Continue Approval status lasting longer than two years;
  - (2) Inconsistent pattern of noncompliance findings between regularly scheduled continuing approval school visit cycle.
  - (3) Repeated findings of the same noncompliance from one approval evaluation visit to the next scheduled approval visit.

Note: Authority cited: Sections 2786, 2786.1, 2788, Business and Professions Code.

**1423.2 Denial or revocation of approval of a nursing program.**

- (e) Upon sufficient evidence of noncompliance and lack of demonstrated corrective actions to remove noncompliance, the board may take actions to:
  - (1) Deny approval of a nursing program; or
  - (2) Revoke approval from a nursing program; or
  - (3) Place a nursing program on a warning status with intent to revoke approval and close the program; or

- (4) Close a program when a program has been on a warning status for one year and the program fails to show substantive corrective changes.
- (b) The board shall provide specific requirements for correction of noncompliance findings and a return date for review of the program's approval status.
- (c) The board shall place a school on a warning status with intent to withdraw approval when a nursing program shows conditions pursuant to Section 1423.1(d).
- (d) The board may immediately revoke approval and close a nursing program in situations that require immediate action, including but not limited to the loss of school's accreditation or lack of effective nursing program leadership.

Note: Authority cited: Sections 2786, 2786.1, 2788, Business and Professions Code.

#### **1424. Administration and Organization of the Nursing Program**

- (a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.
- (b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.
  - (1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.
  - (2) The program shall have a procedure for resolving student grievances.
  - (3) The program shall have policies and procedures that demonstrate consistent granting of credit for military education and acquired knowledge by providing opportunity to obtain credit by the following methods, including but not limited to the listed methods:
    - (a) the use of challenge examinations; or
    - (b) the use of evaluative methods to validate achievement of course objectives and competencies.
  - (4) The program shall make available the policies and procedures, including the acceptance of military coursework and experience, on the school's website, in a manner that allows access to the information via the board's posted list of approved Registered Nursing Programs.

- (c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.
- (d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives.
- (e) The director and the assistant director shall dedicate sufficient time for the administration of the program.
- (f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.
- (g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.
- (h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.
- (i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.
- (j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.
- (k) The student/teacher ratio in the clinical setting shall be based on the following criteria:
  - (1) Acuity of patient needs;
  - (2) Objectives of the learning experience;
  - (3) Class level of the students;
  - (4) Geographic placement of students;
  - (5) Teaching methods; and
  - (6) Requirements established by the clinical agency.

Note: Authority cited: Sections 2715, 2786, 2786.1 and 2786.6, Business and Professions Code.

Reference: Sections 2786-2788, Business and Professions Code.

HISTORY 1. Amendment of subsections (b) and (g) filed 4-27-87; operative 5-27-87 (Register 87, No. 18).

2. Amendment filed 9-21-2010; operative 10-21-2010 (Register 2010, No. 39).

## 1426. Required Curriculum

- (a) The curriculum of a nursing program shall be that set forth in this section, and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.
- (b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.
- (c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:
  - (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.
  - (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication.
  - (3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.
- (d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.
  - (1) Theory and clinical practice requirements of the curriculum will be adjusted in recognition of military education and experiences of the student, when applicable, through an individualized instructional plan that results in meeting the same course objectives and competency standards.
- (e) The following shall be integrated throughout the entire nursing curriculum:
  - (1) The nursing process;
  - (2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing;
  - (3) Physical, behavioral, and social aspects of human development from birth through all age levels;
  - (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines;
  - (5) Communication skills including principles of oral, written, and group communications;

- (6) Natural science, including human anatomy, physiology, and microbiology; and
- (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.
- (f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.
- (g) The course of instruction shall be presented in semester or quarter units or the equivalent under the following formula:
  - (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
  - (2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.  
With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.

Note: Authority cited: Sections 2715, 2786.1 and 2786.6, Business and Professions Cod. Reference: Sections 2785-2788, Business and Professions Code.

HISTORY: 1. Amendment of subsection (d) filed 4-27-87; operative 5-27-87 (Register 87, No. 18).  
2. Amendment of section heading and section filed 9-21-2010; operative 10-21-2010 (Register 2010, No. 39).

### **1430. Previous Education Credit**

An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing, including military education and experience, through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.

Note: Authority cited: Sections 2715, 2786.1(a) and 2786.6, Business and Professions Code. Reference: Sections 2736 and 2786.6, Business and Professions Code.

HISTORY: 1. Renumbering of former section 1430 to new section 1432 and new section 1430 filed 9-21-2010; operative 10-21-2010 (Register 2010, No. 39).



## GUIDELINE: EVALUATION AND GRANTING CREDIT FOR PREVIOUS EDUCATION OR OTHER ACQUIRED KNOWLEDGE, INCLUDING MILITARY EDUCATION AND EXPERIENCE

**Purpose:** Prelicensure nursing programs are required to have a process for evaluation of an applicant's previously acquired knowledge in the field of nursing, for the purpose of identifying knowledge and skill equivalency to program course requirement, and awarding credit. Applicants' relevant military coursework and experience must also be considered. Validation of previously acquired knowledge/ skill can be established by various methods including verifying equivalency of coursework or other learning activities, use of challenge examinations, or other methods. Programs are required to have policies and procedures that define these processes and demonstrate consistent granting of credit for military education and acquired knowledge. These policies/procedures must be made available on the school's website, in a manner that allows access to the information via the Board's posted list of approved Registered Nursing Programs.

### Relevant Regulation (Title 16, California Code of Regulations):

CCR Section 1418. Eligibility for licensure of applicants who have Military Education and Experience (Section# will link to reg on website)

CCR Section 1423.1 (a)(1-3) and (b) Grounds for denial or removal of board approval (Section# will link to reg on website)

CCR Section 1424.(b)(3) Administration and Organization of the Nursing Program (Section# will link to reg on website)

CCR Section 1426(d)(1) Required Curriculum (Section# will link to reg on website)

CCR Section 1430. Previous Education Credit (Section# will link to reg on website)

### Criteria for Compliance:

Prelicensure nursing programs are required to:

- Have a written policy that identifies the mechanisms by which provisions of these regulations will be fulfilled, and a written procedure that explains to applicants, students and other interested parties, the process by which credit can be obtained for previous education or other acquired knowledge in the field of nursing, including military education and experience.
- Make the policy/procedure information available at the school's website page that is linked from the BRN website approved programs list.
- Provide evaluation when requested, of previous education or other acquired knowledge in the field of nursing, for the purpose of establishing equivalency or granting credit.
- Knowledge obtained via relevant military education and experience must be evaluated to determine applicability in establishing equivalency or granting credit. Have a process to provide the documentation of completed evaluation for submission to the BRN upon applicant's request.
- Demonstrate that theory and clinical practice requirements are adjusted in recognition of military education and experiences of the student through an individualized instructional plan that results in meeting the same course objectives and competency standards.



**Resources:** The following resources may be helpful in guiding development of policies/procedures.

- CA RN Licensure Qualifications For Persons Serving In Medical Corps Of Armed Services (EDP-I-34 03/16/2015) <http://www.m.ca.gov/pdfs/regulations/edp-i-34.pdf>
- American Council on Education, Military Guide: Guide to the Evaluation of Educational Experiences in the Armed Services <http://www.acenet.edu/news-room/Pages/Military-Guide-Online.aspx>
- Best Practices in Counseling and Advisement for Veterans, Prepared for the Tarrant County College District (February 2013) [https://www.tccd.edu/documents/About%20TCC/Institutional%20Research/TCCD\\_Best\\_Practices\\_in\\_Counseling\\_and\\_Advisement\\_for\\_Veterans.pdf](https://www.tccd.edu/documents/About%20TCC/Institutional%20Research/TCCD_Best_Practices_in_Counseling_and_Advisement_for_Veterans.pdf)
- NCSBN ANALYSIS: A Comparison of Selected Military Health Care Occupation Curricula with a Standard Licensed Practical/Vocational Nurse Curriculum [https://www.ncsbn.org/13\\_NCSBNAalysis\\_MilitaryLPNVN\\_final\\_April2013.pdf](https://www.ncsbn.org/13_NCSBNAalysis_MilitaryLPNVN_final_April2013.pdf)
- Military Education and Training Campus (METC) <http://www.metc.mil/>  
Lt Col Melanie Ellis [melanie.j.ellis3.mil@mail.mil](mailto:melanie.j.ellis3.mil@mail.mil)

## California Community College Chancellor's Office Draft Guidelines

### Policy Guidelines for Military Personnel Nursing Admission (draft-8/24/16)

Military Personnel and Veterans may be eligible for enrollment into a California Community College Associate Degree Nursing Program based on the following requirements:

1. Recency of education and experience within the last five years prior to application is recommended. However, competency may be verified for each course per program policy.
2. Education and experience meet the basic requirements per individual college guidelines.

Three pathways have been established to assist with obtaining nursing credit for previous education and experience.

**Pathway I-** Basic Medical Technician Corpsman (Navy Hospital Medic or Airforce Basic Medical Technician Corpsman).

- a) Challenge exam per college policy for the first semester of the ADN program.
  - i. Colleges have an established number of maximum units that can be challenged.
  - ii. The course(s) challenged are based on the needs and prior experience of the individual requesting.
  - iii. Candidates must meet the same eligibility requirements for admission into the ADN program as other applicants, including completion of prerequisites.

**Pathway II-** Basic Medical Technician Corpsman (Navy Hospital Medic or Air Force Basic Medical Technician Corpsman) with an active California LVN license (Licensed Vocational Nurse) either through challenge (BVNPT Method 4) or successful completion of an LVN program.

- a) Admissions credit given to applicants as an LVN to RN candidate per school admission policies. This is normally full or partial credit for the first year of the nursing program but may vary from school to school.
- b) An LVN to RN transition course is recommended and be completed with a passing grade per individual program policy.
- c) The program shall determine which course(s) the veteran or corpsman will need to complete based on the criterion established by the program.
- d) Admission to the program is on a space available basis as any LVN to RN student.
- e) Applicants need to demonstrate theory and clinical competency in Obstetrics and Pediatrics. Criteria for determining competency is made by the program. Credit for these specialties are required to be posted on the official transcript.
- f) All ADN prerequisites must be completed prior to the LVN to RN transition course.

Optional: Some programs may elect to offer Pathway III

**Pathway III- Independent Duty Corpsman/Advanced Army Medic/Advanced Airforce Medic**

- a) Review Smart Transcripts to determine course credits or challenge opportunities based on individual college policies and individual transcript review. Ensure completion of prerequisite coursework per college policy.
- b) Applicants need to demonstrate theory and clinical competency in Obstetrics and Pediatrics. Criteria for determining competency is made by the program. Pediatric and Obstetric credit needs to be posted on the official transcript.
- c) Evaluate transcripts for Anatomy, Physiology, Microbiology, Communication, English, and natural science coursework (these courses must be completed in order to take the NCLEX).
- d) Admission credit given to applicants for applicable education and experience to meet the course learning outcomes is given per college policy. This is normally full or partial credit for the first year of the nursing program but may vary from school to school based on curriculum pathways.
- e) LVN to RN transition course completed with a passing grade per individual program policy.

\*Associate Degree may require additional coursework per college policy.

\*Military records and transcripts must be reviewed by a counselor and the applicant must have a DD214 showing completion of military coursework and service/discharge under honorable conditions.

\*Admission requirements will be the same or similar for all students.

## Draft Guidelines for California State University Nursing Campuses

**Background:** Executive Order 1036 has been used in the past to give credit to Veterans in pre-licensure nursing programs. Following is the current guideline proposal for nursing programs at California State University nursing campuses:

The Directors of the 19 nursing campuses are responsible to ensure that their campus Pre-licensure Student Handbook includes a statement on the Executive Order 1036 policy related to Credit by Examination and Evaluation of Learning, Knowledge, or Skills Acquired through Experience. The Students handbook should note that this policy applies to all students, including those who have served or are serving in the United States Armed Forces.

1. Each program shall make information regarding evaluation of and granting credit in the field of nursing, for previous education, including military education and experience, for purpose of establishing equivalency or granting credit, available to applicants in published documents, such as college catalog or student handbook and online, so that it is available to the public and to the board.
2. The student's individual program planner will reflect the awarding of credit by external examination or the process through which evaluation of learning, knowledge, or skills acquired through experience was granted.
3. The procedure for granting credit for nursing courses through Executive Order 1036 shall be outlined in the student handbook and shall include timelines for notification by the student to the undergraduate program director of the desire to seek credit for coursework, necessary paperwork that should be completed, and how approval for evaluation of learning knowledge or skills acquired through experienced is evaluated within the nursing program.

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**Executive Order:** 1036

**Effective Date:** July 14, 2008

**Supersedes:** Executive Orders No. 365 and 366

**Title:** Systemwide Admission Eligibility and/or Baccalaureate Credit Awarded for External Examinations, Experiential Learning, and Instruction in Non-Collegiate Settings.

In accordance with the provisions of this executive order, presidents of the California State University campuses or their designees may apply toward admission eligibility and/or the baccalaureate degree, credit earned from (1) examinations, (2) learning, skills, and knowledge acquired through experience, and (3) non-collegiate instruction.

This executive order supersedes Executive Orders 365 ("Systemwide Credit by Evaluation" for matriculated students) and 366 ("Evaluation of Nontraditional Credits and Grades in Determining Eligibility for Admission" for applicants).

**Article 1. Credit for Examinations**

- 1.1 Campus-Originated Challenge Examinations
  - 1.1.1 Students who pass campus-originated challenge examinations (as differentiated from placement examinations) shall earn credit toward the degree and/or toward the determination of admission eligibility.
  - 1.1.2 Campuses shall develop procedures governing the awarding of credit for these examinations. Campus policies should be consistent with the conditions set forth in this executive order.
  - 1.1.3 Information about challenge examinations shall be included in the campus catalogs and web sites.

- 1.2 Standardized External Examinations and Systemwide Examinations
  - 1.2.1 Campuses shall award baccalaureate credit to be applied toward the degree and/or admission eligibility to students who pass either of the following (or both):
    - A. Standardized external examinations, such as Advanced Placement (AP) Tests, International Baccalaureate (IB), and College Level Entrance Program (CLEP); or
    - B. Systemwide examinations that have been developed and approved by established CSU policy and procedures.
  - 1.2.2 Conditions of Award of Credit for Standardized External Examinations and Systemwide Examinations
    - 1.2.2.1 For standardized external examinations and systemwide examinations, the passing score and the minimum amount of credit awarded for the calculation of admission eligibility and toward the baccalaureate shall be uniform throughout the system and determined according to procedures set forth in Section 1.2.4 of this executive order.
    - 1.2.2.2 Credit for passage of standardized external examinations or systemwide examinations shall not be awarded if the student has taken that examination within the previous term.
    - 1.2.2.3 Credit for passage of standardized external examinations or systemwide examinations shall not be awarded when equivalent degree credit has been granted for regular coursework, credit by evaluation, or other instructional processes.
    - 1.2.2.4 Credit for passage of standardized external examinations or systemwide examinations shall not be awarded when credit has been granted at a level more advanced than the content in the examination.
    - 1.2.2.5 Care shall be taken not to award duplicate credit because of overlapping tests, college-level courses, or both. Where there is partial overlap, the amount of examination credit shall be reduced accordingly as determined by the CSU campus at which the student matriculates.

- 1.2.3 Application of Credits for Standardized External Examinations and Systemwide Examinations
  - 1.2.3.1 For their students who enter as freshmen, campuses shall establish policies specifying whether the credits earned by passing standardized external examinations or systemwide examinations shall be applicable as general education, major, or elective credits.
  - 1.2.3.2 For their transfer students who enter with full or partial certification in GE Breadth, campuses shall honor certifications that apply credits earned by passing standardized external examinations as authorized by CSU policy and set forth in Section 1.2.4 of this executive order.
  - 1.2.3.3 Campuses may establish policies that allow the granting of additional credits upon matriculation .
  - 1.2.3.4 Except for International Baccalaureate and Advanced Placement Tests, no more than 30 semester (45 quarter) total units of credit shall be applied to the calculation of admission eligibility nor to the baccalaureate degree on the basis of passing externally developed tests. Advanced Placement and International Baccalaureate are excluded from this limit.
  - 1.2.3.5 The name of the examination, student's score, and credit earned shall be identified on the student's academic record .
- 1.2.4 Procedures for Evaluating Appropriateness of Examinations for Systemwide Credit
  - 1.2.4.1 The Office of the Chancellor, in consultation with the Chancellor's General Education Advisory Committee, shall maintain a list of standardized external examinations and their appropriateness for systemwide credit.
  - 1.2.4.2 This list shall include passing scores, minimum credits toward admission eligibility, minimum credits toward the baccalaureate degree, and, for transfer students seeking general education certification before matriculation, placement in GE-Breadth area.
  - 1.2.4.3 The Office of the Chancellor, in consultation with the Chancellor's General Education Advisory Committee, shall be responsible for publicizing and periodically updating the list of examinations appropriate for systemwide credit.

**Article 2. Credit for Demonstrated Learning, Knowledge, or Skills Acquired Through Experience**

2.1 Designation of Authority

Each campus shall have the discretion to determine whether or not enrolled students may earn credit toward the baccalaureate for learning, knowledge, or skills acquired through experience. However, credit for learning, knowledge, or skills acquired through experience shall not be used in determining eligibility for admission.

2.2 Conditions of Award of Credit for Demonstrated Learning, Knowledge, or Skills Acquired Through Experience

Credit for documented learning, skills, and knowledge acquired through experience shall be subject to the following conditions:

- A. The student seeking credit for experiential learning shall be matriculated at the CSU campus granting credit.
- B. The assessment of experiential learning shall be made in the context of the institution's mission and degree programs and shall be appropriate to the applicant's degree objectives.
- C. Credit for such experiential learning shall be awarded only when it is academically creditable and verifiable as higher education credit.
- D. Before credit for experiential learning becomes a part of the student's academic record, the student shall complete at the undergraduate credit-granting campus a sufficient number of units to establish evidence of a satisfactory learning pattern. Decisions about the number of units and performance level shall be made in accordance with campus procedures.

2.3 Verification and Evaluation of Learning, Knowledge, or Skills Acquired through Experience

If campus policy permits award of such credit, the experience must be verified through written examinations, portfolios, personal interviews, demonstrations, and/or other appropriate means of documentation and must be evaluated in accord with legitimate academic standards by faculty who are competent in the appropriate disciplines. Supporting information may be supplied by a field supervisor and/or employer.

2.4 Application of Credit for Demonstrated Learning, Knowledge, or Skills Acquired Through Experience

Each campus shall have the discretion to determine the extent to which units earned for demonstrated learning, knowledge, or skills acquired through experience shall be applied either as major, general education, or elective credit. Decisions shall be made according to campus procedures.

2.5 Documentation

2.5.1 The student's academic record shall include and accurately describe the evidence and evaluation of demonstrated learning, knowledge, or skills acquired through experience.

2.5.2 Credit earned for demonstrated learning, knowledge, or skills acquired through experience shall be clearly identified in the student's academic record.

2.5.3 The objectives, policies, procedures, and bases for the awarding of credit for demonstrated learning, knowledge, or skills acquired through experience shall be fully described in the campus catalog and web site.

**Article 3. Credit for Formal Instruction in Noncollegiate Settings**

3.1 Types of Instruction Approved for the Awarding of Credit

Students shall be granted credit toward admission eligibility and toward the baccalaureate degree for the following types of formal instruction in non-collegiate settings:

- A. Completion of formal instruction in non-collegiate settings, (either civilian or military) as recommended by the American Council on Education publication *Guide to the Evaluation of Educational Experiences in the Armed Services*.
- B. Lower-division baccalaureate degree credit courses that are comparable to courses offered on most CSU campuses. (Credit should not be allowed for occupationally oriented courses designed to enable a student to function only as a technician.)
- C. Upper-division baccalaureate degree credit courses
- D. Graduate degree credit courses

- 3.2 Application of Credit for Formal Instruction in Noncollegiate Settings
- 3.2.1 Campuses shall allow the number of units recommended by the Council in its current publications, *Guide to the Evaluation of Educational Experience in the Armed Services* and the *National Guide to Educational Credit for Training Programs*.
- 3.2.2 Every effort shall be made to award credit for specific university coursework and/or category of university degree requirement, as opposed to elective credit. Campuses are encouraged to use the completion of basic military training toward satisfaction of Area E in the university's general education requirements, Title 5, Section 404-05.1. No such exemption, however, should be granted from health courses required to earn a teacher credential.
- 3.2.3 Each campus shall have the discretion to determine the extent to which units earned for formal instruction in noncollegiate settings shall be applied either as major, general education, or elective credit. Decisions shall be made according to campus procedures.
- 3.3 Conditions of Award of Credit
- Award of such credit shall be subject to the same conditions as those outlined in Article 1 . 2.2 of this executive order.
- 3.4 Documentation of Formal Instruction in Noncollegiate Settings
- 3.4.1 Both the completed military courses and the schools at which the work was completed must be documented on forms DD214, DD295, or other official documents such as the Army/ACE Registry Transcript System (AARTS), Sailor/Marine/ACE Registry Transcript (SMART), Community College of the Air Force, or United States Coast Guard transcript.
- 3.4.2 The objectives, policies, procedures, and bases for the awarding of credit for documented prior learning shall be fully described in the campus catalog and web site.
- 3.4.3 Credit earned for formal instruction in noncollegiate settings shall be clearly identified in the student's academic record.

  
Charles B. Reed, Chancellor

Dated: July 14, 2008

## **ATTACHMENT 8**

### **DOCUMENTS RELATED TO QUESTIONS #12 & #16**

### **DISCIPLINARY GUIDELINES INCLUDING THE UNIFORM SUBSTANCE ABUSE STANDARDS**

*As submitted to OAL*

State of California

Board of Registered Nursing



**Recommended Guidelines**  
for  
**Disciplinary Orders**  
and  
**Conditions of Probation**

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## Introduction



In keeping with its obligation to protect the consumer of nursing services from the unsafe, incompetent and/or negligent registered nurse, the Board of Registered Nursing has adopted the following recommended guidelines for disciplinary orders and conditions of probation for violations of the Nursing Practice Act.

**The Board carefully considers the totality of the facts and circumstances in each individual case, with the safety of the public being paramount. Consequently, the Board requests that the Administrative Law Judge clearly delineate the factual basis for his/her decision. This is especially important should the ALJ deviate from the recommended guidelines. The rationale for the deviation should be reflected in the decision to enable the Board to understand the reasons therefore and to evaluate the appropriateness of the decision.**

If, at the time of hearing, the Administrative Law Judge finds that the respondent for any reason is not capable of safe practice, the Board favors outright revocation of the license. If, however, the respondent has demonstrated a capacity to practice safe nursing, a stayed revocation order with probation is recommended with appropriate conditions.

Suspension of a license may also be appropriate where the public may be better protected if the practice of the registered nurse is suspended in order to correct deficiencies in skills, education or personal rehabilitation. (See "Actual Suspension of License" on page 27.)

# Factors to Be Considered



In determining whether revocation, suspension or probation is to be imposed in a given case, factors such as the following should be considered:

1. Nature and severity of the act(s), offenses, or crime(s) under consideration.
2. Actual or potential harm to the public.
3. Actual or potential harm to any patient.
4. Prior disciplinary record.
5. Number and/or variety of current violations.
6. Mitigation evidence.
7. Rehabilitation evidence.
8. In case of a criminal conviction, compliance with conditions of sentence and/or court-ordered probation.
9. Overall criminal record.
10. Time passed since the act(s) or offense(s) occurred.
11. If applicable, evidence of expungement proceedings pursuant to Penal Code Section 1203.4.

# Violations and Recommended Actions



The Nursing Practice Act (Business and Professions Code, Division 2, Chapter 6) and additional sections of the Business and Professions Code specify the offenses for which the Board may take disciplinary action. Following are the code numbers of the offenses and the Board-determined disciplinary action. When filing an accusation, the Office of the Attorney General may also cite additional related statutes and regulations. (The numbers following "Minimum Conditions of Probation" refer to the Standard Probation Conditions or Optional Probation Conditions listed on pages 19-27 of this document. These conditions may vary dependent upon the nature of the offense.)

An actual suspension of licensure may also be required as part of the probation order in addition to the conditions listed below:

Therapy or counseling (Condition 19) is required if the violation resulted in a patient death.

## Nursing Practice Act



- ~~2761(a)(1) a.) **Incompetence or gross negligence.**~~
- ~~• Recommended discipline:  
— *Revocation*~~
  - ~~• Minimum discipline:  
— *Revocation stayed with 3 years probation.*~~
  - ~~• Minimum conditions of probation:  
— *1-13 and others as appropriate.*~~
  - ~~• Condition 19 if patient death occurred.~~
- ~~2761(a)(1) b.) **Incompetence or gross negligence.**~~
- ~~— To direct another or to personally falsify and/or make grossly~~
- ~~— incorrect, grossly inconsistent, or unintelligible entries in any~~
- ~~— hospital, patient, or other record not pertaining to controlled~~
- ~~— substances:~~
- ~~• Minimum discipline:  
— *Revocation stayed with 3 years probation.*~~
  - ~~• Minimum conditions of probation:  
— *1-13 and others as appropriate*~~
- ~~2761(a)(2) **Conviction of practicing medicine without a license.**~~
- ~~• Minimum discipline:  
— *Revocation stayed with 3 years probation.*~~
  - ~~• Minimum conditions of probation:  
— *1-13 and others as appropriate.*~~

~~2761(a)(3) — Fraudulent advertising:~~

- ~~● Minimum discipline:  
— *Revocation stayed with 3 years probation.*~~
- ~~● Minimum conditions of probation:  
— *1-13 and others as appropriate.*~~

~~2761(a)(4) — Disciplinary action against health care license by another state, government agency, or licensing board:~~

- ~~● Recommended discipline  
— *Revocation or  
Revocation stayed with 3 years probation*~~
- ~~● Minimum conditions of probation:  
— *1-13 and others as appropriate  
(Discipline to be determined based on guidelines' recommended  
discipline for underlying violation(s).)*~~

~~2761(a) — Other actions which constitute unprofessional conduct include but are not limited to:~~

~~Failure to report client abuse to the appropriate agency:~~

- ~~● Recommended discipline:  
— *Revocation*~~
- ~~● Minimum discipline:  
— *Revocation stayed with 3 years probation.*~~
- ~~● Minimum conditions of probation:  
— *1-13 and others as appropriate.*~~

~~Holding oneself out as any of the following without meeting the BRN standards:~~

- ~~● Nurse practitioner — also a violation of Section 2761(j) and 2835~~
- ~~● Nurse anesthetist — also a violation of Section 2761(j) and 2829~~
- ~~● Certified nurse midwife — also a violation of Section 2761(j)~~
- ~~● Public health nurse — also a violation of Section 2761(j)~~
- ~~● Nurse practitioner with a furnishing number — also a violation of Section 2836.3~~
- ~~● Nurse midwife with a furnishing number — also a violation of Section 2746.51~~
- ~~● Board-listed psychiatric mental health nurse~~
- ~~● Clinical nurse specialist — also a violation of Section 2838~~

- ~~● Minimum discipline:  
— *Revocation stayed with 3 years probation.*~~
- ~~● Minimum conditions of probation:  
— *1-13 and others as appropriate*~~

~~2761 (b) — Procuring a certificate by fraud, misrepresentation, or mistake.~~

- ~~● Minimum discipline:  
*Revocation*~~

~~2761 (c) — Involvement in the procurement of or assisting in a criminal abortion.~~

- ~~● Minimum discipline:  
*Revocation stayed with 3 years probation.*~~
- ~~● Minimum conditions of probation:  
*1-13 and others as appropriate.*~~

~~2761(d) — Violating or abetting violation of any section of the Nursing Practice Act.~~

- ~~● Minimum discipline: \_\_\_\_\_  
*Revocation stayed with 3 years probation.*~~
- ~~● Minimum conditions of probation:  
*1-13 and others as appropriate.*~~

~~2761(e) — Furnishing false information.~~

~~(1) In applying for licensure:~~

- ~~● Minimum discipline:  
*Denial or revocation of license.*~~

~~(2) In applying for renewal of license:~~

- ~~● Minimum discipline:  
*Revocation stayed with 3 years probation. If the false information pertained to continuing education, then the license should be suspended until evidence of 30 hours of approved continuing education is provided. The suspension is followed by 3 years probation.*~~
- ~~● Minimum conditions of probation:  
*1-13 and others as appropriate.*~~

~~2761(f) — Conviction of a felony or any offense substantially related to the qualifications, functions and duties of a registered nurse, in which event~~

~~the record of the conviction shall be conclusive evidence thereof. Offenses that the Board deems to be substantially related include, but are not limited to, child abuse, murder, rape, assault and/or battery, lewd conduct, theft crimes, and sale or use of controlled substances. In addition, for reinstatement of licensure, the individual must have completed criminal probation and have compelling evidence of rehabilitation substantiated by a recent psychiatric evaluation. (See also 490, 492, and 493).~~

- ~~● Recommended discipline:  
*Revocation*~~

~~2761(g) — Impersonating an applicant in an examination:~~

- ~~● Minimum discipline:  
— *Revocation*~~

~~2761(h) — Impersonating another licensed practitioner or allowing another person to use his/her license to practice nursing:~~

- ~~● Minimum discipline:  
— *Revocation*~~

~~2761(i) — Assisting in the violation of any of the provisions of Article 12 (commencing with Section 2221) of Chapter 5, Division 2 (Medical Practice Act):~~

- ~~● Minimum discipline:  
— *Revocation stayed with 3 years probation.*~~
- ~~● Minimum conditions of probation:  
— *1-13 and others appropriate.*~~

~~2761(j) — Holding oneself out as a nurse practitioner without meeting the BRN standards:~~

- ~~● Minimum discipline:  
— *Revocation stayed with 3 years probation.*~~
- ~~● Minimum conditions of probation:  
— *1-13 and others as appropriate.*~~

~~2761(k) — Except for good cause, knowingly failing to protect patients by failing to follow infection control guidelines, thereby risking transmission of blood-borne infectious diseases from licensed or certified nurse to patient, from patient to patient, and from patient to licensed or certified nurse:~~

~~— No evidence of potential or actual patient harm:~~

- ~~● Minimum discipline:  
— *Revocation stayed with 3 years probation*~~
- ~~● Minimum conditions of probation:  
— *1-13 and others as appropriate.*~~

~~— Potential or actual patient harm evidenced:~~

- ~~● Minimum discipline:  
— *Revocation*~~

~~2762(a) Illegally obtaining, possessing, or administering narcotics or dangerous drugs to self or others.~~

~~(1) In cases in which the respondent is selling drugs for personal gain or the respondent replaced, withheld or substituted drugs on the job:~~

- ~~• Minimum discipline:~~

~~*Revocation.*~~

~~(2) In cases of first time offense, with documented evidence of an on-going rehabilitation program:~~

- ~~• Minimum discipline:~~

~~*Revocation stayed with 3 years probation.*~~

- ~~• Minimum conditions of probation: 1-19~~

~~2762(b) Use of any narcotic, dangerous drug, or alcohol to the extent that it is dangerous to self or others, or the ability to practice nursing safely is impaired.~~

- ~~• Recommended discipline:~~

~~*Revocation*~~

~~In cases of first time offense with documented evidence of an on-going rehabilitation program:~~

- ~~• Minimum discipline:~~

~~*Revocation stayed with 3 years probation.*~~

- ~~• Minimum conditions of probation: 1-19~~

~~2762(c) Conviction of a criminal offense involving the prescription, consumption, or self-administration of narcotics, dangerous drugs, or alcohol, or the possession of or falsification of a record pertaining to narcotics or dangerous drugs. (See also 2761(f) and 2762 (a), (b) and (e).)~~

~~(1) In cases in which the respondent was under the influence, withheld or substituted drugs on the job:~~

- ~~• Minimum discipline:~~

~~*Revocation*~~

~~(2) In cases of first time offense with documented evidence of an on-going rehabilitation program, except in cases where the respondent withheld or substituted drugs on the job:~~

- ~~• Minimum discipline:~~

~~*Revocation stayed with 3 years probation*~~

~~Minimum conditions of probation: 1-19~~

~~(3) In cases where the conviction is for falsification of records pertaining to controlled substances:~~

- ~~• Minimum discipline:  
*Revocation stayed with 3 years probation.*~~
- ~~• Minimum conditions of probation:  
*1-13 and others as appropriate*~~

~~2762(d) **Commitment or confinement by a court of competent jurisdiction for intemperate use of, or addiction to, any narcotics, dangerous drugs or alcohol.**~~

- ~~• Minimum discipline:  
*Revocation stayed with 3 years probation.*~~
- ~~• Minimum conditions of probation: *1-19*~~

~~2762(e) **Falsifying and/or making grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to controlled substances.**~~

- ~~• Minimum discipline:  
*Revocation stayed with 3 years probation.*~~
- ~~• Minimum conditions of probation:  
*1-13 and others as appropriate*~~

~~For repeated and similar acts:~~

- ~~• Minimum conditions of probation: *1-19*~~

~~2836.3(e) **Incompetence/gross negligence by a nurse practitioner in performing functions related to furnishing drugs or devices.**~~

- ~~• Recommended discipline:  
*Revocation*~~
- ~~• Minimum discipline:  
*Revocation stayed with 3 years probation*~~
- ~~• Minimum conditions of probation:  
*1-13 and others as appropriate*~~

<u>Nursing Practice Act Code Section</u>	<u>Recommended Discipline</u>	<u>Minimum Discipline</u>	<u>Conditions of Probation</u>
<u>2761(a)(1) Incompetence</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation – License should be suspended for re-education to remediate knowledge deficits prior to returning to practice. The suspension is followed by 3 years probation.</u>	<u>1-13 and others as appropriate</u>
<u>2761(a)(1) Gross Negligence</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>
<u>2761(a)(2) Conviction of practicing medicine without a license</u>	<u>Revocation stayed with 3 years probation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>
<u>2761(a)(3) Fraudulent advertising</u>	<u>Should match the minimum and/or recommended action of the primary violation</u>	<u>Should match the minimum and/or recommended action of the primary violation</u>	
<u>2761(a)(4) Disciplinary action against health care license by another state, government agency, or licensing board</u>	<u>Revocation or Revocation stayed with 3 years probation</u>	<u>Public Repeval with Costs</u>	<u>1-13 and others as appropriate</u>
<u>2761(a) Failure to report client abuse to the appropriate agency</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>
<u>2761(a) Holding oneself out as any of the following without meeting BRN standards:</u> <ul style="list-style-type: none"> <li>• <u>Nurse Practitioner</u></li> <li>• <u>Nurse Anesthetist</u></li> <li>• <u>Certified Nurse Midwife</u></li> <li>• <u>Public Health Nurse</u></li> <li>• <u>Nurse Practitioner with Furnishing Number</u></li> <li>• <u>Nurse Midwife with Furnishing Number</u></li> </ul>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>

<u>Nursing Practice Act Code Section</u>	<u>Recommended Discipline</u>	<u>Minimum Discipline</u>	<u>Conditions of Probation</u>
<ul style="list-style-type: none"> <li>• <u>Clinical Nurse Specialist</u></li> <li>• <u>Board-listed Psychiatric Mental Health Nurse</u></li> </ul>			
<u>2761(b) Procuring a certificate by fraud, misrepresentation, or mistake</u>	<u>Revocation</u>	<u>Revocation</u>	
<u>2761(c) Involvement in the procurement of or assisting in a criminal abortion</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>
<u>2761(d) Violating or abetting violation of any section of the Nursing Practice Act</u>	<u>Should match the minimum and/or recommended action of the primary violation</u>	<u>Should match the minimum and/or recommended action of the primary violation</u>	
<u>2761(e) Furnishing false information (Applying for license)</u>	<u>Denial or Revocation of license</u>	<u>Denial or Revocation of license</u>	
<u>2761(e) Furnishing false information (Applying for renewal license)</u>	<u>Should match the minimum and/or recommended action of the primary violation</u>	<u>Should match the minimum and/or recommended action of the primary violation</u>	<u>1-13 and others as appropriate</u>
<u>2761(f) Conviction of a felony or any offense substantially related to the qualifications, functions and duties of a registered nurse</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>
<u>2761(g) Impersonating an applicant in an examination</u>	<u>Revocation</u>	<u>Revocation</u>	
<u>2761(h) Impersonating another licensed practitioner or allowing another person to use his/her license to practice nursing</u>	<u>Revocation</u>	<u>Revocation</u>	
<u>2761(i) Assisting in the violation of any of the provisions of Article 12 (commencing with Section 2220) of Chapter 5, Division 2 (Medical Practice Act)</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>
<u>2761(j) Holding oneself out as a nurse practitioner without meeting the BRN standards</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>

<u>Nursing Practice Act Code Section</u>	<u>Recommended Discipline</u>	<u>Minimum Discipline</u>	<u>Conditions of Probation</u>
<b><u>2761(k)</u></b> Except for good cause, knowingly failing to protect patients by failing to follow infection control guidelines, thereby risking transmission of blood-borne infectious diseases from licenses or certified nurse to patient, from patient to patient, and from patient to licensed or certified nurse (No evidence of potential or actual patient harm)	<u>Revocation stayed with 3 years probation</u>	<u>Public Repeoval with Costs</u>	<u>1-13 and others as appropriate</u>
<b><u>2761(k)</u></b> Except for good cause, knowingly failing to protect patients by failing to follow infection control guidelines, thereby risking transmission of blood-borne infectious diseases from licenses or certified nurse to patient, from patient to patient, and from patient to licensed or certified nurse (Potential or actual patient harm evidenced)	<u>Revocation</u>	<u>Revocation</u>	
<b><u>2762(a)</u></b> Illegally obtaining, possessing, or administering narcotics or dangerous drugs to self or others (Selling drugs for personal gain or replaced, withheld or substituted drugs on the job)	<u>Revocation</u>	<u>Revocation</u>	
<b><u>2762(a)</u></b> Illegally obtaining, possessing, or administering narcotics or dangerous drugs to self or others (First time offense with documented evidence of on-going rehabilitation)	<u>Revocation stayed with 3 years probation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-19</u>
<b><u>2762(b)</u></b> Use of any narcotic, dangerous drug, or alcohol to the extent that it is dangerous to self or others, or the ability to practice	<u>Revocation</u>	<u>Revocation</u>	

<u>Nursing Practice Act Code Section</u>	<u>Recommended Discipline</u>	<u>Minimum Discipline</u>	<u>Conditions of Probation</u>
<u>nursing safely is impaired (Multiple incidents)</u>			
<b><u>2762(b)</u></b> <u>Use of any narcotic, dangerous drug, or alcohol to the extent that it is dangerous to self or others, or the ability to practice nursing safely is impaired (First time offense with documented evidence of on-going rehabilitation)</u>	<u>Revocation stayed with 3 years probation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-19</u>
<b><u>2762(c)</u></b> <u>Conviction of a criminal offense involving the prescription, consumption, or self-administration of narcotics, dangerous drugs, or alcohol, or the possession of or falsification of a record pertaining to narcotics or dangerous drugs (Under the influence, withheld or substituted drugs on the job)</u>	<u>Revocation</u>	<u>Revocation</u>	
<b><u>2762(c)</u></b> <u>Conviction of a criminal offense involving the prescription, consumption, or self-administration of narcotics, dangerous drugs, or alcohol, or the possession of or falsification of a record pertaining to narcotics or dangerous drugs (First time offense with documented evidence of on-going rehabilitation)</u>	<u>Revocation stayed with 3 years probation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-19</u>
<b><u>2762(c)</u></b> <u>Conviction of a criminal offense involving the prescription, consumption, or self-administration of narcotics, dangerous drugs, or alcohol, or the possession of or falsification of a record pertaining to narcotics or dangerous drugs (Conviction for</u>	<u>Revocation stayed with 3 years probation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>

<u>Nursing Practice Act Code Section</u>	<u>Recommended Discipline</u>	<u>Minimum Discipline</u>	<u>Conditions of Probation</u>
<u>falsification of records pertaining to controlled substances)</u>			
<b><u>2762(d)</u></b> <u>Commitment or confinement by a court of competent jurisdiction for intemperate use of, or addiction to, any narcotics, dangerous drugs or alcohol</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-19</u>
<b><u>2762(e)</u></b> <u>Falsifying and/or making grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to controlled substances</u>	<u>Should match the minimum and/or recommended action of the primary violation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>  <u>For repeated and similar acts: 1-19</u>
<b><u>2836.3(c)</u></b> <u>Incompetence/gross negligence by a nurse practitioner in performing functions related to furnishing drugs or devices</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>

## Additional Business and Professions Code Statutes



- 119(a) Displaying or causing or permitting to be displayed or having in possession any canceled, revoked, suspended, fictitious, or fraudulently altered license, or any document simulating a license or purporting to be or to have been issued as a license.
- 119(b) Lending license to any person or knowingly permitting the use thereof by another.
- 119(c) Displaying or representing any license not issued to him/her as being his/her license.
- 119(d) Failing or refusing to surrender to the issuing authority upon its lawful demand any license which has been suspended, revoked, or canceled.
- 119(e) Knowingly permitting any unlawful use of a license issued to him/her.
- 119(f) ~~Photographing, photostating, duplicating, or in any way reproducing any license or facsimile thereof in such a manner that it could be mistaken for a valid license, or displaying or having in his/her possession any such photograph, photostat, duplicate, reproduction, or facsimile unless authorized by the provisions of this code.~~
- Recommended discipline for 119(a) — (f):  
*Revocation*
  - Minimum discipline:  
*Revocation stayed with 3 years probation*
  - Minimum conditions of probation  
*1-13 and others as appropriate*
- 125 ~~Any person, licensed under the provisions of Division 1, 2, or 3 of this code is guilty of a misdemeanor and subject to the disciplinary provisions of this code applicable to him/her, who conspires with a person not so licensed to violate any portion of this code or who, with intent to aid or assist such person in violating such provision:~~
- (a) ~~Allows his/her license to be used by such person.~~

~~(b) Acts as his/her agent or partner:~~

- ~~• Recommended discipline:~~

~~*Revocation*~~

- ~~• Minimum discipline:~~

~~*Revocation stayed with 3 years probation.*~~

- ~~• Minimum conditions of probation~~

~~*1-13 and others as appropriate*~~

~~125.6 Refusal to perform licensed activity; aiding or inciting refusal of performance by another licensee; discrimination or restriction in performance due to race, color, sex, religion, ancestry, physical handicap, marital status or national origin.~~

- ~~• Recommended discipline:~~

~~*Revocation*~~

- ~~• Minimum discipline:~~

~~*Revocation stayed with three years probation*~~

- ~~• Minimum conditions of probation:~~

~~*1-13 and others as appropriate.*~~

~~480(a) Acts Disqualifying Applicant:~~

~~(See attached Policy Statement on Denial of Licensure.)~~

~~(1) Conviction of a crime.~~

~~(2) Any act involving dishonesty, fraud or deceit with the intent to substantially benefit himself or another, or substantially injure another;  
or~~

~~(3) Any act which if done by a licensee of the business or profession in question would be grounds for suspension or revocation of license.~~

~~480(c) Applicant knowingly making a false statement of fact required to be revealed in the application for such license:~~

- ~~• Recommended discipline for 480(a) and (c):~~

~~*Denial of licensure*~~

492 Successful completion of a court-ordered diversion program (Penal Code) or of an alcohol and drug problem assessment program (Vehicle Code) does not prohibit the Board from denying or disciplining a license based upon the underlying misconduct.

493 The record of the conviction of a crime shall be conclusive evidence only of the fact that the conviction occurred and the board may inquire into the circumstances surrounding the crime in order to fix the degree of discipline or to determine if the conviction is substantially related.

496 ~~Subversion of licensing examinations:~~  
● Recommended discipline:  
~~Denial of licensure, actual suspension or revocation.~~

498 ~~Securing license by fraud, deceit, or misrepresentation:~~  
● Recommended discipline:  
~~Denial of licensure, suspension, or revocation.~~

726 ~~Sexual abuse, misconduct, or relations with a patient:~~  
● Recommended discipline:  
~~Revocation~~

810 (a)(1) ~~Knowingly presenting or causing to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance:~~  
● Recommended discipline:  
~~Revocation~~  
● Minimum discipline:  
~~Revocation stayed with 3 years probation.~~  
● Minimum conditions of probation:  
~~1-13 and others as appropriate.~~

810(a)(2) ~~Knowingly preparing, making or subscribing any writing with intent to present or use the same, or to allow it to be presented or used in support of any such claim:~~  
● Recommended discipline:  
~~Revocation~~  
● Minimum discipline:  
~~Revocation stayed with 3 years probation.~~  
● Minimum conditions of probation:  
~~1-13 and others as appropriate.~~

820 ~~Unable to practice profession safely because ability to practice is impaired due to mental illness or physical illness affecting competency:~~  
● Recommended discipline:  
~~Suspension or revocation~~

<u>Business and Professions Code Section</u>	<u>Recommended Discipline</u>	<u>Minimum Discipline</u>	<u>Conditions of Probation</u>
<b><u>119(f)</u></b> <u>Photographing, photostating, duplicating, or in any way reproducing any license or facsimile thereof in such a manner that it could be mistaken for a valid license, or displaying or having in his/her possession any such photograph, photostat, duplicate, reproduction, or facsimile unless authorized by the provisions of this code.</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>
<b><u>125</u></b> <u>Any person, licensed under the provisions of Division 1, 2, or 3 of this code is guilty of a misdemeanor and subject to the disciplinary provisions of this code applicable to him/her, who conspires with a person not so licensed to violate any portion of this code or who, with intent to aid or assist such person in violating such provision:</u> (a) <u>Allows his/her license to be used by such person.</u> (b) <u>Acts as his/her agent or partner.</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>
<b><u>125.6</u></b> <u>Refusal to perform licensed activity; aiding or inciting refusal of performance by another licensee; discrimination or restriction in performance due to race, color, sex, religion, ancestry, physical handicap, marital status or national origin.</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>
<b><u>480(a)</u></b> <u>Acts Disqualifying Applicant:</u> (1) <u>Conviction of a crime.</u> (2) <u>Any act involving dishonesty, fraud or deceit with the intent to substantially benefit himself or another.</u>	<u>Denial of Licensure</u>		

<u>Business and Professions Code Section</u>	<u>Recommended Discipline</u>	<u>Minimum Discipline</u>	<u>Conditions of Probation</u>
<u>or substantially injure another; or</u> (3) <u>Any act which if done by a licentiate of the business or profession in question would be grounds for suspension or revocation of license.</u>			
<b>480(c)</b> <u>Applicant knowingly making a false statement of fact required to be revealed in the application for such license.</u>	<u>Denial of Licensure</u>		
<b>496</b> <u>Subversion of licensing examinations.</u>	<u>Denial of licensure, or Revocation</u>		
<b>498</b> <u>Securing license by fraud, deceit, or misrepresentation.</u>	<u>Denial of licensure, or Revocation</u>		
<b>726</b> <u>Sexual abuse, misconduct, or relations with a patient.</u>	<u>Revocation</u>		
<b>810(a)(1)</b> <u>Knowingly presenting or causing to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>
<b>810(a)(2)</b> <u>Knowingly preparing, making or subscribing any writing with intent to present or use the same, or to allow it to be presented or used in support of any such claim.</u>	<u>Revocation</u>	<u>Revocation stayed with 3 years probation</u>	<u>1-13 and others as appropriate</u>
<b>820</b> <u>Unable to practice profession safely because ability to practice is impaired due to mental illness or physical illness affecting competency.</u>	<u>Revocation</u>		
<b>821</b> <u>Failure of the licensee to comply with an order issued under Section 820.</u>	<u>Revocation</u>		

## Other Situations in which Revocation is the Recommended Penalty



1. Failure to file a notice of defense or to appear at a disciplinary hearing, where the Board has requested revocation.
2. Violation of the conditions of the Board's Probation Program.
3. Substantiated evidence or convictions of physical abuse and/or sexual offenses.
- ~~4. Patient neglect by failure to provide competent nursing care.~~
- ~~45. Second Subsequent offenses unless the respondent can demonstrate that he/she has been rehabilitated.~~

## Cost Recovery for Revocations and Surrenders



*When the order is revocation or surrender, cost recovery should be included as follows:*

“If and when respondent’s license is reinstated, he or she shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code Section 125.3 in the amount of \$\_\_\_\_\_. Respondent shall be permitted to pay these costs in a payment plan approved by the Board. Nothing in this provision shall be construed to prohibit the Board from reducing the amount of cost recovery upon reinstatement of the license.”

## Drug/Alcohol Rehabilitation Criteria



Criteria to be considered in determining rehabilitation for abuse of alcohol or other drug related offenses include, but are not limited to:

- Successful completion of an appropriate drug/alcohol treatment program ~~(a minimum of six (6) months duration)~~. The treatment program may be a combined in-patient/out-patient and aftercare. Such a program ~~will~~may include at least the following elements:
  - Chemical-free treatment philosophy
  - Individual and/or group counseling
  - Random, documented biological fluid screening
  - Participation in nurse (or other professionals') support group(s)
  - Education about addictive disease
  - Adherence to a 12-step recovery program philosophy, or equivalent
  - Written documentation of participation in 12-step recovery groups, or equivalent
  
- For registered nurse licensees, if employment in as a nurse, ing for a minimum of six (6) months ~~with documentation (from the employer) that the employer was aware of the previous drug or alcohol abuse problems. Documentation~~ must substantiate that while employed, there was no evidence of continued alcohol or drug use and that the respondent performed nursing functions in a safe and competent manner.
  
- For respondents seeking reinstatement of license, if employment, ment for a minimum of six (6) months with ~~documentation from the employer that while employed, there was no evidence of~~ alcohol or drug use.

## Mitigation Evidence



The respondent is permitted to present mitigating circumstances at a hearing. The same opportunity is provided in the settlement process.

The following documents are examples of appropriate evidence the respondent may submit to demonstrate his or her rehabilitative efforts and nursing competency:

- A) ~~Recent, dated w~~Written statements from persons in positions of authority who have on-the-job knowledge of the respondent's current nursing competence. Each statement should include the period of time and capacity in which the person worked with the respondent and should contain the following sentence at the end: "I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct." It should be signed by the one making the statement and dated.
- B) Recent, dated and signed letters from counselors regarding respondent's participation in a rehabilitation or recovery program, where appropriate. These should include a description of the program, the number of sessions the respondent has attended, the counselor's diagnosis of respondent's condition and current state of rehabilitation (or improvement), the counselor's basis for determining improvement, and the credentials of the counselor.
- C) Recent, dated letters describing respondent's participation in support groups, e.g., Alcoholics Anonymous, Narcotics Anonymous, Nurse Support Groups, etc., where appropriate, and sobriety date.
- D) Recent, dated laboratory analyses or drug screen reports, where appropriate.
- E) Recent, dated and signed performance evaluation(s) from respondent's employer.
- F) Recent, dated and signed ~~physical examination~~ mental health evaluation or assessment report by a licensed physician, nurse practitioner, ~~or physician assistant,~~ or other healthcare practitioner.
- G) Recent proof of compliance with any board or criminal court orders.
- GH) Certificates or transcripts of courses related to nursing which respondent may have completed since the date of the violation. An RN whose license has been revoked does not have an RN license and therefore cannot use his or her former license number to obtain continuing education credit/hours or for any other purpose. However, he or she may take continuing education courses so long as an RN license is not used.

# Conditions of Probation and Rationale



The Board's primary responsibility is consumer protection. The Board believes that in disciplinary matters where probation has been imposed, conditions should be established to provide for consumer protection and to allow the probationer to demonstrate rehabilitation.

The following conditions of probation provide for consumer protection and establish a mechanism to monitor the rehabilitation progress of a probationer.

For purposes of implementation of these conditions of probation, any reference to the Board also means staff working for the Board of Registered Nursing.

## PROBATIONARY TERM

Generally, the Board recommends a minimum of three (3) years probation.

## PROBATIONARY CONDITIONS

Probationary conditions are divided into two categories:

- A. Standard conditions that appear in all probation orders; and
- B. Optional conditions that are appropriate to the nature and circumstances of the particular violation.

(Numbers preceding "Conditions of Probation" refer to the probationary conditions and rationale on the following pages.)

# Listing of Probation Conditions



## STANDARD PROBATION CONDITIONS

Introductory Language and Conditions 1-13 are required as follows:

- 1) Obey all Laws
- 2) Comply With the Board's Probation Program
- 3) ~~Reporting in Person~~
- 4) ~~Tolling Residency or Practice Outside of State~~
- 5) Submit Written Reports
- 6) Function as a Registered Nurse
- 7) Employment Approval and Reporting Requirements
- 8) ~~Employment Monitoring Supervision~~
- 9) Employment Limitations
- 10) Complete a Nursing Course(s)
- 11) Cost Recovery (Does not apply to Applicants)
- 12) Violation of Probation
- 13) License Surrender

## OPTIONAL PROBATION CONDITIONS

~~Conditions 14-19 are usually required (in addition to the standard conditions 1-13) if the offense involves alcohol/drug abuse. In cases of mental illness conditions 14, 18, and 19 are recommended. Any of these optional conditions may be included if relevant to the violation and are in addition to conditions 1-13.~~

- 14) Physical Examination
- 15) Participate in Treatment/Rehabilitation ~~Program~~ for ~~Chemical Dependence~~  
Substance Use Disorder
- 16) Support Group Attendance
- ~~16~~7) Abstain From Use of Psychotropic (Mood-Altering) Drugs
- ~~17~~8) Submit to Tests and Samples
- ~~18~~9) Mental Health Examination
- ~~19~~20) Therapy or Counseling Program
- ~~20~~1) Actual Suspension of License

UNIFORM STANDARDS FOR SUBSTANCE-ABUSING LICENSEES – TERMS AND CONDITIONS

Pursuant to Business and Professions Code §315, the following terms and conditions shall be adhered to in all cases involving a substance-abusing licensee. These standards are not guidelines and shall be followed in all instances, except that the Board may impose more restrictive conditions if necessary to protect the public.

- 22) Clinical Diagnostic Evaluation
- 23) Drugs – Abstain from Use
- 24) Alcohol – Abstain from Use
- 25) Notification to Employer
- 26) Biological Fluid Testing
- 27) Group Support Meetings
- 28) Worksite Monitor
- 29) Results of Biological Fluid Tests
- 30) Major and Minor Violations
- 31) Request by a Substance-Abusing Licensee to Return to Practice
- 32) Request by a Substance-Abusing Licensee for Reinstatement of a full and unrestricted license – Petition for Reinstatement

## Introductory Language and Standard Probation Conditions

The following introductory language and all standard probation conditions are to be included in probationary decisions/orders. For applicants, Condition 11, Cost Recovery, does not apply. For licensees, all standard probation conditions apply. (Note: See alternative introductory language for applicants and reinstatements in next section of guidelines.)

### INTRODUCTORY LANGUAGE FOR ALL ORDERS –

IT IS HEREBY ORDERED that Registered Nurse License Number \_\_\_\_ issued to Respondent \_\_\_\_ is revoked. However, the revocation is stayed and respondent is placed on probation for \_\_\_\_ years on the following conditions.

### SEVERABILITY CLAUSE –

Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

**RATIONALE:** The severability clause is required for all decisions and stipulated agreements where there are Conditions of Probation, in order to avoid the possibility of all probation conditions being repealed upon appeal.

**(1) OBEY ALL LAWS** - Respondent shall obey all federal, state including but not limited to the NPA and local laws, excluding minor traffic violations. A full and detailed account of ~~any and all~~ violations of the law shall be reported by the respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this condition, respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the ~~effective date of the decision, unless previously submitted as part of the licensure application process~~ start date of probation. **CRIMINAL COURT ORDERS:** If respondent is under criminal or regulatory agency court orders, including probation or parole, and the order is violated, this shall be deemed a violation of these probation conditions, and may result in the filing of an accusation and/or petition to revoke probation.

**RATIONALE:** *All licensees are responsible for “abiding by the law” and complying with court orders, should the licensee be subject to court ordered parole or probation. This condition emphasizes the respondent’s responsibility and it provides the Board with a means to take more immediate and severe action if another violation occurs.*

**(2) COMPLY WITH THE BOARD’S PROBATION PROGRAM** - Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent’s compliance with the Board’s Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

Respondent authorizes the board or its designee to communicate with and obtain all records and information, confidential or otherwise, from treatment providers, group facilitators, employers including worksite monitors pertaining to the terms and conditions of probation.

Respondent shall provide a list of all states and territories where he or she has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the Board if he/she applies for or obtains a new nursing license during the term of probation.

Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which he or she has a registered nurse license active or otherwise and provide proof to the Probation Program.

Upon successful completion of probation, respondent's license shall be fully restored.

***RATIONALE:** Full compliance with conditions of probation demonstrates the respondent's commitment to rehabilitation and to correcting the problems which led to the disciplinary action. This further assures that the Board is aware of all licensure outside of California as a professional nurse. This also allows coordination with other state agencies to discipline registered nurses.*

**(3) REPORTING IN PERSON** - Respondent, during the period of probation, shall appear in person at interviews/ meetings and shall be available by telephone for interviews/contact as directed by the Board or its designated representatives. Respondent must provide the Board a current telephone number at all times.

***RATIONALE:** This provides a means for the Board representatives to make periodic personal assessments of the respondent, to give guidance and direction and to require the respondent to appear before the Board, if necessary.*

**(4) TOLLING RESIDENCY, PRACTICE, OR LICENSURE OUTSIDE OF STATE** - ~~Periods of residency or practice as a registered nurse outside of California shall not apply toward a reduction of this probation time period. Respondent's probation is tolled, if and when he or she resides outside of California. The respondent must provide written notice to the Board's Probation Program prior to returning to California to reside, within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or returning to practice in this state. Any tolling shall not apply toward the reduction of this probation time period.~~

~~Respondent shall provide a list of all states and territories where he or she has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the Board if he/she applies for or obtains a new nursing license during the term of probation.~~

Respondent shall maintain a current license and a valid address while in a tolled status.

***RATIONALE:** This ensures that respondents may not complete probation without being fully monitored for their term in California. This further assures that the Board is aware of all licensure outside of California as a professional nurse.*

**(5) SUBMIT WRITTEN REPORTS** - Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to respondent's compliance with all the conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

~~Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which he or she has a registered nurse license.~~

***RATIONALE:** This provides the Board with a mechanism for maintaining communication with the respondent between meetings; gathering pertinent information from the respondent; and obtaining written materials, other than routine reports, that might be deemed necessary on an individual basis. This also allows coordination with other state agencies to discipline registered nurses.*

**(6) FUNCTION AS A REGISTERED NURSE** - Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

**For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the Board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.**

The Board may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

If respondent has not complied with this condition during the probationary term, and the respondent has ~~presented sufficient documentation of~~ demonstrated his or her good faith efforts to comply with this condition, ~~and if no other conditions have been violated,~~ the Board, in its discretion, may grant an extension of the respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation shall apply.

***RATIONALE:** This provides the Board with an opportunity to monitor the respondent and determine if he/she can perform the functions and duties of a registered nurse or advanced practitioner in a competent manner. It also*

*prevents the respondent from merely “sitting out” the probation and avoiding the necessity of demonstrating competence and complying with nursing practice related probation conditions.*

**(7) EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS** - Respondent shall obtain prior approval from the Board before commencing or continuing any employment, paid or voluntary including orientation, as a registered nurse. Respondent shall cause to be submitted to the Board all performance evaluations and other employment related ~~reports~~ documents as a registered nurse upon request of the Board. Employment may be denied at the sole discretion of the Board, regardless of whether it is specified in condition 9.

Respondent shall provide a copy of this decision to his or her employer and immediate supervisors prior to commencement of any nursing or ~~employment in a other~~ health care related facility employment.

In addition to the above, respondent shall notify the Board in writing within seventy-two (72) hours after he or she obtains any non-nursing or other health care related employment. Respondent shall notify the Board in writing within seventy-two (72) hours after he or she is terminated or separated, regardless of cause, from any nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination or separation.

A refresher course may be required prior to employment as determined by the Board.

***RATIONALE:*** *This condition allows the Board to determine the appropriateness of a setting for which the respondent will be providing registered nursing services and to obtain reports relative to the respondent’s registered nursing competency. If an RN refresher course is assigned it must be completed prior to employment in order to validate clinical competency and protect the consumer.*

*This condition additionally allows the Board to be informed of any employment, termination, or separation of the respondent from a nursing or other health care related position, e.g., as a licensed vocational nurse, respiratory therapist, certified nursing assistant or home health aide. It includes reporting of employment in health care related services not regulated by the state, e.g., surgical technician or cardiac catheterization technician.*

*The condition also provides the Board with a mechanism for ensuring that the employer providing nursing or other health care-related services is informed of the license status of the respondent so that, if necessary, the work environment can be structured to ensure consumer safety.*

**(8) EMPLOYMENT MONITORING SUPERVISION** - Respondent shall obtain prior approval from the Board regarding respondent’s level of ~~supervision and/or collaboration~~ monitoring before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the ~~direct supervision~~ monitoring of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative

methods of ~~supervision and/or collaboration~~ monitoring (e.g., with an advanced practice nurse or physician) are approved.

The monitor shall not have a financial, personal, or familial relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the Respondent's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the Respondent. If the monitor terminates or is otherwise no longer available, Respondent shall not practice u\ntil a new monitor has been approved by the Board.

Respondent's level of ~~supervision and/or collaboration~~ monitoring may include, but is not limited to the following:

- (a) Maximum - The individual providing ~~supervision and/or collaboration~~ monitoring is present in the patient care area or in any other work setting at all times.
- (b) Moderate - The individual providing ~~supervision and/or collaboration~~ monitoring is in the patient care unit or in any other work setting at least half the hours respondent works.
- (c) Minimum - The individual providing ~~supervision and/or collaboration~~ monitoring has person-to-person communication with respondent at least twice during each shift worked.

(d) Advanced Practice – Registered nurses functioning in the advanced practice role will have the level of monitoring individualized as approved by the Board.

~~(d)~~ Home Health Care - If respondent is approved to work in the home health care setting, the individual providing ~~supervision and/or collaboration~~ monitoring shall have person-to-person communication with respondent as required by the Board each work day. Respondent shall maintain telephone or other telecommunication contact with the individual providing ~~supervision and/or collaboration~~ monitoring as required by the Board during each work day. The individual providing ~~supervision and/or collaboration~~ monitoring shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by the respondent with or without respondent present.

***RATIONALE:** This allows the Board to require appropriate ~~supervision and/or collaboration~~, to monitor unbiased monitoring of the respondent's registered or advanced practice nursing competency and thus protect consumer safety. ~~The level of supervision or need for advanced practice collaboration will be determined by the Board at probation meetings.~~*

**(9) EMPLOYMENT LIMITATIONS** - Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing employment monitoring supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

Prohibited employment includes but is not limited to the areas specifically listed in this condition.

If the respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work. The maximum hours of work will be defined during the job approval process, additional hours may be approved upon written request by the employer.

***RATIONALE:** The condition prevents the respondent from engaging in the practice of registered nursing in situations where there is no close supervision and/ or where the respondent could have undue authority over others and access to controlled substances. If the respondent is working through a private duty or temporary placement arrangement, there is no assurance that the contracting facility or contracting family is aware of the nurse's probation. Home health agencies are licensed by the state, and are staffed by registered nurse supervisors. On a case-by-case basis, respondents may be permitted to provide home care under specified conditions. RNs disciplined by the Board may not teach approved CE courses pursuant to Section 1457(a)(1)(A), Title 16, California Code of Regulations.*

**(10) COMPLETE A NURSING COURSE(S)** - Respondent, at his or her own expense, shall enroll and successfully complete a course(s) as determined by the Board relevant to the practice of registered nursing no later than six months prior to the end of his or her probationary term by the date determined by the Board.

Respondent shall obtain prior approval from the Board before enrolling in the course(s). Respondent shall submit to the Board ~~the original~~ transcripts, course materials or certificates of completion for the above required course(s). ~~The Board shall return the original documents to respondent after photocopying them for its records.~~

***RATIONALE:*** *This condition permits the Board to require the respondent to remediate deficiencies in knowledge which affected or may affect his/ her practice of registered nursing. This is necessary in gross negligence or incompetence as well as alcohol/ drug abuse cases.*

**(11) COST RECOVERY** - Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code Section 125.3 in the amount of \$\_\_\_\_\_. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, ~~with payments to be completed no later than three months prior to the end of the probation term.~~

~~If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of his or her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of the respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation will apply.~~

**(12) VIOLATION OF PROBATION** - If a respondent violates the conditions of his/her probation, the Board after giving the respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation/suspension) of the respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against the respondent's license, the probationary period shall automatically be extended and shall not expire until ~~the accusation or petition has been acted upon by the Board~~ a final decision has been rendered by the Board.

**(13) LICENSE SURRENDER** - During respondent's term of probation, if he or she ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, respondent may surrender his or her license to the Board. The Board reserves the right to evaluate respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, respondent will no longer be subject to the conditions of probation.

Surrender of respondent's license shall be considered a disciplinary action and shall become a part of respondent's license history with the Board. A registered nurse whose license has been surrendered may petition the Board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

- (1) Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or
- (2) One year for a license surrendered for a mental or physical illness.

## Optional Probation Conditions



**(14) PHYSICAL EXAMINATION** - Within 45 days of the ~~effective date of this decision~~ start date of probation, respondent, at his/her expense, shall have a licensed physician, nurse practitioner, or physician assistant, or other health care practitioner who is approved by the Board before the assessment is performed, submit an assessment of the respondent's physical condition and capability to perform the duties of a registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If medically determined, a recommended treatment program will be instituted and followed by the respondent with the physician, nurse practitioner, or physician assistant providing written reports to the Board on forms provided by the Board.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed physician, nurse practitioner, or physician assistant making this determination shall immediately notify the Board and respondent by telephone, and the Board ~~shall~~ may request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and shall not resume practice until notified by the Board. During this period of ~~suspension~~ cease practice, respondent shall not engage in any practice for which a license issued by the Board is required until the Board has notified respondent that a medical determination permits respondent to resume practice. This period of ~~suspension~~ cease practice will not apply to the reduction of this probationary time period.

If the respondent fails to have the above assessment submitted to the Board within the 45-day requirement, respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of ~~suspension~~ cease practice will not apply to the reduction of this probationary time period. The Board may waive or postpone this ~~suspension~~ cease practice only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

***RATIONALE:** This condition permits the Board to require the respondent to obtain appropriate treatment for physical problems/ disabilities which could affect registered nursing practice. The physical examination can also be conducted to ensure that there is no physical evidence of alcohol/ drug abuse. This condition protects the public if the physical examination determines that the respondent is not safe to practice by immediately suspending his or her practice. This condition further protects the public by immediately suspending the respondent's practice if he or she fails to comply with the physical examination requirement.*

**(15) PARTICIPATE IN TREATMENT/REHABILITATION PROGRAM FOR CHEMICAL DEPENDENCE SUBSTANCE USE DISORDER** - Respondent, at his/her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved appropriate

~~treatment/rehabilitation program of at least six months duration.~~ As required, reports shall be submitted by the ~~program treatment provider~~ on forms provided by the Board. If respondent has not completed a Board-approved treatment/~~rehabilitation program~~ prior to commencement of probation, respondent, within 45 days from the ~~effective date of the decision~~ start date of probation, shall be enrolled in a ~~program treatment~~. If a ~~program treatment~~ is not successfully completed within the first nine months of probation, the Board ~~shall~~ may consider respondent in violation of probation. Respondent shall continue with the recovery plan recommended by the treatment provider(s).

*RATIONALE: This condition permits the Board to require the respondent to obtain appropriate treatment within a specified time period, for problems which could affect his/her registered nursing practice and provides for continued involvement in a support system.*

**(16) SUPPORT GROUP ATTENDANCE -** Based on Board recommendation, each week respondent shall be required to attend ~~at least one, but no more than five~~ 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. ~~If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added.~~ Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent may be excused from weekly Nurse Support Group meetings and 12-step recovery meetings up to two (2) weeks per year with prior approval from the board. Respondent shall continue with the recovery plan recommended by the ~~treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.~~

*RATIONALE: This condition permits the Board to require the respondent to obtain appropriate treatment, within a specified time period, for problems which could affect her/his registered nursing practice and provides for continued involvement in a support system. The Board supports the need for participation in an ongoing recovery program for a successful recovery from chemical dependency or substance abuse support groups for treatment of substance use disorder.*

**(167) ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS -**

Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol and products containing alcohol, except when the same are ordered by a health care professional legally authorized to do so as part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, the respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the Board a single physician, nurse practitioner or physician assistant who shall be aware of respondent's history of substance abuse and will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a

quarterly basis respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The Board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

***RATIONALE:** Abstinence from mood altering substances (alcohol/drugs) is necessary for compliance with the Board's Probation Program and to ensure successful rehabilitation. Abstinence from any psychotropic drug is required to prevent the substitution of one addicting substance with another.*

**(178) SUBMIT TO TESTS AND SAMPLES** - Respondent, at his/her expense, shall participate in a random, biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. Respondent may be excused from participation in testing up to two (2) weeks per year with prior approval from the board. ~~The respondent is responsible for keeping the Board informed of respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when he/she is not available and ensure that reports are submitted directly by the testing agency to the Board, as directed.~~ Any confirmed positive finding shall be reported immediately to the Board by the program and the respondent shall be considered in violation of probation.

In addition, respondent, at any time during the period of probation, shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, ~~and the Board files a petition to revoke probation or an accusation,~~ the Board may ~~suspend~~ require respondent ~~from to cease practice pending the final decision on the petition to revoke probation or the accusation.~~ This period of ~~suspension~~ cease practice will not apply to the reduction of this probationary time period.

Confirmed positive test results will be immediately reported to the Board and Respondent's employer.

If respondent fails to participate in a random, biological fluid testing or drug screening program ~~within the specified time frame as directed by the Board,~~ the respondent shall immediately cease practice and shall not resume practice until notified by the Board. After taking into account documented evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the Board may ~~suspend~~ require respondent ~~from to cease practice pending the final decision on the petition to revoke probation or the accusation.~~ This period of ~~suspension from~~ cease practice will not apply to the reduction of this probationary time period.

**RATIONALE:** *This condition provides documentation that the respondent is substance or chemical free. It provides the Board with a mechanism through which to require additional laboratory analyses for the presence of narcotics, alcohol, and/or dangerous drugs when the respondent appears to be in violation of the conditions of probation or appears to be under the influence of mood altering substances. This condition protects the public by giving the Board the discretion to suspend respondent from practice based on the use of any substance that is not legally authorized. This condition further protects the public by immediately suspending the respondent's practice if he or she fails to comply with the drug screening requirement.*

**(189) MENTAL HEALTH EXAMINATION** - The respondent shall, within 45 days of the ~~effective date of this decision~~ start date of probation, have a mental health examination including psychological testing as appropriate to determine his/her capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist, psychologist or other licensed ~~mental health~~ care practitioner approved by the Board. The examining mental health practitioner will submit a written report of that assessment and recommendations to the Board. All costs are the responsibility of the respondent. Recommendations for treatment, therapy or counseling made as a result of the mental health examination will be instituted and followed by the respondent.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed mental health care practitioner making this determination shall immediately notify the Board and respondent by telephone, and the Board ~~shall~~ may request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately be required to ~~cease practice~~ and Respondent may not resume practice until notified by the Board. During this period of ~~suspension~~ cease practice, respondent shall not engage in any practice for which a license issued by the Board is required, until the Board has notified respondent that a mental health determination permits respondent to resume practice. This period of ~~suspension~~ cease practice will not apply to the reduction of this probationary time period.

If the respondent fails to have the above assessment submitted to the Board within the 45-day requirement, ~~respondent~~ the Board shall immediately require Respondent to ~~cease practice~~ and Respondent shall not resume practice until notified by the Board. This period of ~~suspension~~ cease practice will not apply to the reduction of this probationary time period. The Board may waive or postpone this ~~suspension~~ cease practice only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

**RATIONALE:** *This condition permits the board to require the respondent to obtain appropriate treatment and counseling for mental health problems which could affect registered nursing practice and/or could lead to relapse of a ~~chemical dependency problem~~ substance use disorder. This condition protects the public if the mental health examination determines that the respondent is not safe to practice by immediately suspending his or her practice. This condition further protects the public by immediately suspending the respondent's practice if he or she fails to comply with the mental health examination requirement.*

**(1920) THERAPY OR COUNSELING PROGRAM** - Respondent, at his/her expense, shall participate in an on-going counseling program by a licensed mental health provider until such time as the Board releases him/her from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

If the licensed mental health provider identifies issues of concern related to Respondent's ability to practice the licensed mental health provider shall immediately notify the Board. Further mental health evaluation may be required by the Board.

***RATIONALE:** This condition permits the Board to require the respondent to obtain appropriate treatment and counseling for mental health or ~~chemical dependency problems~~ substance use disorders which could affect her/his nursing practice.*

**(201) ACTUAL SUSPENSION OF LICENSE** - Respondent is suspended from the practice of registered nursing for \_\_\_\_ months (period of time not to exceed one year) beginning the effective date of this decision.

During the suspension period, all probation conditions are in full force and effect except those relating to actual nursing practice. This period of suspension will not apply to the reduction of this probationary time period.

***RATIONALE:** Business and Professions Code Section 2759(c) gives the Board of Registered Nursing authority to: "Suspend licensee's right to practice nursing for a period not exceeding one year" as a mode of discipline for registered nurses found guilty of violating the Nursing Practice Act.*

*It is the intent of the Board of Registered Nursing to assure safe nursing practice and rehabilitate rather than to punish. As part of probation, the public may be better protected if the registered nurse is suspended from the practice of nursing.*

# Uniform Standards for Substance Abusing Licensees



(22) CLINICAL DIAGNOSTIC EVALUATION – [OPTIONAL – If the Board requires respondent to undergo a clinical diagnostic evaluation then the following applies:]

Upon order of the Board, Respondent shall undergo a clinical diagnostic evaluation. The board or its designee shall select or approve evaluator(s) holding a valid, unrestricted license to practice, with a scope of practice that includes the conduct of clinical diagnostic evaluations and at least three (3) years' experience in providing evaluations of health professionals with substance abuse disorders. The evaluator shall not have any financial relationship, personal relationship, or business relationship with the licensee within the last five (5) years. The evaluator shall provide an objective, unbiased, and independent evaluation. Respondent shall provide the evaluator with a copy of the Board's Decision prior to the clinical diagnostic evaluation being performed.

The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.

The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion: whether the licensee has a substance abuse problem; whether the licensee is a threat to himself/herself or others; and recommendations related to the licensee's rehabilitation and safe practice. If the evaluator determines during the evaluation process that a licensee is a threat to himself/herself or others, the evaluator shall notify the Board within 24 hours of such a determination. For all evaluations, respondent shall cause the evaluator to submit to the Board a final written report no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed thirty (30) days. The cost of such evaluation shall be borne by the licensee.

Respondent shall cease practice during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the Board. While the results of the clinical diagnostic evaluation are pending, the licensee shall be randomly drug tested at least two (2) times per week.

The Board will review the results of the clinical diagnostic evaluation to determine whether or not respondent is safe to return to either part-time or full-time practice and what restrictions or recommendations should be imposed on respondent after considering the following criteria: license type; licensee's history; documented length of sobriety; time that has elapsed since substance use; scope and pattern of use; treatment history; licensee's medical history and current medical condition; nature, duration, and severity of the substance abuse; and whether the licensee is a threat to himself/herself or others.

Respondent's license shall remain suspended until the Board determines that he or she is able to safely practice either full-time or part-time, and has had at least 30 days of negative drug test results.

**(23) DRUGS – ABSTAIN FROM USE** – Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, and dangerous drugs as defined in the California Business and Professions Code, or any drugs requiring a prescription except for ordering or possessing medications lawfully prescribed to respondent by another practitioner, for a bona fide illness or condition.

**(24) ALCOHOL – ABSTAIN FROM USE** – Respondent shall abstain completely from the use of alcoholic beverages.

[OPTIONAL – More restrictive language if the Board deems necessary then the following applies:]

Respondent shall abstain completely from the use and or exposure to any foods, beverages, or products that contain any alcohol in which you may test positive.

**(25) NOTIFICATION TO EMPLOYER** – If a licensee whose license is on probation has an employer, the licensee shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors and shall give specific, written consent that the licensee authorizes the Board, the worksite monitor, and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring.

**(26) BIOLOGICAL FLUID TESTING** – Respondent shall submit to and pay for any random and directed biological fluid or hair sample, breath alcohol, or any other mode of testing required by the Board. Biological fluid testing may be required on any day, including weekends and holidays. The scheduling of biological fluid testing shall be done on a random basis, preferably by a computer program, so that respondent can make no reasonable assumption of when he/she will be tested. Respondent shall be required to make daily contact to determine if drug testing is required.

Respondent shall be subject to at least fifty-two (52) random tests per year within the first year of probation, and at least thirty-six (36) random tests per year for the duration of the probationary term, up to five (5) years. If there have been no positive biological fluid tests in the previous five (5) consecutive years of probation, testing may be reduced to one (1) time per month. Nothing precludes the Board from increasing the number of random tests for any reason.

The Board or its designee may require less frequent testing if any of the following apply:

- Previous Testing/Sobriety. In cases where the Board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing prior to being subject to testing by the Board, the Board may give consideration to that testing in altering the Board's own testing schedule so that the combined testing is equivalent to the requirements of this section

- Violation(s) Outside of Employment. Where the basis for probation or discipline is a single incident or conviction involving alcohol or drugs, or two incidents or convictions involving alcohol or drugs that were at least seven (7) years apart, that did not occur at work or on the way to or from work, the Board or its designee may skip the first-year testing frequency requirements.
- Not Employed in Health Care Field. Where respondent is not employed in any health care field, frequency of testing may be reduced to a minimum of twelve (12) tests per year. When respondent returns to employment in the health care field, respondent shall be required to test at least once a week for a period of sixty (60) days before commencing such employment, and shall thereafter be required to test at least once a week for a full year, before he/she may be reduced to a testing frequency of at least thirty-six (36) tests per year.
- Tolling. Respondent's testing requirement may be suspended during any period of tolling of probation.
- Substance Use Disorder Not Diagnosed. Where respondent has a demonstrated period of sobriety and/or non-use, the Board or its designee may reduce the testing frequency to no less than twenty-four (24) tests per year.

Any detection through testing of alcohol, or of a controlled substance, or dangerous drug absent documentation that the detected substance was taken pursuant to a legitimate prescription and a necessary treatment, may cause the board or its designee to increase the frequency of testing, in addition to any other action including but not limited to further disciplinary action.

Respondent shall have the test performed by a Board-approved laboratory certified and accredited by the U.S. Department of Health and Human Services on the same day that he/she is notified that a test is required. This shall ensure that the test results are sent immediately to the Board. Failure to comply within the time specified shall be considered an admission of a positive drug screen and constitutes a violation of probation. If a test results in a determination that the urine admission was too diluted for testing, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation. If an "out of range result" is obtained, the Board may require respondent to immediately undergo a physical examination and to complete laboratory or diagnostic testing to determine if any underlying physical condition has contributed to the diluted result and to cease practice. Any such examination or laboratory and testing costs shall be paid by respondent. An "out of range result" is one in which, based on scientific principles, indicates the respondent attempted to alter the test results in order to either render the test invalid or obtain a negative result when a positive result should have been the outcome. If it is determined that respondent altered the test results, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation and respondent must cease practicing. Respondent shall not resume practice until notified by the Board. If respondent tests positive for a banned substance, respondent shall be ordered by the Board to cease any practice, and may not practice unless and until notified by the Board. All alternative drug testing sites due to vacation or travel outside of California must be approved by the Board prior to the vacation or travel.

Nothing herein shall limit the Board's authority to reduce or eliminate the penalties herein pursuant to a petition for reinstatement or reduction of penalty filed pursuant to Government Code section 11522 or statutes applicable to the Board that contains different provisions for reinstatement or reduction of penalty.

**(27) NURSE SUPPORT MEETINGS** – Respondent shall participate in nurse support meetings. When determining the frequency of nurse support meetings to be attended, the Board shall give consideration to the following: the licensee's history; the documented length of sobriety/time that has elapsed since substance use; the recommendation of the clinical evaluator; the scope and pattern of use; the licensee's treatment history; and the nature, duration, and severity of substance abuse.

The nurse support meeting facilitator must have the following qualifications and meet the following requirements:

1. The meeting facilitator must have a minimum of three (3) years' experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
2. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year.
3. The meeting facilitator shall provide to the Board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.
4. The meeting facilitator shall report any unexcused absence within 24 hours.

Verified documentation of attendance shall be submitted by respondent with each quarterly report. Any costs associated with attending and reporting on nurse support meetings shall be paid by respondent.

**(28) WORKSITE MONITOR** – Respondent shall obtain a worksite monitor. Respondent shall submit the name of the proposed worksite monitor within twenty (20) days of the effective date of the decision. Respondent shall complete any required consent forms and sign an agreement with the worksite monitor and the Board regarding respondent and the worksite monitor's requirements and reporting responsibilities. If the worksite monitor terminates the agreement with the Board and respondent, respondent shall not resume practice until another worksite monitor is obtained by respondent and approved by the Board.

The worksite monitor must meet the following criteria to be considered for approval by the Board:

1. The worksite monitor shall not have a financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the Board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.

2. The worksite monitor's license scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no monitor with like practice is available or as approved by the Board, be a person in a position of authority who is capable of monitoring the licensee at work.
3. If the worksite monitor is a licensed health care professional, he/she shall have an active unrestricted license, with no disciplinary action within the last five (5) years.
4. The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the Board.
5. The worksite monitor must adhere to the following required methods of monitoring the licensee:
  - a. Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the Board, at least once per week.
  - b. Interview other staff in the office regarding the licensee's behavior, if applicable.
  - c. Review the licensee's work attendance.

Reporting by the worksite monitor to the Board shall comply with the following:

1. Any suspected substance abuse must be verbally reported to the Board and the licensee's employer or supervisor within one (1) business day of the occurrence. If the occurrence is not during the Board's normal business hours, the verbal report must be made to the Board within one (1) hour of the next business day. A written report must be submitted to the Board within forty-eight (48) hours of the occurrence.
2. The worksite monitor must complete and submit a written report monthly or as directed by the Board. The report shall include:
  - a. The licensee's name and license number;
  - b. The worksite monitor's name and signature;
  - c. The worksite monitor's license number;
  - d. The worksite location(s);
  - e. The dates the licensee had face-to-face contact with the worksite monitor;
  - f. The names of worksite staff interviewed, if applicable;
  - g. An attendance report;
  - h. Any change in behavior and/or personal habit(s); and
  - i. Any indicators that can lead to suspected substance abuse.

**(29) RESULTS OF BIOLOGICAL FLUID TESTS** – If the results of a biological fluid test indicate that a licensee has used, consumed, ingested, or administered to himself or herself a prohibited substance, the Board shall order the licensee to cease practice and contact the licensee and instruct him or her to leave work immediately. The Board shall also immediately notify the licensee's employer that the licensee may not work.

Thereafter, the Board will determine whether the positive test result is in fact evidence of prohibited use by consulting the specimen collector and the laboratory, communicating with the licensee and/or any physician who is treating the licensee, and communicating with any treatment provider, including nurse support facilitators. If the Board confirms that a positive test result is evidence of use of a prohibited substance, the licensee has committed a major violation, and the Board shall impose any or

all of the consequences of committing a major violation, in addition to any other terms or conditions the Board determines are necessary for public protection or to enhance the rehabilitation of the licensee.

If no prohibited use exists, the Board shall immediately lift the cease practice order. If the Board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation.

**(30) MAJOR AND MINOR VIOLATIONS – Major Violations include, but are not limited to the following:**

1. Failure to complete a board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Committing multiple minor violations of probation terms and conditions;
4. Treating a patient while under the influence of drugs or alcohol;
5. Committing any drug or alcohol offense that is a violation of the California Business and Professions Code, or other state or federal law;
6. Failure to obtain biological fluid testing for substance abuse when ordered;
7. Testing positive for a prohibited substance;
8. Knowingly using, making, altering, or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

The consequences for committing a Major Violation include, but are not limited to the following:

1. A Board's order to cease practice. The Board may also order the licensee to undergo a new clinical diagnostic evaluation. The Board's order may state that the licensee must test negative for at least a month of continuous drug testing before being allowed to return to work.
2. The termination of a contract/agreement.
3. Referral for disciplinary action, such as suspension, revocation, or other action as determined by the Board.

Minor Violations include, but are not limited to the following:

1. Untimely receipt of required documentation;
2. Unexcused non-attendance at nurse support meetings;
3. Failure to contact a monitor when required;
4. Any other violation that does not present an immediate threat to the violator or to the public.

The consequences for committing a Minor Violation include, but are not limited to the following:

1. Removal from practice;
2. Practice limitations;
3. Required supervision;
4. Increased documentation;
5. Issuance of a citation and fine or a violation notice;
6. Required re-evaluation or testing;
7. Other action as determined by the Board.

**(31) REQUEST BY A SUBSTANCE-ABUSING LICENSEE TO RETURN TO**

**PRACTICE** – Before determining whether to authorize the return to practice after the issuance of a cease-practice order, or after the imposition of practice restrictions following a clinical diagnostic evaluation, the Board in conjunction with the evaluator shall ensure that the licensee meets the following criteria:

1. Demonstrated sustained compliance with the current recovery program;
2. Demonstrated ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee’s substance abuse;
3. Negative biological fluid tests for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

**(32) REQUEST BY A SUBSTANCE-ABUSING LICENSEE FOR REINSTATEMENT OF A FULL AND UNRESTRICTED LICENSE – PETITION FOR REINSTATEMENT –**

“Petition for Reinstatement” as used here is an informal request (“petition”) as opposed to a “Petition for Reinstatement” under the Administrative Procedure Act. The licensee must meet the following criteria to request (“petition”) for a full and unrestricted license:

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable;
2. Demonstrated successful completion of recovery program, if required;
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities;
4. Demonstrated that he or she is able to practice safely;
5. Continued sobriety for three (3) to five (5) years.

## Recommended Language for Applicants and Reinstatements



In order to provide clarity and consistency in its decisions, the Board of Registered Nursing recommends the following language in proposed decisions or stipulated agreements for licensees, exam applicants, endorsement applicants [those who hold a license in another state(s)], and for petitioners for reinstatement who are issued a license that is placed on probation.

- **Exam applicants who are placed on probation:**

“The application of respondent \_\_\_\_\_ for licensure is hereby granted. Upon successful completion of the licensure examination and all other licensing requirements, a license shall be issued to respondent. Said license shall immediately be revoked, the order of revocation stayed and respondent placed on probation for a period of \_\_\_\_\_ years on the following conditions:”

- **Endorsement applicants who are placed on probation:**

“The application of respondent \_\_\_\_\_ licensure is hereby granted and a license shall be issued to respondent upon successful completion of all licensing requirements. Said license shall immediately be revoked, the order of revocation stayed and respondent placed on probation for a period of \_\_\_\_\_ years on the following conditions:”

- **Reinstatement of licensure with conditions of probation:**

“The application of respondent \_\_\_\_\_ for reinstatement of licensure is hereby granted. A license shall be issued to respondent. Said license shall immediately be revoked, the order of revocation stayed and respondent placed on probation for a period of \_\_\_\_\_ years on the following conditions:”

It is important to note that ~~in many cases,~~ petitioners for reinstatement who have not practiced registered nursing in the State ~~Of~~ California for eight years. ~~They~~ must retake the licensing exam before they are eligible for licensure per Section 2811 of the Business and Professions Code. This information must be provided to the Administrative Law Judge so that he/she can include: “Upon successful completion of the licensure examination, a license shall be issued to respondent.”

In addition to the examination requirement, it may be appropriate to require completion of comprehensive education courses prior to resuming practice. Recommended language: “The respondent shall enroll in and successfully complete a refresher course that validates clinical competency or equivalent set of courses as approved by representatives of the Board. The respondent is suspended from practice until the required course work is successfully completed, but may use his/her license for the limited purpose of completing clinical requirements of the required coursework.”

**NOTE:** If cost recovery was ordered in the revocation or surrender of a license and the cost recovery has not been paid in full by petitioner, a probation condition requiring payment of original cost recovery on a payment plan must be included in the reinstatement and decision.

## Time Frames for Petitions for Reinstatement and Modification of Penalty



Pursuant to Business and Professions Code, Section 2760.1(a), time frames for petitions for reinstatement and modification of penalty are as follows:

- At least three years for reinstatement of a license revoked for unprofessional conduct. (The board may, in its sole discretion, specify in its order a lesser period, but not less than one year.)
- At least two years for early termination of a probation period of three years or more.
- At least one year for modification of a condition, or reinstatement of a license revoked for mental or physical illness, or termination of probation of less than three years.

### Recommended Language for Cost Recovery for Revocations and Surrenders



*When the order is revocation or surrender, cost recovery should be included as follows:*

“If and when respondent’s license is reinstated, he or she shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code Section 125.3 in the amount of \$\_\_\_\_\_. Respondent shall be permitted to pay these costs in a payment plan approved by the Board. Nothing in this provision shall be construed to prohibit the Board from reducing the amount of cost recovery upon reinstatement of the license.”

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## BOARD OF REGISTERED NURSING

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 Executive Officer

## POLICY STATEMENT ON DENIAL OF LICENSURE

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The California Board of Registered Nursing protects the public by screening applicants for licensure in order to identify potentially unsafe practitioners. Statutory authority for denial of licensure is set out in Business and Professions Code Sections 480-487, 492, 493, 496, 810, 820-828, 2750-2765, and 2795-2797.

The law provides for denial of licensure for crimes or acts which are substantially related to nursing qualifications, functions, or duties. A crime or act meets this criterion if, to a substantial degree, it evidences present or potential unfitness to perform nursing functions in a manner consistent with the public health, safety, or welfare (California Code of Regulations, Section 1444).

The Board may deny licensure on the basis of:

- Conviction of crime substantially related to the practice of nursing.
- Any act involving dishonesty, fraud, or deceit with intent to substantially benefit self or another or to substantially injure another.
- Any act which is grounds for revocation of a license.
- Making a false statement on the application for license.
- Breach of examination security.

### **Convictions**

The Board considers most convictions involving sex crimes, drug crimes, and crimes of violence to be substantially related to nursing practice. Board regulations list examples of such crimes or acts to include, but not be limited to:

- Conviction of child abuse.
- Violation of Nursing Practice Act.
- Conviction as a mentally disordered sex offender.
- Crime or act involving narcotics, dangerous drugs, or dangerous devices.
- Conviction of assault and/or battery.

### **Rehabilitation**

If the Board determines that an act or crime is substantially related to the practice of nursing, then it is the responsibility of the applicant to present sufficient evidence of rehabilitation.

When considering denial of license, the Board takes into account the following criteria to evaluate the rehabilitation of the applicant. (California Code of Regulations, Section 1445).

1. Nature and severity of the acts or crimes.
2. Additional subsequent acts.

3. Recency of acts or crimes.
4. Compliance with terms of parole, probation, restitution, or other sanctions.
5. Evidence of rehabilitation submitted by applicant.

The Board has developed the following list of suggested evidence of rehabilitation for applicants whose licensure is in question. It should be noted that the board applies the same denial criteria for applications for interim permits and temporary license as it uses for permanent licensure.

In summary, the Board of Registered Nursing screens applications fairly but cautiously, applying the above criteria. Schools of nursing are encouraged when counseling prospective nursing students to make them aware that there could be potential licensure problems due to serious acts or convictions as described above. In this manner, students have the opportunity to explore other career options prior to investing substantial time in a nursing program if it appears that a prior serious act or conviction may jeopardize licensure due to its substantial relationship to the practice of nursing.

#### EVIDENCE OF REHABILITATION

At the time of application for licensure, the burden of proof lies with the applicant to demonstrate sufficient competent evidence of rehabilitation to establish fitness to perform nursing functions in a manner consistent with public health, safety, and welfare. The following list itemizes types of evidence which the applicant should consider providing to the Board. All items should be mailed directly to the Board by the individual or agency who is providing information about the applicant.

1. Copies of court documents pertinent to conviction, including documents specifying conviction and sanctions, and proof of completion of sanction.
2. Letter from applicant describing underlying circumstances of arrest and conviction record as well as any rehabilitation efforts or changes in life since that time to prevent future problems.
3. Letters of reference from nursing program instructors concerning attendance, participation, and performance in nursing program.
4. Letters of reference from past and/or current employers.
5. Letters from recognized recovery programs attesting to current sobriety and length of time of sobriety if there has been a history of alcohol or drug abuse.
6. A current mental status examination by a clinical psychologist or psychiatrist. The evaluation should address the likelihood of similar acts or convictions in the future, and should speak to the suitability of the registered nursing profession for the applicant.
7. Letters of reference from other knowledgeable professionals, such as probation or parole officers.
8. Copy of Certificate of Rehabilitation or evidence of expungement proceedings.
9. Evidence of compliance with and completion of terms of probation, parole, restitution, or any other sanctions.
10. For endorsement applicants, copies of:
  - a. Formal accusation and determination of other state,
  - b. Copies of evidence presented to other state in order to obtain reinstatement of license or reduction or penalty,
  - c. Terms of probation and evidence of current compliance if currently on probation in another state.

# **STATUTORY AUTHORITY FOR DENIAL OF LICENSURE**

## **(Summarized Version of Business & Professions Code)**

### **Grounds for Denial**

- 480 (a) Board may deny a license on the basis of:
- (1) Conviction of a crime, after time for appeal, irrespective of a subsequent order under Section 1203.4 of the Penal Code.
  - (2) Any act involving dishonesty, fraud or deceit with intent to substantially benefit self or another, or substantially injure another.
  - (3) Any act which is grounds for suspension or revocation of registered nurse's license.
- (b) May not deny license solely on basis of felony conviction if there is certificate of rehabilitation. (Penal Code 4852.01)
- (c) May deny license if applicant knowingly made false statement of fact required in application.

### **Criteria for Related Crimes Required**

- 481 Board must have criteria to assist in considering denial, revocation, suspension of license in order to determine whether a crime or act is substantially related to nursing qualifications, functions, or duties. (BRN criteria specified in Section 1444 of California Code of Regulations).

### **Criteria for Rehabilitation Required**

- 482 Board must have criteria to evaluate rehabilitation when considering (a) denial or (b) suspension or revocation of license. Board must consider all competent evidence of rehabilitation furnished by applicant or licensee. (Section 1445 of California Code of Regulations).

### **Attestations of Good Moral Character Not Required**

- 484 No applicant can be required to submit attestations of good moral character.

### **Procedure for Board Upon Denial**

- 485 Upon denial the Board must (a) serve a statement of issues or (b) notify the applicant of the denial stating the reasons and the right to a hearing. The right to a hearing is waived if a written request is not received within 60 days.

### **Reapplication After Denial**

- 486 Upon denial the Board must inform the applicant of the earliest date for reapplication, state that all competent evidence of rehabilitation will be considered upon reapplication, and send a copy of the criteria for rehabilitation.
- 487 If a hearing is requested it must be conducted within 90 days of request, except for OAH extensions or at applicant's request.
- 492 Successful completion of any diversion program under the Penal Code or successful completion of an alcohol and drug problem assessment program under the Vehicle Code does not prohibit the Board from denying or disciplining a license based upon the underlying misconduct.
- 493 The record of the conviction of a crime shall be conclusive evidence of the fact that the conviction occurred and the Board may inquire into the circumstances surrounding the crime in order to fix the degree of discipline or to determine if the conviction is substantially related.

### **Violations of Exam Security**

- 496 Board may deny, suspend, revoke, or restrict license on grounds that applicant for licensure subverted or attempted to subvert administration of examination.

**REGULATIONS RELATING TO LICENSE DENIAL**  
**(Summarized Version of California Code of Regulations)**

1444. Substantial Relationship Criteria

A crime or act is considered substantially related to the practice of nursing if, to a substantial degree, it evidences present or potential unfitness of a registered nurse to perform nursing functions in a manner consistent with the public health, safety, or welfare.

Such acts or crimes include, but are not limited to:

- (a) Conviction of child abuse.
- (b) Violation of Nursing Practice Act.
- (c) Conviction as a mentally disordered sex offender.
- (d) Crime or act involving sale, gift, administration, or furnishing of narcotics, dangerous drugs, or dangerous devices.
- (e) Conviction for assault and/or battery.

1445. Criteria for Rehabilitation

- (a) When considering denial of license, the Board is to consider the following criteria in evaluating the rehabilitation of the applicant and his/her present eligibility for a license.
  - (1) Nature and severity of acts or crimes.
  - (2) Evidence of any additional, subsequent acts which also could be considered grounds for denial.
  - (3) Time that has elapsed since commission of acts or crimes.
  - (4) Extent to which applicant has complied with terms of parole, probation, restitution, or other sanctions.
  - (5) Evidence of rehabilitation submitted by applicant.

12/95 Adopted by Board

## **ATTACHMENT 9**

### **DOCUMENTS RELATED TO QUESTION #17**

### **CUSTOMER SATISFACTION**

# Consumer Satisfaction Survey Data

*Survey Period: 9/9/16 to 10/15/16*

Question #1: Which of the following best describes you?	Responses	
	%	#
Licensee	85%	18,563
Applicant	6%	1,224
Educator	2%	479
Employer	1%	250
Consumer of RN Services	3%	640
Other	3%	603
Total Respondents	100%	21,759

Question #2*: Please rate the BRN services you have personally experienced:	Overall Rating Average**	% Rating Satisfied/Very Satisfied					
		Licensee	Applicant	Employer	Educator	Consumer	Overall
BreEZe Online License Verification	3.19	86%	76%	88%	86%	88%	85%
BreEZe Online License Renewal	3.11	81%	67%	76%	78%	82%	80%
Nursing Practice	3.06	85%	74%	84%	84%	87%	85%
Nursing Education	3.04	84%	73%	83%	84%	86%	83%
Legislation and/or Regulation Information	2.99	83%	71%	78%	80%	84%	82%
RN Career Information	2.99	82%	69%	77%	79%	84%	81%
BreEZe Online License Application	2.99	79%	62%	74%	78%	81%	77%
Intervention Program	2.97	84%	71%	80%	82%	86%	82%
Meeting Dates/ Locations/Information	2.96	82%	70%	77%	79%	84%	81%
Website	2.95	78%	60%	74%	76%	80%	76%
General Interest	2.94	80%	67%	74%	78%	81%	78%
Information on Board Services	2.94	78%	60%	74%	78%	81%	77%
Checking on Renewal/ Application status	2.90	74%	47%	69%	68%	78%	72%
Fingerprint Information	2.88	77%	59%	73%	75%	79%	76%
File a Complaint	2.77	74%	49%	71%	72%	78%	72%
Total Respondents							21,759

\*Question indicated to "check all that apply" so number of responses is greater than number of respondents.

\*\*Ratings are assigned a numerical value: Very Unsatisfied=1, Unsatisfied=2, Satisfied=3, Very Satisfied=4.

Question 3 – Please tell us why you chose the ratings above

Some of the most common positive comments included that the BreEZe system is easy, fast and efficient to use in most aspects, BRN representatives, when you can get through to them, are helpful and able to answer questions and the online options save time. Some of the most common negative comments included inability to get through when trying to contact the BRN by phone/e-mail, slow application processing times, delayed or no communication if something is missing or a problem with application/renewal, and fingerprinting process being inefficient.

Question #4*: If you have contacted the BRN, please rate the quality of service the BRN provided to you:	Overall Rating Average**	% Rating Satisfied/Very Satisfied					
		Licensee	Applicant	Employer	Educator	Consumer	Overall
Online Services	2.89	74%	51%	72%	71%	80%	73%
In Person	2.71	70%	49%	64%	69%	72%	68%
Regular Mail	2.64	67%	41%	62%	66%	72%	65%
By Email	2.57	61%	35%	59%	66%	70%	60%
By Phone	2.25	46%	25%	43%	45%	54%	45%
Total Respondents							21,759

\*Question indicated to “check all that apply” so number of responses is greater than number of respondents.

\*\*Ratings are assigned a numerical value: Very Unsatisfied=1, Unsatisfied=2, Satisfied=3, Very Satisfied=4.

Question 5 – Please tell us why you chose the ratings above

Some of the most common positive comments included that the online services are convenient and work well and response by e-mail is faster than mail or telephone. Some of the most common negative comments related to the phone system not being efficient or effective, struggles to get through to a person when trying to call, long hold times, and calls being dropped.

Question #6*: If you worked with the BRN staff, please rate the quality of service you received:	Overall Rating Average**	% Rating Satisfied/Very Satisfied					
		Licensee	Applicant	Employer	Educator	Consumer	Overall
Professionalism	2.91	76%	59%	76%	82%	73%	75%
Knowledge	2.87	74%	53%	73%	80%	80%	73%
Responsiveness	2.68	65%	44%	58%	70%	81%	63%
Total Respondents							21,759

\*Question indicated to “check all that apply” so number of responses is greater than number of respondents.

\*\*Ratings are assigned a numerical value: Very Unsatisfied=1, Unsatisfied=2, Satisfied=3, Very Satisfied=4.

Question 7 – Please tell us why you chose the ratings above

Some of the most common positive comments included BRN staff being knowledgeable and able to assist with questions and concerns and that staff was professional. Some of the most common negative comments were again related to the struggles to obtain a response to phone calls to the BRN.

Question 8 – Please share any additional comments you have

Comments were encouraged throughout the survey and a variety of additional comments were received that the BRN are reviewing and will use to continue to improve consumer services when possible.

## Website Satisfaction Survey Data

Question #1* Which of the following best describes you?	FY 2014/15 Responses (# Responded=872)		FY 2015/16 Responses (# Responded=1,095)		Total All Responses (# Responded=1,967)		5/1/16-8/31/16 Responses (# Responded=337)	
	%	#	%	#	%	#	%	#
Current Licensee	58%	504	67%	736	63%	1,240	74%	250
Exam/Endorsement Applicant for Licensure/Student	23%	204	5%	50	13%	254	n/a	n/a
Endorsement Applicant for Licensure	n/a	n/a	12%	135	7%	135	13%	44
Exam Applicant for Licensure/Student	n/a	n/a	4%	41	2%	41	6%	19
Educator	3%	29	4%	47	4%	76	4%	14
Employer	2%	18	2%	20	2%	38	2%	7
Recruiter	0%	2	1%	7	0%	9	1%	3
Consumer of RN Services	3%	30	3%	30	3%	60	1%	4
Other	17%	146	10%	111	13%	257	7%	25
Totals	--	933	--	1,177	--	2,110	--	366

\*Question indicated to "check all that apply" so number of responses is greater than number of respondents, thus percentages do not total 100%.

Note: n/a indicates answer choice was not available during that time. Exam/Endorsement answer choice combined in FY 2014/15 and made separate answer choices during FY 2015/16.

Question #2 How often do you visit the BRN website?	FY 2014/15 Responses		FY 2015/16 Responses		Total All Responses		5/1/16-8/31/16 Responses	
	%	#	%	#	%	#	%	#
First Visit	13%	114	15%	157	14%	271	13%	43
Daily	10%	82	10%	111	10%	193	9%	32
Weekly	13%	116	13%	145	13%	261	12%	39
Monthly	9%	80	9%	98	9%	178	9%	29
Infrequently (less than once a month)	55%	480	53%	584	54%	1,064	57%	194
Totals	100%	872	100%	1,095	100%	1,967	100%	337

Question #3* What information were you seeking during your most recent visit to the BRN website?	FY 2014/15 Responses (# Responded=872)		FY 2015/16 Responses (# Responded=1,095)		Total All Responses (# Responded=1,967)		5/1/16-8/31/16 Responses (# Responded=337)	
	%	#	%	#	%	#	%	#
	Renewal	44%	386	52%	565	48%	951	55%
Application	19%	167	16%	178	18%	345	14%	47
Fingerprint	5%	44	6%	64	5%	108	7%	23
Name/Address Change	8%	71	9%	98	9%	169	5%	18
Verification of an RN License	26%	224	5%	60	14%	284	n/a	n/a
Verification of an RN License by employer/consumer	n/a	n/a	4%	43	2%	43	6%	20
Verification of an RN License for licensure endorsement into California	n/a	n/a	9%	97	5%	97	7%	22
Verification of an RN License for licensure endorsement out of California	n/a	n/a	8%	89	5%	89	10%	35
Review/Refresher Course	1%	6	1%	14	1%	20	1%	2
Nursing Education	3%	26	4%	49	4%	75	5%	15
Nursing Practice	3%	26	3%	30	3%	56	3%	10
Filing a Complaint About an RN	1%	7	1%	6	1%	13	0%	1
Discipline and/or Conviction	2%	14	1%	15	1%	29	1%	4
Diversion Program	1%	5	0%	1	0%	6	0%	0
Legislation/Regulation	1%	10	1%	14	1%	24	2%	6
Board Publications	1%	5	1%	14	1%	19	1%	3
Interest in an RN Career	2%	16	1%	10	1%	26	2%	6
Fees	5%	42	6%	61	5%	103	6%	20
Continuing Education	5%	44	6%	70	6%	114	8%	27
General (Board Address, Directions, Meetings, etc)	2%	16	2%	18	2%	34	3%	9
Other	17%	149	17%	185	17%	334	16%	54
Totals	--	1,258	--	1,681	--	2,939	--	508

\*Question indicated to "check all that apply" so number of responses is greater than number of respondents, thus percentages do not total 100%.

Note: n/a indicates answer choice was not available during that time. More detailed answer choices for Verification of RN License were made available in FY 2015/16 versus only one answer choice during FY 2014/15.

Question #4 Were you successful in finding the information you were seeking on the BRN website?	FY 2014/15 Responses		FY 2015/16 Responses		Total All Responses		5/1/16-8/31/16 Responses	
	%	#	%	#	%	#	%	#
Yes	31%	272	46%	499	39%	771	52%	176
No	69%	600	54%	596	61%	1,196	48%	161
Totals	100%	872	100%	1,095	100%	1,967	100%	337

Question #5a Please rate the Format/Layout of the website:	FY 2014/15 Responses		FY 2015/16 Responses		Total All Responses		5/1/16-8/31/16 Responses	
	%	#	%	#	%	#	%	#
Very Satisfactory	17%	149	19%	211	18%	360	25%	86
Satisfactory	26%	224	31%	339	29%	563	33%	112
Neutral	24%	207	24%	264	24%	471	18%	61
Unsatisfactory	13%	112	11%	119	12%	231	9%	29
Very Unsatisfactory	20%	180	15%	162	17%	342	15%	49
Totals	100%	872	100%	1,095	100%	1,967	100%	337
<b>Overall Rating Average*</b>	<b>3.06</b>		<b>3.29</b>		<b>3.19</b>		<b>3.47</b>	

\*Ratings are assigned a numerical value: Very Unsatisfied=1, Unsatisfied=2, Neutral=3, Satisfied=4, Very Satisfied=5.

Question #5b Please rate the Navigation/Ease of Use of the website:	FY 2014/15 Responses		FY 2015/16 Responses		Total All Responses		5/1/16-8/31/16 Responses	
	%	#	%	#	%	#	%	#
Very Satisfactory	15%	134	19%	209	18%	343	26.5%	89
Satisfactory	22%	191	28%	305	25%	496	26.5%	89
Neutral	19%	161	20%	215	19%	376	18%	61
Unsatisfactory	18%	158	14%	159	16%	317	11%	37
Very Unsatisfactory	26%	228	19%	207	22%	435	18%	61
Totals	100%	872	100%	1,095	100%	1,967	100%	337
<b>Overall Rating Average*</b>	<b>2.82</b>		<b>3.14</b>		<b>3.00</b>		<b>3.32</b>	

\*Ratings are assigned a numerical value: Very Unsatisfied=1, Unsatisfied=2, Neutral=3, Satisfied=4, Very Satisfied=5.

Question #5c								
Very Satisfactory	16%	137	18%	198			24%	80
Satisfactory	16%	138	23%	257			26%	86
Neutral	16%	143	18%	196			14%	48
Unsatisfactory	18%	155	16%	175			14%	47
Very Unsatisfactory	34%	299	25%	269			22%	76
Totals	100%	872	100%	1,095			100%	337
<b>Overall Rating Average*</b>	<b>2.61</b>		<b>2.95</b>				<b>3.14</b>	

\*Ratings are assigned a numerical value: Very Unsatisfied=1, Unsatisfied=2, Neutral=3, Satisfied=4, Very Satisfied=5.

Question #5d Please rate the Links provided on the website:	FY 2014/15 Responses		FY 2015/16 Responses		Total All FY Responses		5/1/16-8/31/16 Responses	
	%	#	%	#	%	#	%	#
Very Satisfactory	16%	135	18%	195	17%	330	25%	85
Satisfactory	17%	151	23%	257	21%	408	25%	83
Neutral	22%	194	25%	270	23%	464	18%	61
Unsatisfactory	15%	134	13%	142	14%	276	13%	45
Very Unsatisfactory	30%	258	21%	231	25%	489	19%	63
Totals	100%	872	100%	1,095	100%	1,967	100%	337
<b>Overall Rating Average*</b>	<b>2.74</b>		<b>3.04</b>		<b>2.91</b>		<b>3.24</b>	

\*Ratings are assigned a numerical value: Very Unsatisfied=1, Unsatisfied=2, Neutral=3, Satisfied=4, Very Satisfied=5.

Question #6 Are you currently registered on the BRN e-mail subscriber list to receive announcements and website updates?	FY 2014/15 Responses		FY 2015/16 Responses		Total All FY Responses		5/1/16-8/31/16 Responses	
	%	#	%	#	%	#	%	#
Yes	20%	172	24%	259	22%	431	23%	77
No	80%	700	76%	836	78%	1,536	77%	260
Totals	100%	872	100%	1,095	100%	1,967	100%	337

## **ATTACHMENT 10**

### **LIST OF ACRONYMS AND TERMS**

## Acronyms

AAMN	American Assembly of Men in Nursing
AB	Assembly Bill
ACNL	Association of California Nurse Leaders
ADN	Associate Degree in Nursing
AG's Office	Attorney General's Office
B&P Code	Business and Professions Code
BCP	Budget Change Proposal
BRN	Board of Registered Nursing
BSN	Bachelor of Science in Nursing
CCCCO	California Community College Chancellor's Office
CCR	California Code of Regulations
CEP	Continuing Education Provider
CNM	Certified Nurse-Midwife
CNMA	Certified Nurse-Midwife Association
CRNE	Continuing Registered Nurse Education
CSU	California State University
DCA	Department of Consumer Affairs
DOJ	Department of Justice
EIW	Education Issues Workgroup

## Acronyms *(continued)*

ELM	Entry Levels Master's Degree
FTB	Franchise Tax Board
FY	Fiscal Year
HMO	Health Maintenance Organization
HPEF	Health Professions Education Foundation
HWDD	Health Workforce Development Division
ICV	Interagency Council on Veterans
IOM	Institute of Medicine
ITIN	Individual Taxpayer Identification Number
LVN	Licensed Vocational Nurse
MOU	Memorandum of Understanding
NCLEX	National Council Licensure Examination
NCSBN	National Council of State Boards of Nursing
NEC	Nursing Education Consultant
NEWAC	Nursing Education and Workforce Advisory Committee
NP	Nurse Practitioner
NPA	Nursing Practice Act
NWAC	Nursing Workforce Advisory Committee
OAL	Office of Administrative Law
OIS	Office of Information Services

## **Acronyms** *(continued)*

OSHPD	Office of Statewide Health Planning and Development
QIBRT	Quality Interactive Business Reporting Tool
RN	Registered Nurse
SB	Senate Bill
SOLID	Strategic, Organization, Leadership and Individual Development
SSN	Social Security Number
UC	University of California
UCSF	University of California, San Francisco

## **Terms**

The Board	The nine appointed members
BreEZe	BRN applicant and licensing database computer system implemented by DCA at the BRN in October 2013
MAXIMUS	Contractor for BRN Intervention Program
NURSYS®	Computerized national database for licensure verification and discipline information by the NCSBN. Registration symbol is deleted when included in the text in the document.



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