NURSING PRACTICE
COMMITTEE MEETING

Stanford University
Frances C. Arriilaga Alumni Center
326 Galvez St
Stanford, CA 94305
(650) 723-2021

August 15, 2019

AGENDA

THIS MEETING WILL IMMEDIATELY FOLLOW THE CONCLUSION OF
THE INTERVENTION/DISCIPLINE COMMITTEE MEETING

Thursday, August 15, 2019

10.0 Call to Order/Roll Call /Establishment of a Quorum/Approval of Minutes

10.0.1 Review and Vote on Whether to Approve Previous Meeting’s Minutes:
    ➢ March 14, 2019

10.1 Discussion and Possible Action for Consideration an Appointment of volunteer northern
California Certified Nurse-Midwife to the Nurse-Midwifery Advisory Committee.

10.2 Information and Possible Action for implementation of California Code of Regulation,
Title 16, Section 1486 to interested parties regarding Requirement for Clinical Practice
Experience for Nurse Practitioner Students Enrolled in Non-California Based Nurse
Practitioner Programs.

10.3 Public Comment for Items Not on the Agenda; Items for Future Agenda

The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included
on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code,
Sections 11125 and 11125.7(a)).

10.4 Adjournment

NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a
speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board’s Web Site at http://www.rn.ca.gov. Action may be taken on any item listed on this agenda, including information only items. Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification
in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email
webmasterbrn@dca.ca.gov, or send a written request to the Board of Registered Nursing at 1747 N. Market Blvd., Ste. 150,
Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your
request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.
Board members who are not members of this committee may attend meetings as observers only and may not participate or vote.
DATE: March 14, 2019

START TIME: 1:16 pm

MAIN LOCATION: Sutter Health
2700 Gateway Oaks Drive
Big Sur/Manchester Room
Sacramento, CA 95833
(916) 286-6539

TELECONFERENCE ATTENDANCE: N/A

MEMBERS PRESENT: Elizabeth Woods, RN, FNP-Chair
Michael Deangelo Jackson, MSN, RN, CEN, MICN
Trande Phillips, RN

STAFF MEMBERS PRESENT: Janette Wackerly, MBA, BSN, RN,
Supervising Nursing Education Consultant
Liaison-Nursing Practice Committee

EXECUTIVE OFFICER: Dr. Joseph Morris, PhD, MSN, RN
ABSENT: Trande Phillips, RN

10.0 Call to Order/Roll Call/Establishment of a Quorum/Approval of Minutes:
  ➢ Meeting called to order at 1:16pm

PRESENT: Elizabeth Woods, RN, FNP-Chair
Michael Deangelo Jackson, MSN, RN, CEN, MICN
Cynthia Klein, RN, BSN

NOT PRESENT: None

10.0.1 Review and Vote on Whether to Approve Previous Meeting’s Minutes:
  ➢ March 14, 2019

MOTION: Michael Jackson, MSN, RN CEN, MICN-Vote to accept the previous meeting minutes as recorded.
SECOND:

Elizabeth Woods, RN, FNP

VOTE:

MJ: Yes    EW: Yes    TP: Abstain

PUBLIC COMMENT:

None

10.1

Discussion and Possible Action: SB 1109 (2018), Controlled substances: Schedule II drugs: opioids. The law would require Nurse-Midwives to include Board certification of a pharmacology course to include the risks of addiction and neonatal abstinence syndrome associated with the use of Schedule II (opioids).

BACKGROUND:

Existing law, Business and Professions Code (BCP) authorizes a certified nurse-midwife to furnish drugs and devices under specified circumstances including board certification that the certified nurse-midwife has completed a course in a pharmacology, as specified, that includes furnishing Schedule II controlled substances (opioid). The new law (SB 1109 of 2018) to include Board certification of the pharmacology course for Schedule II Controlled Substance and the risk of addiction including and neonatal abstinence syndrome with use of Schedule II opioid.

In collaboration the Supervising Nursing Education Consultant with the two midwifery educational programs, California State University Fullerton and University of California San Francisco, and the California Nurse-Midwifery Association updated the pharmacology course content related to furnishing Schedule II Controlled Substance with the risk of addiction including neonatal abstinence syndrome with the use of Schedule II opioid.

CSU Fullerton is the continuing education provider that will produce the continuing education course for nurse-midwives in the content area of Schedule II Controlled Substance and the risk of addiction including neonatal abstinence syndrome with the use of Schedule II opioids.

Nurse-Midwives requesting to furnish Schedule II controlled substances are required to complete either a minimum 2-hour Board of Registered Nursing approved continuing education course in Schedule II pharmacology, which also includes content regarding the risk of addition associated with the use of Schedule II controlled substances and neonatal abstinence syndrome, OR successfully complete the required pharmacology content for Schedule II controlled substance, including risk of addiction associated with their use and neonatal abstinence syndrome, in a board approved advanced pharmacology course. The Board of
Registered Nursing is required to verify each nurse-midwife’s completion of the required Scheduled II controlled substance continuing education or advanced pharmacology course content.

The BRN advance practice licensing unit will process the nurse-midwives’ request for Schedule II furnishing privileges upon receipt of documentation regarding the continuing education course or pharmacology course content. The DEA will process nurse-midwife applications after accessing the Board’s website to ensure that Schedule II with Risk of Addiction and Neonatal Abstinence Syndrome designation, have been added to the Nurse-Midwife’s furnishing number.

Please see attached document when Board approval is completed on BRN Website “Nurse-Midwifery Schedule II Controlled Substances to include the Risk of Addition and Neonatal Abstinence Syndrome with the use of Opioids.

**MOTION:** Elizabeth Woods, RN, FNP-Motion to publish SB 1109 to the Board’s website, mail to educational institutions and registered Nurse-Midwives.

**SECOND:** Trande Phillips, RN

**VOTE:** MJ: Yes EW: Yes TP: Yes

**PUBLIC COMMENT:** None

**10.2** Information Only: Report from Advance Practice Registered Nursing Committee: February 7, 2019 Meeting

**BACKGROUND:** The follow agenda items were discussed at the Advance Practice Registered Nursing Advisory Committee Meeting on February 7, 2019.

**10.1 Discussion only:** Request Board of Registered Nursing (BRN) Board Members to provide specific examples of the barriers or lack of transparency in application deficiencies encountered in the BreEZe system regarding the Advance Practice constituents in California and out-of-state endorsement, new applications and renewals.

As a constituent and user of the BreEZe system for initial license, renewal of license, and endorsement from compact states there is an absence of transparency regarding deficiencies in an initial nursing and renewal application. It creates frustration and delays...
with applicant processing and renewing of registered nursing licenses.

Since all applications are reviewed for payment and other requirements, there needs to be a place within the online portal for the applicant to review and determine if they have failed to complete the license process correctly. It saves the Board of Registered Nursing and the BreEZe system from direct communication with thousands of licensees and creates a truly online experience where the applicant can clearly see any deficiencies in the review process. This goes beyond the way BreEZe identifies their processing times from date of submission.

Healthcare facilities have had to suspend providers for failure of having an active license. After further investigation with the constituent, it was discovered that the licensee had failed to fully pay for all parts of their license or was somehow incomplete in their application submission.

10.2 Discussion only: Discuss and evaluate the classification of First Assistant standardization of practice certification requirements.

Currently the BRN statement around RNFA has no requirements or guidelines or policy regarding the specifics of education requirement or certification to have the privilege or first assist in the OR. Since APRNs typically do not include this in their curricula it is important to establish some guidelines to ease the process within health systems tasked with credentialing and privileging APRNs under standardized procedures.

The National Institute of First Assisting, Inc. (NIFA) is a Colorado institution that specializing in health care education specific to operating room nurses and APRNs since 1995. The NIFA RN First Assistant Program for APRNs is presented through accredited colleges nationwide, overseen by their accredited nursing programs and meets all AORN Standards for RNFA Education.

This college RNFA online program addresses all the modules of the AORN Core Curriculum for RN First Assistants. In total, home studies would represent approximately 48 hours followed by a 140-hour internship which the student arranges at their facility.
10.3 **Discussion only:** Discuss nursing practice curricula for nurse practitioners and the length of residency requirements of all students and applicants.

Various health systems across the state of California that feel nurse-practitioner graduates are not prepared and students feeling the need, especially outside of primary care but even in the primary care setting. Additional information will be presented during the Advance Practice Registered Nursing Advisory Committee meeting for discussion only.

While PAs need to accumulate over 1,000 hours of clinical, most FNP nursing programs only need about 600 +/- hours of clinical hours to graduate. Furthermore, the quality and number of hours in their area of specialty are often fragmented, limited and differs from individual experiences. Whereas in the past most graduate FNP students are experienced RNs (about 5 years of active nursing practice), the current generation of new graduates are going straight into graduate FNP curriculum without or very limited RN experience. Therefore, one can no longer argue that what RNs lack in clinical hours is compensated by the numbers of years they have practiced as a RN.

10.4 **Discussion only:** Discuss and analyze standard clinical hour requirement for Doctor of Nursing Practice (DNP) program in California.

The fairly new doctoral degree in nursing, the DNP is a clinical focused doctoral degree as compared to the research focus PhD degree. However, it is noted that DNP programs throughout the Bay Area and/or even nationally focus on research rather than clinical. Furthermore, there seems to be no uniform requirement for DNP clinical hours. In addition, in most programs, most faculties are with PhD degrees rather than DNP.

Mitchel Erickson, Advance Practice Registered Nursing Advisory Committee Member Chair, will present additional information during the Advance Practice Advisory Committee meeting for discussion of standard clinical hour requirements for Doctor of Nursing Practice (DNP) programs in California.

**MOTION:** Conduct a survey to locate exact schools in California to determine if there is a requirement for practice before entering the Nurse Practitioner nursing program.

**SECOND:**
10.3 Information Only: Report from Nurse-Midwifery Advisory Committee: February 26, 2019 Meeting.

BACKGROUND:

The follow agenda items were discussed at the Nurse-Midwifery Advisory Committee Meeting on February 26, 2019.

2.0 Information Only: Report from Board Meeting: November 15, 2018 the Board voted to maintain the current appointment terms and provided that members could serve an additional two-year term, if reappointment was approved by the Board.

The Nurse Midwifery Advisory Committee was approved by the Board for one (1) two-year term with the ability for a member(s) to be reappointed to an additional two 2-year term. The current 4 members with the exception a newly appointed CNM are serving their second two 2-year term.

At the June 27, 2018, Nurse Midwifery Advisory Committee meeting, BJ Snell PhD CNM proposed that the CNM Advisory Committee terms of appointment be changed to longer term of appointment, suggesting appointments from two-2 years to four-2-year terms.

The Nurse-Midwifery Advisory Committee members request consideration to increase the term of office from (1) from two-year term with the ability for a member (s) to reappointed to an additional four 2-year term and to forward to the request to the Practice Committee and Board.

The term of member appointments to the Nurse-Midwifery Advisory Committee will include staggered terms of appointment. The initial two-year term for members to the Nurse-Midwifery Advisory Committee and any subsequent approved two-year membership on the Nurse-Midwifery Committee means a total appointment of four years.

August 16, 2018; The Nursing Practice Committee presented agenda item 10.3.1 Discussion and Possible Action: Increasing Nurse-Midwifery Advisory Committee Member Terms of Appointment from 2-two years terms to four, 2-year terms.
On November 15, 2018, The Board declined the request of the current Nurse-Midwifery Committee to serve four two-year terms or a total of eight years, but members could serve an additional two-year term, if reappointment was approved by the Board.

3.0 Discussion of Proposal to Amend the Nursing Practice Act and Possible Vote to Recommend Such Amendments to the Board: The proposal is to recommend to the Board an amendment to the Nursing Practice Act, specifically Business & Professions Code sections 2746.51 and 2746.52, that would allow certified Nurse-Midwives to (1) procure certain supplies and medications, and (2) perform and repair episiotomies in a home setting.

Specifically, delete Business & Professions Code section 2746.51, subdivision (b)(3), and add subdivision (f) to state as follows: “A certified nurse-midwife is authorized to directly procure supplies and devices, or order, obtain and administer drugs and diagnostic tests, to order laboratory and diagnostic testing, and to receive reports that are necessary to his or her practice as a certified nurse-midwife and consistent with nurse-midwifery education program.”

Further, amend Business & Professions Code section 2746.52 to read as follows:

(a) Notwithstanding Section 2746.5, the certificate to practice nurse-midwifery authorizes the holder to perform and repair episiotomies, and to repair first-degree and second-degree lacerations of the perineum, in a licensed acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, a nationally accredited birth center, or in a home.

(b) The certified nurse-midwife performing episiotomies and repairing first-degree and second-degree lacerations of the perineum shall do both of the following:

(1) Ensure that all complications are referred to a physician and surgeon immediately; and

(2) Ensure immediate care of patients who are in need of care beyond the scope of practice of the certified nurse-midwife or provide emergency care for times when a physician and surgeon is not available.

4.0 Information Only: The midwife assistant role was created by SB 408, now Business and
Professions Code section 2516.5, which is found within the Licensed Midwifery Practice Act of 1993 (Business and Professions Code section 2505, et. seq.) It states that a midwife assistant is one who, among other things, possesses “at least the minimum amount of hours of appropriate training pursuant to standards established by the Board for a medical assistant pursuant to Section 2069.” (Bus. & Prof. Code, § 2516.5, subd. (a).) For purpose of the Licensed Midwifery Practice Act of 1993, “board” is defined as the Medical Board of California. (Bus. & Prof. Code, § 2506, subd. (a).)

Business and Professions Code section 2746.5, subdivision (e) requires that the BRN be consulted when a state department promulgates regulations “that affect the scope of practice of a certified nurse-midwife…” the midwife assistant regulations, however, only impact the training and scope of practice of the midwife assistant, and not the scope of practice of a certified nurse-midwife.

To the extent people not involved with the Medical Board wished to participate, they could have, as proposed regulations must be published and open to public comment. Please see the Guide to Public Participation in the Regulatory Process published by the Office of Administrative Law, located at: https://www.oal.ca.gov/wp-content/uploads/sites/166/2017/05/How-2-Participate-102016.pdf

The Medical Board published on its website the Notice, text of proposed regulations, ISOR, modified text, and notice of approval here: http://www.mbc.ca.gov/About_Us/Laws/Proposed_Regulations/ (look under the category for “Midwife Assistants”)

To the extent that interested persons wish to see the existing regulations modified, they may make such suggestions to the Medical Board. Also, to the extent that one wished to know what actions the Medical Board is pursing, one may subscribe to the Medical Board’s e-mail alerts here: http://www.mbc.ca.gov/Suscribers/

5.0 Information Only: Introduction of information from the Nurse-Midwifery Advisory
Committee to recognize the credentialed certified nurse-midwife legislation. Section 2746.5
section (e) Any regulation promulgated by a state department that affect the scope of practice of a certified nurse-midwife shall be developed in consultation with the Board.

Section 2746.5
(a) The certificate to practice nurse-midwifery authorizes the holder, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn.
(b) As used in this chapter, the practice of nurse-midwifery constitutes the furthering or undertaking by any certified person, under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal. All complications shall be referred to a physician immediately. The practice of nurse-midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version.
(c) As used in this article, “supervision” shall not be construed to require the physical presence of the supervising physician.
(d) A certified nurse-midwife is not authorized to practice medicine and surgery by the provisions of this chapter.
(e) Any regulations promulgated by a state department that affect the scope of practice of a certified nurse-midwife shall be developed in consultation with the board.
(Amended by Stats. 2002, Ch. 764, Sec. 1. Effective January 1, 2003.)

Regulations that were developed by the Board of Medicine also impacts certified nurse-midwives. The Nurse-Midwifery Advisory Committee will discuss and give feedback regarding the Board of Registered Nursing’s affiliation with Section 2746.5 (e).

6.0 Information Only: On November 29, 2018, hospitals who are members of the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center were notified of a new statistic called “Percent Deliveries by Certified Nurse-Midwives” to be publicly reported on to CalHospitalCompare.org. CalHospitalCompare.org will help women more easily identify their
hospital choices that have a certified nurse-midwife presence as it will help ensure that what the consumer sees on CalHospitalCompare.org is an accurate reflection of the proportion of certified nurse-midwives at their facilities.

Cal Hospital Compare is a performance reporting initiative managed by a multi-stakeholder Board of Directors, with representatives from hospitals, purchasers, health plans, and consumer groups. Prior to 2016, Cal Hospital Compare was known as the California Hospital Assessment Task Force (CHART). CHART was first established in 2004 for the purposes of developing a statewide hospital performance reporting system using a multi-stakeholder collaborative process. CHART aggregated data from participating hospitals until 2011, when its Board of Directors moved to using only publicly available data sources for all hospitals, not just those participating voluntarily.

If a hospital is a member of the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center (MDC), Certified Nurse-Midwives who currently use the MDC at their facility will begin to be publicly reported to CalHospitalCompare.org. This data will come directly from the birth certificate. The system features information on California hospitals that helps consumers make smarter and more informed choices when making medical decisions.

The Nurse-Midwifery Advisory Committee will discuss information presented after attending the online California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center webinar. The webinar will be held Wednesday, January 16, 2019 from 12:00 noon-1:30pm, pacific standard time.

Please visit: https://stanford.zoom.us/webinar/register/WN_Q_Z67_HOQP6q7nAUSoUnpA (note that the first 20 minutes will include non-CNM related topics as this is an MDC update webinar; please remain on the call to hear about the CNM statistic).

7.0 Discussion and Possible Vote Regarding Meeting Schedule: Review 2019 Board and Committee meeting schedule to establish future meeting schedules for Nurse-Midwifery meetings and determine agenda submission deadlines.
The Nurse-Midwifery Advisory Committee will review the 2019 Board of Registered Nursing (BRN) Board and Committee meeting schedule to determine, vote and establish future meeting dates.

The Nurse-Midwifery Advisory Committee will review, discuss, and commit the Committee meeting guidelines and deadlines for Agenda and Meeting Material procedures.

PUBLIC COMMENT: None

10.4 Public Comment for Items Not of the Agenda

10.5 Adjournment at 1:37pm

SUBMITTED BY: Janette Wackerly, MBA, BSN, SNEC
TITLE: Supervising Nursing Education Consultant Nursing Practice Liaison

APPROVED BY: Elizabeth Woods, RN, FNP, Chair
AGENDA ITEM: 10.1  
DATE: February 15, 2019

ACTION REQUESTED: Discuss and Possible Action for Consideration of the Appointment to the Nurse-Midwifery Committee

REQUESTED BY: Elizabeth Woods, FNP, RN, Chairperson

BACKGROUND:
In accordance with B & P Code Section 2746.2, the Board of Registered Nursing is responsible for appointing persons to serve a two (2) year term on the Nurse-Midwifery Committee.

The Nurse-Midwifery Committee is composed of direct practice nurse-midwives one each from northern and southern California, a nurse midwife engaged in nurse-midwifery education, one public member who has been a consumer of nurse midwifery practice and an obstetrical physician with knowledge of nurse midwifery-practice.

Requirements to participate as a member of the Nurse Midwifery Committee are that you complete Board member orientation provided by the Department of Consumer Affairs. Bagley Keene Open Meetings Act will be part of the Board orientation as well as Office of Administrative Law regarding regulations.

POSSIBLE APPOINTMENTS

Below are the names of a candidate who can be considered for appointment to the Nurse-Midwifery Committee. The candidates term is for two (2) year term.

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anabel Albano</td>
<td>RN, CNM</td>
<td>Santa Cruz</td>
</tr>
</tbody>
</table>

NEXT STEP:

PERSON TO CONTACT: Janette Wackerly, MBA, BSN, RN  
Supervising Nursing Education Consultant  
(916) 574-7686
Certified Nurse Midwife (CNM) with twelve years of experience as a clinician and administrator. Successfully held several leadership positions with sustainable contributions towards key organizational goals. Committed to a collegial, supportive and motivated team environment that can enhance the clinical experience and preserve the focus on patient advocacy.

**Experience**

Certified Nurse Midwife/Advanced Practice Clinical Manager-Procedural and Surgical Specialties, Palo Alto Medical Foundation: Santa Cruz, CA May 2016-Present

- Provision of full scope midwifery services in hybrid clinical/administrator role. Support 31 advanced practice clinicians across various specialties. Provision of practice management, performance management, and leadership support. Responsible for meeting affordability targets, expansion of APC services across the medical, surgical and procedural specialties. Effective collaboration with APC's, physicians, practice managers and all levels of administration.

Certified Nurse Midwife, Palo Alto Medical Foundation: Santa Cruz, CA – 2012–2016

- Full scope midwifery service in a complex collaborative OB/GYN service. First Assist at Cesarean Sections.
- **Site Leader/Champion/Project management** for Centering Pregnancy Program. Site implementation and coordination of Centering Pregnancy for a large OB department during a time when our volume increased at unprecedented levels. Growth targets for programs concordant with goals and projections outlined in planning stage.
- **EPIC/EMR** Proficient in EPIC Electronic Medical Records. Site support and mentoring with EPIC integration for current and new providers.
- **LEAD CNM** for South Santa Cruz county expansion. Ongoing support for several expansion efforts aimed to meet the needs of the residents of south Santa Cruz county.


- Clinic Midwifery Services to a predominantly low-income, latin farmworker population. Complex, high-risk, high volume clientele.
- **Supervisor** for the California Comprehensive Perinatal Services Program (CPSP). Led program through several state reviews with ongoing improvements noted throughout.
- **Clinic lead** for competitive CDC grant to improve on-site breastfeeding rates; Pilot criteria for clinics to become Breastfeeding Friendly Healthcare Provider (BFHP) certified, provide staffing and institute billing for lactation services. Provide tools, technical assistance and networking opportunities to clinics to increase breastfeeding services and support. Collaborate in the creation of model for BFHP criteria and implementation toolkit. My work through this grant allowed for the successful funding and implementation of an on-site lactation consultant and ultimately, a com-
Comprehensive lactation program which is now receiving referrals from various sites within the community.

Certified Nurse Midwife, Schneider Regional Medical Center: St. Thomas, USVI
06/2010-01/2011
Staff Midwife. Federally Qualified Health Center. Complex patients, demanding unit.

Certified Nurse Midwife, Austin Area Birthing Center: Austin, TX- 01/2009- 06/2010
Full Scope midwifery service in the largest freestanding birthing center in Texas. High touch midwifery with emphasis on minimal intervention. Provision of water birth services.

Staff midwife, clinic services for large farmworker population.


Education

Marquette University : Milwaukee, WI- May 2007 Master of Science in Nursing-Midwifery
University of Milwaukee Wisconsin - May 2005 Bachelor of Science in Nursing

Awards

Magna Cum Laude: UW-Milwaukee
Recipient Nursing Scholarship: Marquette University
Recipient Nurse Traineeship Grant: Marquette University
National Health Service Corps Participant

Licenses

California Registered Nurse Active: 731602 EXP 11/2019
California Nurse Midwife Active: 1818 EXP 11/2019
NRP EXP 03/2020
Basic Life Support (AHA) EXP 02/2021
DEA Registration Active: MP2648763 EXP 06/2021

Certifications

OB Ultrasound March 2013
Centering Pregnancy December 2013
Surgical First Assisting at Cesarean Delivery May 2012
Certified Lactation Counselor December 2015

Professional Affiliations

American College of Nurse Midwives
AGENDA ITEM: 10.2
DATE: August 15, 2019

ACTION REQUESTED: Information and Possible Action for implementation of California Code of Regulation, Title 16, Section 1486 to interested parties regarding Requirement for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California Based Nurse Practitioner Programs.

REQUESTED BY: Elizabeth Woods, RN, FNP, MSN-Chair

BACKGROUND:
16 CCR § 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs.
(a) The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:
(1) Obtain prior board approval;
(2) Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;
(3) Secure clinical preceptors who meet board requirements;
(4) Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);
(5) A clinical preceptor in the nurse practitioner education program shall:
(a) Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.
(b) Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.
(c) Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.
(d) Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;
(e) Be evaluated by the program faculty at least every two (2) years.
Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.
(b) Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.
(c) The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations.
(1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, “Nurse Practitioners” and California Code
of Regulations Title 16, Division 14, Article 7, “Standardized Procedure Guidelines” and Article 8, “Standards for Nurse Practitioners”, including, but not limited to:
(A) Section 2835.7 of Business & Professions Code, “Additional authorized acts; implementation of standardized procedures”;
(B) Section 2836.1 of Business & Professions Code, “Furnishing or ordering of drugs or devices”.
(d) The nurse practitioner education program shall notify the board of pertinent changes within 30 days.
(e) The board may withdraw authorization for program clinical placements in California, at any time.
Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code.
HISTORY
This database is current through 3/22/19 Register 2019, No. 12
16 CCR § 1486, 16 CA ADC § 1486

RESOURCES:
NEXT STEPS: Board

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov
16 CCR § 1480

§ 1480. Definitions.

(a) “Nurse practitioner” means an advanced practice registered nurse who meets board education and certification requirements and possesses additional advanced practice educational preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary care, and/or acute care.

(b) “Primary care” means comprehensive and continuous care provided to patients, families, and the community. Primary care focuses on basic preventative care, health promotion, disease prevention, health maintenance, patient education and the diagnoses and treatment of acute and chronic illnesses in a variety of practice settings.

(c) “Clinically competent” means the individual possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a certified nurse practitioner providing healthcare in the same nurse practitioner category. The clinical experience must be such that the nurse received intensive experience in performing the diagnostic and treatment procedures essential to the provision of primary care.

(d) “Acute care” means restorative care provided by the nurse practitioner to patients with rapidly changing, unstable, chronic, complex acute and critical conditions in a variety of clinical practice settings.

(e) “Category” means the population focused area of practice in which the certified nurse practitioner provides patient care.

(f) “Advanced health assessment” means the knowledge of advanced processes of collecting and interpreting information regarding a patient's health care status. Advanced health assessment provides the basis for differential diagnoses and treatment plans.

(g) “Advanced pathophysiology” means the advanced knowledge and management of physiological disruptions that accompany a wide range of alterations in health.

(h) “Advanced pharmacology” means the integration of the advanced knowledge of pharmacology, pharmacokinetics, and pharmacodynamics content across the lifespan and prepares the certified nurse practitioner to initiate appropriate pharmacotherapeutics safely and effectively in the management of acute and chronic health conditions.

(i) “Nurse practitioner curriculum” means a curriculum that consists of the graduate core; advanced practice registered nursing core, and nurse practitioner role and population-focused courses.

(j) “Graduate core” means the foundational curriculum content deemed essential for all students pursuing a graduate degree in nursing.

(k) “Advanced practice registered nursing core” means the essential broad-based curriculum required for all nurse practitioner students in the areas of advanced health assessment, advanced pathophysiology, and advanced pharmacology.

(l) “California based nurse practitioner education program” means a board approved academic program, physically located in California that offers a graduate degree in nursing or graduate level certificate in nursing to qualified students and is accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation.

(m) “Clinical practice experience” means supervised direct patient care in the clinical setting that provides for the acquisition and application of advanced practice nursing knowledge, skills, and competencies.

(n) “Direct supervision of students” means a clinical preceptor or a faculty member is physically present at the practice site. The clinical preceptor or faculty member retains the responsibility for patient care while overseeing the student.

(o) “Lead nurse practitioner faculty educator” means the nurse practitioner faculty member of the nurse practitioner education program who has administrative responsibility for developing and implementing the curriculum in the nurse practitioner category.
(p) “Major curriculum change” means a substantive change in a nurse practitioner education program curriculum, structure, content, method of delivery, or clinical hours.
(q) “National Certification” means the certified nurse practitioner has passed an examination provided by a national certification organization accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties, as approved by the board.
(r) “Nurse practitioner education program director” means the individual responsible for administration, implementation, and evaluation of the nurse practitioner education program and the achievement of the program outcomes in collaboration with program faculty.
(s) “Non-California based nurse practitioner education program” means an academic program accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree in nursing or graduate level certificate in nursing to qualified students and does not have a physical location in California. Preparation at the graduate level must be comprehensive and focus on the clinical practice of providing direct care to individuals.
(t) “Clinical field related to nursing” means a specialized field of clinical practice in one of the following categories of nurse practitioners as recognized by the National Organization of Nurse Practitioner Faculties (NONPF), which are: Family/Individual across the lifespan; Adult-gerontology, primary care; Adult-gerontology, acute care; Neonatal; Pediatrics, primary care; Pediatrics, acute care; Women’s health/gender-related; and Psychiatric-Mental Health across the lifespan.

Note: Authority cited: Sections 2715, 2725 and 2836, Business and Professions Code. Reference: Sections 2725.5, 2834, 2835.5 and 2836.1, Business and Professions Code.

HISTORY
1. New Article 8 (Sections 1480-1485) filed 7-13-79; effective thirtieth day thereafter (Register 79, No. 28).
2. Amendment filed 12-7-85; effective thirtieth day thereafter (Register 85, No. 49).

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16 CCR § 1480, 16 CA ADC § 1480

§ 1481. Categories of Nurse Practitioners.
(a) Categories of nurse practitioners include:
(1) Family/individual across the lifespan;
(2) Adult-gerontology, primary care or acute care;
(3) Neonatal;
(4) Pediatrics, primary care or acute care;
(5) Women’s health/gender-related;
(6) Psychiatric-Mental Health across the lifespan.
(b) A registered nurse who has been certified by the board as a nurse practitioner may use the title, “advanced practice registered nurse” and/or “certified nurse practitioner” and may place the letters APRN-CNP after his or her name or in combination with other letters or words that identify the category.

Note: Authority cited: Sections 2715 and 2836, Business and Professions Code. Reference: Sections 2834, 2835.5, 2836, 2836.1 and 2837, Business and Professions Code.

HISTORY
1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).

This database is current through 3/22/19 Register 2019, No. 12
16 CCR § 1481, 16 CA ADC § 1481

16 CCR § 1482

§ 1482. Requirements for Certification As a Nurse Practitioner.

(a) To obtain certification as a Nurse Practitioner, an applicant must hold a valid and active license as a registered nurse in California and possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing and one of the following:

(1) Successful completion of a nurse practitioner education program approved by the Board;

(2) National certification as a nurse practitioner in one or more categories listed in Section 1481(a) from a national certification organization accredited by the National Commission on Certifying Agencies or the American Board of Nursing Specialties.

(b) A nurse who has not completed an academically affiliated nurse practitioner education program shall provide evidence of having completed equivalent education and supervised clinical practice, as set forth in this article.

(c) Graduates who have completed a nurse practitioner education program in a foreign country shall meet the requirements as set forth in this article. The applicant shall submit the required credential evaluation through a board-approved evaluation service evidencing education equivalent to a master's or doctoral degree in Nursing.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2835, 2835.5 and 2836, Business and Professions Code.

HISTORY

1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).


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16 CCR § 1482, 16 CA ADC § 1482

16 CCR § 1483

§ 1483. Evaluation of Credentials.

(a) An application for evaluation of a registered nurse's qualifications to be certified as a nurse practitioner shall be filed with the board by submitting the Application for Nurse Practitioner (NP) Certification (Rev. 03/2018), which is hereby incorporated by reference. A temporary Nurse Practitioner (NP) certificate shall be obtained by submitting the Application for Temporary Nurse Practitioner (NP) Certificate (Rev. 03/2018), which is hereby incorporated by reference. In order to furnish drugs or devices in California as a Nurse Practitioner, the certified nurse practitioner must be issued a Nurse Practitioner Furnishing Number by submitting the Nurse Practitioner Furnishing Number Application (Rev. 03/2018), which is hereby incorporated by reference, for approval. Submission of each application shall be accompanied by the fee prescribed in Section 1417 and such evidence, statements or documents as therein required by the board.

(b) The Application for Nurse Practitioner (NP) Certification, the Application for Temporary Nurse Practitioner (NP) Certificate and the Nurse Practitioner Furnishing Number Application shall include submission of the name of the graduate nurse practitioner education program or post-graduate nurse practitioner education program.

(c) The Application for Nurse Practitioner (NP) Certification shall include submission of an official sealed transcript with the date of graduation or post-graduate program completion, nurse practitioner category, credential conferred, and the specific courses taken to provide sufficient evidence the applicant has completed the required course work including the required number of supervised direct patient care clinical practice hours.

(d) A graduate from a board-approved nurse practitioner education program shall be considered a graduate of a nationally accredited program if the program held national nursing accreditation
at the time the graduate completed the program. The program graduate is eligible to apply for nurse practitioner certification with the board regardless of the program's national nursing accreditation status at the time of submission of the application to the Board.

(e) The board shall notify the applicant in writing that the application is complete and accepted for filing or that the application is deficient and what specific information is required within 30 days from the receipt of an application. A decision on the evaluation of credentials shall be reached within 60 days from the filing of a completed application. The median, minimum, and maximum times for processing an application, from the receipt of the initial application to the final decision, shall be 42 days, 14 days, and one year, respectively, taking into account Section 1410.4(e) which provides for abandonment of incomplete applications after one year.


HISTORY
1. Repealer and new section filed 8-21-86; effective thirtieth day (Register 86, No. 34).

This database is current through 3/22/19 Register 2019, No. 12
16 CCR § 1483, 16 CA ADC § 1483

16 CCR § 1483.1
§ 1483.1. Requirements for Nurse Practitioner Education Programs in California.
(a) The California based nurse practitioner education program shall:
(1) Provide evidence to the board that the nurse practitioner program is in an accredited academic institution located in California.
(2) Be an academic program accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree in Nursing or graduate level certificate in Nursing to qualified students.
(3) Provide the board with evidence of ongoing continuing nurse practitioner education program accreditation within 30 days of the program receiving this information from the national nursing accreditation body.
(4) Notify the board of changes in the program's institutional and national nursing accreditation status within 30 days.
(b) The board shall grant the nurse practitioner education program initial and continuing approval when the board receives the required accreditation evidence from the program.
(c) The board may change the approval status for a board-approved nurse practitioner education program at any time, if the board determines the program has not provided necessary compliance evidence to meet board regulations notwithstanding institutional and national nursing accreditation status and review schedules.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2785, 2786, 2786.5, 2786.6, 2788, 2798, 2815 and 2835.5, Business and Professions Code.

HISTORY

This database is current through 3/22/19 Register 2019, No. 12
16 CCR § 1483.1, 16 CA ADC § 1483.1

16 CCR § 1483.2
§ 1483.2. Requirements for Reporting Nurse Practitioner Education Program Changes.
(a) A board-approved nurse practitioner education program shall notify the board within thirty (30) days of any of the following changes:
(1) A change of legal name or mailing address prior to making such changes. The program shall file its legal name and current mailing address with the board at its principal office and the notice shall provide both the old and the new name and address as applicable.

(2) A fiscal condition that adversely affects students enrolled in the nursing program.

(3) Substantive changes in the organizational structure affecting the nursing program.

(b) An approved nursing program shall not make a substantive change without prior board notification. Substantive changes include, but are not limited to the following:

(1) Change in location;

(2) Change in ownership;

(3) Addition of a new campus or location;

(4) Major curriculum change.

Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2715, 2785, 2786, 2786.5, 2786.6, 2788, 2798 and 2835.5, Business and Professions Code.

HISTORY

This database is current through 3/22/19 Register 2019, No. 12

16 CCR § 1483.2, 16 CA ADC § 1483.2

16 CCR § 1484

§ 1484. Nurse Practitioner Education.

(a) The program of study preparing a nurse practitioner shall be approved by the board and be consistent with the nurse practitioner curriculum core competencies as specified by the National Organization of Nurse Practitioner Faculties in “Nurse Practitioner Core Competencies Content” (2017), which is hereby incorporated by reference.

(b) The purpose of the nurse practitioner education program shall be to prepare a graduate nurse practitioner to provide competent primary care and/or acute care services in one or more of the categories.

Written program materials shall reflect the mission, philosophy, purposes, and outcomes of the program and be available to students.

Learning outcomes for the nurse practitioner education program shall be measurable and reflect assessment and evaluation of the theoretical knowledge and clinical competencies required of the graduate.

(c) Administration and organization of the nurse practitioner education program shall:

(1) Be taught in a college or university accredited by a nursing organization that is recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree to qualified students.

(2) Prepare graduates for national certification as a certified nurse practitioner in one or more nurse practitioner category by the National Commission on Certifying Agencies or the American Board of Nursing Specialties.

(3) Have admission requirements and policies for withdrawal, dismissal and readmission that are clearly stated and available to the student.

(4) Inform applicants of the academic accreditation and board approval status of the program.

(5) Document the nurse practitioner role and the category of educational preparation on the program’s official transcript.

(6) Maintain a method for retrieval of records in the event of program closure.

(7) Have and implement a written total program evaluation plan.

(8) Have sufficient resources to achieve the program outcomes.

(d) Faculty.

(1) There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated outcomes.
(2) Each faculty member shall demonstrate current competence in the area in which he or she teaches.
(3) There shall be a lead nurse practitioner faculty educator who meets the faculty qualifications.
(4) Faculty who teach in the nurse practitioner education program shall be educationally qualified and clinically competent in the same category as the theory and clinical areas taught. Faculty shall meet the following requirements:
   (A) Hold an active, valid California registered nurse license;
   (B) Have a Master's degree or higher degree in nursing;
   (C) Have at least two years of clinical experience as a nurse practitioner, certified nurse midwife, clinical nurse specialist, or certified registered nurse anesthetist within the last five (5) years of practice and consistent with the teaching responsibilities.
(5) Faculty teaching in clinical courses shall be current in clinical practice.
(6) Each faculty member shall assume responsibility and accountability for instruction, planning, and implementation of the curriculum, and evaluation of students and the program.
(7) Interdisciplinary faculty who teach non-clinical nurse practitioner nursing courses, such as but not limited to, pharmacology, pathophysiology, and physical assessment, shall have a valid and active California license issued by the appropriate licensing agency and an advanced graduate degree in the appropriate content areas.
(e) Director.
   (1) The nurse practitioner education program director shall be responsible and accountable for the nurse practitioner education program within an accredited academic institution including the areas of education program, curriculum design, and resource acquisition, and shall meet the following requirements:
      (A) Hold an active, valid California registered nurse license;
      (B) Have a Master's or a higher degree in nursing;
      (C) Have had one academic year of experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners; and
      (D) Be certified by the board as a nurse practitioner.
   (2) The director, if he or she meets the requirements for the certified nurse practitioner role, may fulfill the lead nurse practitioner faculty educator role and responsibilities.
(f) Clinical Preceptor.
   (1) A clinical preceptor in the nurse practitioner education program shall:
      (A) Hold an active valid, California license to practice his or her respective profession and demonstrate current clinical competence.
      (B) Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.
   (2) Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor’s role to teach, supervise and evaluate students in the nurse practitioner education program.
   (3) A clinical preceptor is oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;
   (4) A clinical preceptor shall be evaluated by the program faculty at least every two (2) years.
   (g) Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.
(h) Nurse Practitioner Education Program Curriculum.
   The nurse practitioner education program curriculum shall include all theoretical and clinical instruction that meet the standards set forth in this section and be consistent with national standards for graduate and nurse practitioner education, including nationally recognized core role and category competencies and be approved by the board.
(1) The program shall evaluate previous education and experience in health care for the purpose of granting credit for meeting program requirements.
(2) The curriculum shall provide broad educational preparation and include a graduate core, advance practice registered nursing core, the nurse practitioner core role competencies, and the competencies specific to the category.
(3) The program shall prepare the graduate to be eligible to sit for a specific national nurse practitioner category certification examination consistent with educational preparation.
(4) The curriculum plan shall have appropriate course sequencing and progression, which includes, but is not limited to the following:
   (A) The advanced practice registered nursing core courses in advanced health assessment, advanced pharmacology, and advanced pathophysiology shall be completed prior to or concurrent with commencing clinical course work.
   (B) Instruction and skills practice for diagnostic and treatment procedures shall occur prior to application in the clinical setting.
   (C) Concurrent theory and clinical practice courses in the category shall emphasize the management of health-illness needs in primary and/or acute care.
   (D) The supervised direct patient care precepted clinical experiences shall be under the supervision of a certified nurse practitioner.
(5) The program shall meet the minimum of 500 clinical hours of supervised direct patient care experiences as specified in current nurse practitioner national education standards. Additional clinical hours required for preparation in more than one category shall be identified and documented in the curriculum plan for each category.
(6) The nurse practitioner education curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, “Nurse Practitioners”, and California Code of Regulations Title 16, Division 14, Article 8, “Standards for Nurse Practitioners,” including, but not limited to:
   (A) Section 2835.7 of Business & Professions Code, “Additional authorized acts; implementation of standardized procedures”;
   (B) Section 2836.1 of Business & Professions Code, “Furnishing or ordering of drugs or devices.”
(7) The program may be full-time or part-time, and shall be consistent with standards as established by The National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016), which is hereby incorporated by reference. The program must also include theory and supervised clinical practice.
(8) The course of instruction program units and contact hours shall be calculated using the following formulas:
   (A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
   (B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. Academic year means two semesters, where each semester is 15-18 weeks; or three quarters, where each quarter is 10-12 weeks.
(9) Supervised clinical practice shall consist of at least 12 semester units or 18 quarter units.
(10) The duration of clinical experience shall be sufficient for the student to demonstrate clinical competencies in the nurse practitioner category.
(11) The nurse practitioner education program shall arrange for clinical instruction and supervision of the student.
California Code of Regulations  
Title 16, Division 14. Article 8. Standards for Nurse Practitioners

Note: Authority cited: Sections 2715, 2835.7 and 2836, Business and Professions Code. Reference: Sections 2835, 2835.5, 2835.7, 2836, 2836.1, 2836.2, 2836.3 and 2837, Business and Professions Code.

HISTORY
This database is current through 3/22/19 Register 2019, No. 12
16 CCR § 1484, 16 CA ADC § 1484

16 CCR § 1485

§ 1485. Scope of Practice.
Nothing in this article shall be construed to limit the current scope of practice of the registered nurse authorized pursuant to the Business and Professions Code, Division 2, Chapter 6. The nurse practitioner shall function within the scope of practice as specified in the Nursing Practice Act and as it applies to all registered nurses.

HISTORY
1. Amendment filed 12-4-85; effective thirtieth day thereafter (Register 85, No. 49).
This database is current through 3/22/19 Register 2019, No. 12
16 CCR § 1485, 16 CA ADC § 1485

16 CCR § 1485.5

§ 1485.5. Abortion by Aspiration Techniques.
For the purposes of Section 2725.4 of the Code, after January 1, 2016, certified nurse practitioners may perform an abortion by aspiration techniques in the first trimester of pregnancy if they have completed the requisite training in performing these procedures equivalent to the didactic curriculum and clinical training protocols of the HWPP No. 171 provided by any of the following:
(1) A Board-approved nurse practitioner program or in a course offered by an accredited nurse practitioner program;
(2) A course offered by a Board-approved continuing education provider that reflects evidence-based curriculum and training guidelines or a course approved for Category I continuing medical education;
(3) A course offered by a state or national health care professional or accreditation organization.
Note: Authority cited: Section 2715, Business and Professions Code. Reference: Section 2725.4, Business and Professions Code.

HISTORY
1. New section filed 3-3-2016; operative 3-3-2016 pursuant to Government Code section 11343.4(b)(3) (Register 2016, No. 10).
This database is current through 3/22/19 Register 2019, No. 12
16 CCR § 1485.5, 16 CA ADC § 1485.5

16 CCR § 1486

§ 1486. Requirements for Clinical Practice Experience for Nurse Practitioner Students Enrolled in Non-California based Nurse Practitioner Education Programs.
(a) The Non-California based Nurse Practitioner education program requesting clinical placements for students in clinical practice settings in California shall:
(1) Obtain prior board approval;
(2) Ensure students have successfully completed prerequisite courses and are enrolled in the nurse practitioner education program;
(3) Secure clinical preceptors who meet board requirements;
(4) Ensure the clinical preceptorship experiences in the program meet all board requirements and national education standards and competencies for the nurse practitioner role and population as outlined by the National Organization of Nurse Practitioner Faculties (NONPF) in “Nurse Practitioner Core Competencies Content” (2017) or the American Association of Colleges of Nursing (AACN) in “Criteria for Evaluation of Nurse Practitioner Programs” (2016);
(5) A clinical preceptor in the nurse practitioner education program shall:
   (a) Hold a valid and active California license to practice his or her respective profession and demonstrate current clinical competence.
   (b) Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.
   (c) Be a health care provider qualified by education, licensure and clinical competence in the assigned nurse practitioner category to provide direct supervision of the clinical practice experiences for a nurse practitioner student.
   (d) Be oriented to program and curriculum requirements, including responsibilities related to student supervision and evaluation;
   (e) Be evaluated by the program faculty at least every two (2) years.
Clinical preceptor functions and responsibilities shall be clearly documented in a written agreement between the agency, the preceptor, and the nurse practitioner education program including the clinical preceptor's role to teach, supervise and evaluate students in the nurse practitioner education program.
(b) Students shall hold an active, valid California registered nurse license to participate in nurse practitioner education program clinical experiences.
(c) The nurse practitioner education program shall demonstrate evidence that the curriculum includes content related to legal aspects of California certified nurse practitioner laws and regulations.
   (1) The curriculum shall include content related to California Nursing Practice Act, Business & Professions Code, Division 2, Chapter 6, Article 8, “Nurse Practitioners” and California Code of Regulations Title 16, Division 14, Article 7, “Standardized Procedure Guidelines” and Article 8, “Standards for Nurse Practitioners”, including, but not limited to:
      (A) Section 2835.7 of Business & Professions Code, “Additional authorized acts; implementation of standardized procedures”;
      (B) Section 2836.1 of Business & Professions Code, “Furnishing or ordering of drugs or devices”.
   (d) The nurse practitioner education program shall notify the board of pertinent changes within 30 days.
   (e) The board may withdraw authorization for program clinical placements in California, at any time.
Note: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2729, 2835, 2835.5 and 2836, Business and Professions Code.
HISTORY
This database is current through 3/22/19 Register 2019, No. 12
16 CCR § 1486, 16 CA ADC § 1486

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