

TITLE 140: COMMONWEALTH HEALTHCARE CORPORATION

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Subchapter Authority: 3 CMC §§ 2306(b) and (c).

Subchapter History: Amdts Adopted 36 Com. Reg. 35081 (June 28, 2014); Amdts Proposed 36 Com. Reg. 35047 (May 28, 2014); Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012); (Amdts Adopted 30 Com. Reg. 28470 (Apr. 25, 2008); Amdts Proposed 30 Com. Reg. 27968 (Jan. 22, 2008); Adopted 29 Com. Reg. 27460 (Nov. 19, 2007); Proposed 28 Com. Reg. 25686 (May 19, 2006).

Commission Comment: PL 1-8, tit. 1, ch. 12, codified as amended at 1 CMC §§ 2601-2633, created the Department of Public Health and Environmental Services within the Commonwealth government. See 1 CMC § 2601.

PL 3-29 (effective Nov. 26, 1982), the “Nurse Practice Act of 1982,” codified at 1 CMC § 2643 and 3 CMC §§ 2301-2372, created a Board of Nurse Examiners within the Department of Public Health and Environmental Services. See 1 CMC § 2643. The Board is authorized to license nurses and midwives in the Commonwealth, establish standards for educational programs of nursing students, and to discipline licensees for violations of the act. See 3 CMC §§ 2311 and 2315. 3 CMC § 2315(a) empowers the Board to adopt rules and regulations consistent with the act and necessary to carry out its provisions.

Executive Order 94-3 (effective August 23, 1994) reorganized the Commonwealth government executive branch, changed agency names and official titles, and effected numerous other revisions. According to Executive Order 94-3 § 105:

Section 105. Department of Public Health.

The Department of Public Health and Environmental Services is re-designated the Department of Public Health.

The full text of Executive Order 94-3 is set forth in the Commission comment to 1 CMC § 2001.

PL 14-62 (effective Mar. 31, 2005), the “Nurse Practice Act of 2003,” repealed 1 CMC § 2643 and 3 CMC §§ 2301-2372 in their entirety and enacted new statutory provisions governing the nursing profession. PL 14-62 is codified at 3 CMC §§ 2301-2319. 3 CMC § 2305 establishes a Commonwealth Board of Nurse Examiners within the

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Department of Public Health, responsible for enforcing the act. 3 CMC § 2306 authorizes the Board to adopt, amend, repeal, and enforce administrative rules as necessary to administer and enforce the act and protect the public health.

The 2007 version of these regulations was not expressly repealed or superseded when the Board promulgated the 2013 version. However, because it appears that the Board created an entirely new regulatory scheme in the 2013 regulations, the Commission removed the sections of the 2007 regulations that were not overwritten by new sections of regulations.

Public Law 18-25, effective October 18, 2013, amended 3 CMC §§ 2305 and 2318, renaming the Commonwealth Board of Nurse Examiners to the Northern Mariana Islands Board of Nursing, changing the composition of the Board, and amending provisions regarding licensing fees. To the extent these regulations conflict with PL 18-25, they are superseded.

Part 001 - General Provisions

§ 140-60.1-001 Title

This chapter shall be known and may be cited as the NMI Nursing Administrative Rules.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-005 Authority

The regulations in this chapter are promulgated by the Northern Mariana Islands Board of Nursing (NMI Board of Nursing or Board), pursuant to its authority under 3 CMC § 2306.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-010 Purpose

These rules and regulations are promulgated, first, to communicate the Board's expectations and provide guidance for nurses regarding safe nursing practice. Second, the rules herein articulate Board's criteria for evaluating the practice of nurses to determine if the practice is safe and effective.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-015 Scope

These regulations shall apply to anyone who practices or provides services in the following professions:

- (a) Registered Nurses

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- (b) Licensed Practical/Vocational Nurses
- (c) Certified Technicians (including Hemodialysis Technicians)
- (d) Operating Room/Surgical Technicians
- (e) Psychiatric Technicians
- (f) Certified Nursing Assistants
- (g) Advanced Practice Registered Nurses in the categories of:
 - (1) Certified Clinical Nurse Specialist
 - (2) Certified Nurse Midwife
 - (3) Certified Registered Nurse Anesthetist
 - (4) Nurse Practitioner

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-018 Exemptions

[Reserved.]

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-020 Definitions

In addition to any terms defined in the Nurse Practice Act, the following terms as* defined as follow:

- (a) “Absolute discharge from sentence” shall mean completion of any sentence, including imprisonment, probation, parole, community supervision, or any form of court supervision.
- (b) “Adjuvant drug” means medications not specifically classified as anesthetics that are auxiliary or necessary to maintain safe, effective patient care during the anesthesia plan.
- (c) “Administer” means the direct application of a drug or device, whether by injection, inhalation, ingestion, or any other means to the body of a patient or research subject.
- (d) “Adverse action” is a home- or remote-state disciplinary action.
- (e) “Assignment” is designating nursing activities to be performed by another nurse or assistive personnel that are consistent with his or her scope of practice (licensed person) or role description (unlicensed person).
- (f) “Association of Surgical Technologists” (AST) means the national organization founded

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in 1973 to ensure that Surgical Technicians have the knowledge and skills to administer patient care of the highest standard through accreditation, certification, and education.

- (g) “Client” is a recipient of care; may be an individual, family, group, or community.
- (h) “Clinical judgment” is the application of the nurse’s knowledge and experience in making decisions about client care.
- (i) “Clinical learning experiences” are the planned, faculty-guided learning experiences that involve direct contact with patients.
- (j) “Consultation” means discussion with another CNMI-licensed health care provider for the purpose of obtaining information or advice in order to provide client care and includes, but is not limited to:
 - (1) Confirmation of a diagnosis;
 - (2) Recommendation regarding management of the medical problem or condition; and
 - (3) Transfer of total or partial care of the patient when necessary.
- (k) “Contact Hour” is a sixty minute hour.
- (l) “DEA” means the federal Drug Enforcement Administration.
- (m) “Delegation” means the transference from the Registered Nurse to another individual within the scope of his or her practice, the authority to act on behalf of the Registered Nurse in the performance of a nursing intervention, while the Registered Nurse retains the accountability and responsibility for the delegated act.
- (n) “Direct Supervision” means, at a minimum, the person responsible for the direct supervision must be physically present at the practice site and be able to observe, direct, and evaluate the performance of the person being supervised. The supervisor must not be engaged in other activities that would prevent them from providing direct supervision or intervening if necessary.
- (o) “Direction” means monitoring and guiding the practice of another through written or verbal communication.
- (p) “Dispense” means to package, label, and deliver one or more doses of a prescription-only medication in a suitable container for subsequent use by a patient.
- (q) “Distance learning” means education provided by written correspondence or electronic medium for students not located at the site of the school.
- (r) “Distribute” means the delivery of a drug other than by administering or dispensing, such as prepackaged samples.
- (s) “Encumbrance” means a nurse’s license or authority to practice has been disciplined and

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that the current status of the licensure or authority to practice is subject to conditions, limitations, or removal from practice.

(t) “Endorsement” shall mean issuing an unrestricted license or certification to practice based, in part, on holding a valid license or certification in another jurisdiction.

(u) “Episodic care” is nursing care that occurs at non-specific intervals and is focused on the individual situation at hand.

(v) “Evaluation” means the determination of the effectiveness of the intervention(s) on the client’s health status.

(w) “General Supervision” means the supervision in which the supervisor is available on the premises or within vocal communication either directly or by a communication device at the time the unlicensed personnel, student, graduate nurse, or other licensed nurse is practicing.

(x) “Grandfathering” is a provision in a new law or regulation exempting those already in or a part of the existing system that is being regulated.

(y) “Home state” is the state which is the nurse’s primary state of residence.

(z) “Home state action” is any administrative, civil, equitable, or criminal action permitted by the home state’s laws which are imposed on a nurse by the home state’s nurse licensing board or other authority.

(aa) “Informed Consent” means the consent obtained following a thorough and easily understood explanation to the patient, or patient’s guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient’s guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked and will document the discussion.

(bb) “Immediate Supervision” means supervision in which the supervisor is with the unlicensed personnel, student, graduate nurse, or other licensed nurse and either discussing or observing the person’s practice. It is more stringent than Direct Supervision.

(cc) “Licensee” shall mean any person with an active license or certification granted by the Board.

(dd) “Key parties” are immediate family members and others who would reasonably be expected to play a significant role in health care decisions of the patient. This includes, but is not limited to, a spouse, domestic partner, sibling, parent, child, guardian, and personal* authorized to make health care decisions for the patient.

(ee) “Modified license” is a license to practice nursing within a scope of practice with limitations or with accommodations, or both, as specified by the CBNE or another nurse

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licensing board through a nondisciplinary process.

(ff) “Moral turpitude” is conduct that involves one or more of the following:

- (1) Intentional, knowing, or reckless conduct that causes injury or places another in fear of imminent harm.
- (2) Conduct done knowingly contrary to the accepted and customary rule of right and duty that a person owes to fellow human beings and society in general.
- (3) Certain crimes under the common law, which include generally, but are not limited to arson, bribery, conspiracy, embezzlement, extortion, forgery, fraud, manslaughter, murder, perjury, prostitution, rape, tax evasion, and theft.
- (4) Conduct that is wrong in itself, even if no statute were to prohibit the conduct.

(gg) “NCLEX-PN®” and “NCLEX-RN®” are the National Council Licensure Examinations for Practical Nurses/Registered Nurses, which are used in the U.S. and its territories to assess applicants’ nursing knowledge, skills, and abilities. CBNE shall use passage to inform its licensing decisions.

(hh) “NCSBN” means the National Council of State Boards of Nursing.

(ii) “NPA” means the Nurse Practice Act of 2003, Public Law 14-62 [3 CMC §§ 2301 et seq.], or succeeding legislation.

(jj) “Physician” means a doctor of medicine or osteopathy licensed by the CNMI Medical Board.

(kk) “Population” means the collection of individuals in a community or a group of individuals defined by age, health status, lifestyle, disease and/or geographic location.

(ll) “Population focus” is the section of the population which the APRN has targeted to practice within. The categories of population foci are: family/individual across the lifespan; adult-gerontology; neonatal; pediatrics; women’s health/gender-related; or psychiatric/mental health.

(mm) “Practice requirement” in an expanded specialty role means independent clinical practice in the specialty role of certification providing health care or other such activities, which have a clinical focus and are at an advanced nursing level. These activities include, but are not limited to, teaching, consulting, supervision, and research related to the specialty area of certification.

(nn) “Preceptor” is an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model, or supervisor in a clinical setting.

(nn) “Prescribed devices” are instruments or apparatuses intended for use in diagnosis or treatment and in the prevention of disease or restoration of health.

(oo) “Prescribing” means determining which legend drugs and controlled substances shall be used by or administered to a patient; exercised in compliance with applicable state and federal

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laws.

(pp) “Primary care provider” is the provider who acts as the first point of consultation for all patients with an undiagnosed health concern, as well as providing continuing care of varied medical conditions not limited by cause, organ systems, or diagnosis.

(qq) “Professional certification” is a credential issued by a national certifying body meeting specified requirements acceptable to the CBNE that is used as a requirement for APRN licensure.

(rr) “Re-entry Program” means a formal program of study with both didactic and clinical components, designed to prepare a nurse who has been out of practice to re-enter into nursing practice at the Registered Nurse level.

(ss) “Referral” means directing the client to other resources for the purpose of assessment or intervention.

(tt) “Remote state” is a party state, other than the home state where the patient is located at the time nursing care is provided, or in the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located.

(uu) “Review Course” means a course of study providing review of basic preparation for the NCLEX-RN examination.

(vv) “Supervision” means the direction periodic consultation provided by a qualified nurse or medical professional to an individual to whom a nursing task or patient care activity is delegated. This shall include at least initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

(ww) “Trained Unlicensed Personnel” means an individual, other than a licensed nurse, who has received appropriate training or instruction to function in a complementary or assistant role to a licensed nurse in providing direct patient care or in carrying out common nursing tasks. The term includes, but is not limited to, nurses’ aides, orderlies, assistant technicians, attendants, home health aides, personal care aides, trained medication employees, geriatric aides, or other health aides.

(xx) “Unencumbered” means a state has no current disciplinary action against a license or authority to practice.

* So in original.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission inserted commas after the words “certification” in subsection (f) and “supervision” in subsection (mm) pursuant to 1 CMC § 3806(g). The Commission struck the figure “60” from subsection (k) pursuant to 1 CMC § 3806(e.) The Commission corrected the capitalization of “Registered Nurse” in subsection (m) pursuant to 1 CMC § 3806(f).

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The paragraphs of this section were undesignated in the original regulation. The Commission designated them as subsections (a) through (xx).

§ 140-60.1-025 **Titles and Abbreviations of Licensees**

Only those persons who hold a license to practice nursing or who have been approved as applicants for licensure by endorsement or have been granted a temporary permit shall have the right to use the following titles and abbreviations:

- (a) “APRN” shall mean Advanced Practice Registered Nurse.
- (b) “CHT” is a Certified Hemodialysis Technician.
- (c) “CAN” is a Certified Nursing Assistant.
- (d) “CNM” shall mean Certified Nurse Midwife, and is the designation of APRN specialty.
- (e) “CNS” shall mean Clinical Nurse Specialist, and is the designation of APRN specialty.
- (f) “CNP” shall mean Certified Nurse Practitioner, and is the designation of APRN specialty.
- (g) “CPT” is a certified Psychiatric Technician.
- (h) “CRNA” shall mean Certified Nurse Anesthetist, and is the designation of APRN specialty.
- (i) “LP/VN” is a Licensed Practical/Vocational Nurse. It encompasses both Licensed Practical Nurses and Licenses* Vocational Nurses.
- (j) “NP” shall mean Nurse Practitioner.
- (k) “RN” is a Registered Nurse.

* So in original.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: Former subsections 140-60.1-030 through 140-60.1-070 were not expressly repealed by the 2013 amendments, but as they are inconsistent with the regulatory scheme implemented by the 2013 amendments, they have been omitted.

Part 100 - The Commonwealth Board of Nurse Examiners

§ 140-60.1-102 **Board Members**

- (a) **Composition.** The Board is composed of seven members with qualifications as stated in 3

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CMC § 2305.

(b) **Officers.** The Board shall elect a Chairperson, a Vice-Chairperson, a Secretary, and a Treasurer from among its members. Each office must receive a majority vote from a quorum of the members. If no office receives a majority of the vote, there shall be a run-off vote between the top votes.

(c) **Offices.** The Board may establish additional offices as it shall deem necessary or appropriate. The duties of officers are as follow:

(1) **Chairperson:** Must be a licensed RN, LP/VN, or APRN. Shall, when present, preside at all meetings. He or she shall appoint all standing or special committees and shall be an ex-officio member of all committees. He or she shall also be responsible for the performance of all duties and functions of the Board.

(2) **Vice-Chairperson:** Shall, in the absence of the Chairperson, exercise all the duties of and possess all the powers of the Chairperson.

(3) **Secretary:** Shall record; cause to be recorded, or delegate recording of the minutes of all Board meetings and keep them in a book or file, to maintain current, accurate copies of all Board documents, and to sign licenses or certificates issued by the Board.

(4) **Treasurer:** Shall be primarily responsible for overseeing the Board's budget and account status. Shall cause deposit or shall delegate deposit of checks into the Board's account. Shall make recommendations to the Board regarding proper fees and fines for the maintenance of a balanced budget.

(d) **Term of Office.** Officers shall serve for a term of approximately one year, beginning on the day of election in January and ending upon the election of successors the following January. Members may not be elected to a particular office more than eight times. Members may not hold two offices simultaneously.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figure "8" from subsection (d) pursuant to 1 CMC § 3806(e).

§ 140-60.1-105 Meetings

(a) The Board shall meet on a regular basis, at least once every three months, to transact its business. The Board must hold its annual meeting in January for the purpose of electing officers, reorganizing, and planning. Additional meetings may be called by the Chairperson or the request of a majority of the Board members.

(b) The Board shall give official and public notice of the place and time of meeting and shall comply with all requirements of Commonwealth Code Title 1 Chapter 9, Open Government Meetings and Records.

(c) **Quorum.** A quorum for purposes of conducting a board meeting shall be four members. The act of the majority of the members present at a meeting at which a quorum is present shall be the act of the Board.

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History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figures “3” from subsection (a) and “4” from subsection (c) pursuant to 1 CMC § 3806(e).

§ 140-60.1-110 Executive Officer [Reserved]

[Reserved]

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Part 200 - Licensure

§ 140-60.1-202 Applications

An application that remains incomplete for one calendar year or more from the date of submission shall be considered abandoned, closed, and destroyed by the Board. The applicant shall thereafter be required to reapply and submit the completed form, along with the required documents and fees.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-204 Application for Examination and Re-Examination for NCLEX-RN/LPN

(a) An applicant must submit to the Board’s Office a notarized application form provided by the Board. The application form shall be accompanied by:

- (1) Two copies of a recent passport-type photograph, 2x2 inches, in color, with signature and date on the bottom;
- (2) Official transcript forwarded directly from school of nursing. The Board may request an applicant to either obtain a certificate from the Commission on Graduates of Foreign Nursing Schools or from one of the independent credentialing firms approved by the Board as having met the standards of nursing education preparation for U.S. nursing school;
- (3) Proof of related learning experience/clinical hours in all five areas of nursing; and
- (4) Cashier’s check or money order payable to “NMI Board of Nursing” for required and non-refundable fees.

(b) Application is considered void if the applicant does not take the examination or the application is not complete within one year from the date the application was filed. Applicant must resubmit another application with fees whenever he/she decides to reapply. The documents will be destroyed at the discretion of the Board unless the applicant requests in writing and sends sufficient funds for the postage fees, if applicable, to be returned to his/her address.

(c) A letter of approval or denial will be sent to the applicant from the Board’s Office. In the

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event that the application is denied and the applicant would like to appeal, he/she has 45 days to request, in writing, for such action from the Board.

- (d) An applicant who does not pass the examination can re-apply within 45 days.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The final paragraph was erroneously designated as subsection (a) in the initial regulation. The Commission corrected its designation to (d) pursuant to 1 CMC § 3806(a).

§ 140-60.1-205 Initial Licensure of RN and LP/VN

An applicant for licensure as an RN or LP/VN, by examination in the Commonwealth, shall submit to the Board the required fee for licensure by examination and a completed application for licensure by examination that provides the following information:

- (a) An official transcript sent directly from a state-approved nursing education program for the level of licensure being sought, which provides proof of graduation or verification of completion and eligibility for graduation. This documentation shall verify the date of graduation, credential conferred, and evidence of meeting the standards of nursing education in this state;
- (b) An official report from the NCSBN which demonstrates a passing score from either the NCLEX-RN or NCLEX-PN, as applicable;
- (c) Identification of any state, territory, or country in which he/she holds a professional license or credential, or has previously denied the applicant licensure, if applicable. Required information includes:
- (1) The number and status of the license or credential; and
 - (2) The original state or country of licensure or credentialing;
- (d) The date the applicant previously applied for a license in the CNMI;
- (e) Current employer, if employed in health care, including address, telephone number, position, and dates of employment;
- (f) Previous employer in health care, if any, if applicant has been working for his/her current employer for less than 12 months;
- (g) Responses to questions related to the applicant's background in the following areas:
- (1) Pending disciplinary action or investigation regarding any professional license or credential;
 - (2) Pending criminal charges;
 - (3) Criminal conviction, nolo contendere plea, Alford plea, or other plea arrangements in lieu of conviction;
 - (4) Any chemical, physical, or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely, and a description of accommodations and/or practice

limitations needed, if any; and

- (5) Any current substance abuse;
- (d) Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
- (e) Submission of state and federal criminal background checks, completed within the immediately preceding three months, submitted from all jurisdictions where applicant has been convicted of a crime and from any jurisdiction where applicant has resided for at least six (6) consecutive months within the past ten years; and
- (f) Any other information the Board shall require.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figure "6" from subsection (e) pursuant to 1 CMC § 3806(e).

§ 140-60.1-206 Initial RN Licensure by NCLEX Transfer

An applicant for licensure as an RN by NCLEX transfer from a different jurisdiction to the Commonwealth shall submit to the Board the required fee for licensure by NCLEX transfer and a completed application for initial licensure by NCLEX transfer that provides the following information:

- (a) A copy of transcripts that proves completion and eligibility for graduation. This documentation shall verify the date of graduation, credential conferred, and evidence of meeting the standards of nursing education in this state;
- (b) Birth certificate and married certificate, if applicable. High school transcripts only for foreign-educated students;
- (c) An original notarized letter asking the CBNE to accept their NCLEX score held by another state to the CBNE jurisdiction;
- (d) An original notarized letter authorizing NCSBN/Pearson vue to transfer their NCLEX score held in a different state to the CBNE jurisdiction;
- (e) An original notarized letter to their state that holds their NCLEX score requesting to transfer their NCLEX score to the CBNE jurisdiction;
- (f) Their copy of any correspondence letter from the state holding their NCLEX scores which can provide additional information, if they have one (e.g. candidate number, etc.). Complete documents must be mailed to the CBNE Board and in addition the 3 notarized letters must be scanned to the Board's email address;
- (g) Responses to questions related to the applicant's background in the following areas:

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- (1) Pending disciplinary action or investigation regarding any professional license or credential;
 - (2) Pending criminal charges;
 - (3) Criminal conviction, nolo contendere plea, Alford plea, or other plea arrangements in lieu of conviction;
 - (4) Any chemical, physical, or mental impairment and/or disability that impacts the nurse's ability to practice nursing safely, and a description of accommodations and/or practice limitations needed, if any; and
 - (5) Any current substance abuse;
- (h) Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background;
- (i) Submission of state and federal criminal background checks, completed within the immediately preceding three months, submitted from all jurisdictions where applicant has been convicted of a crime and from any jurisdiction where applicant has resided for at least six consecutive months within the past ten years; and
- (j) Any other information the Board shall require.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figure "6" from subsection (i) pursuant to 1 CMC § 3806(e).

§ 140-60.1-207 RN and LP/VN Licensure by Endorsement

- (a) The Board may grant a CNMI license as an RN or LP/VN by endorsement if:
- (1) The applicant is currently licensed as a n RN or LP/VN under the laws of a state or territory of the United States;
 - (2) The applicant has no encumbrance on his/her license or privilege to practice as an RN in any jurisdiction;
 - (3) The applicant's original licensure in a state or territory was based upon:
 - (i) A passing score on the State Board Test Pool Examination for Nurses taken between January 1949 and February 1982; or
 - (ii) A passing score on the NCLEX-RN or NCLEX-PN, whichever is applicable.
- (b) To apply for a license by endorsement, an applicant shall:
- (1) Submit a completed application and copy of his/her current license;
 - (2) Obtain an original copy of a Certificate of Good Standing from all states or territories where applicant is currently licensed;
 - (3) Have a licensure verification form sent directly to this Board from the verifying Board; and
 - (4) Provide a listing of all states where the applicant has ever applied for licensure; and
 - (5) Provide any other information the Board shall require.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29,

2012).

§ 140-60.1-210 Initial Licensure of APRN

(a) An applicant for licensure as an APRN, by examination in the Commonwealth, shall submit to the Board the required fee for licensure by examination (this fee includes the application for the RN licensure with only one applicable fee schedule under the APRN fee; a separate RN licensure fee will not be applied) and a completed application for licensure by examination that provides the following information:

- (1) Proof of current licensure as an RN in the CNMI or compliance with section 140-60.1-205 of these regulations, “Initial Licensure of RN and LP/VN”;
- (2) An official transcript, which demonstrates completion of a graduate program accredited by a nursing accrediting body that is recognized by the U .S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), as acceptable by the Board. If an applicant completed an NP program after January 01, 2007, a minimum of a master’s degree in nursing is required for certification by the Board. This documentation shall verify the date of graduation, credential conferred, clinical hours completed, role (NP, CAN, CNM, or CNS) and population focus of the education program, and qualifications for prescribing and ordering; and
- (3) An official record of passage of the appropriate APRN national certification examination in the APRN role and population focus congruent with educational preparation.

(b) The Board may deny an applicant a license as an APRN for reasons which include:

- (1) Any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction which affects the applicant’s ability to practice nursing or to perform in a professional capacity; and/or
- (2) A disciplinary record with the licensing Board of any jurisdiction.

(c) An applicant shall not be granted a license as an APRN for reasons which include:

- (1) A current encumbrance on the applicant’s license or privilege to practice as an RN in any jurisdiction.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-211 APRN Licensure by Endorsement

The Board may issue a license by endorsement to an APRN licensed under the laws of another state or territory if, in the opinion of the Board, the applicant meets the qualifications for licensure in this jurisdiction. An applicant for APRN licensure by endorsement shall:

- (a) Submit a completed written application and appropriate fees as established by the Board;
- (b) Hold a current unencumbered license or privilege to practice as an RN and APRN in a state or territory;
- (c) Not have an encumbered license or privilege to practice in any state or territory;

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- (d) Have completed an accredited graduate level APRN program in one of the four roles and at least one population focus;
- (e) Be currently certified by a national certifying body recognized by the Board in the APRN role and at least one population focus appropriate to educational preparation;
- (f) Report any conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction;
- (g) Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in P. L. 14-62, Section 2314(b) of the Nurse Practice Act, the Board has found, after investigation, that sufficient restitution has been made;
- (h) If the applicant has not been in clinical practice for more than the past two years, the applicant shall provide evidence of satisfactory completion of 30 contact hours, which consist of 12 in pharmacotherapeutics and 18 in the clinical management of patients within the two years prior to applying for approval to practice. No more than two hours may concern the study of herbal or complementary therapies;
- (i) If the applicant has not been in clinical practice for more than the past five years, the applicant shall provide evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the two years prior to applying for approval to practice. No more than two hours may concern the study of herbal or complementary therapies. The applicant must also successfully complete a refresher course approved by the Board or an extensive orientation in the appropriate advanced practice role and population focus which includes a supervised clinical component by a qualified preceptor with a comparable practice focus; and
- (j) Provide any other information the Board shall require.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-212 APRN Grandfather Clause

- (a) Any person holding a current, unrestricted license to practice nursing as an APRN in the CNMI issued on or before December 31, 2015 shall be deemed to be licensed as an APRN under the provisions of this Act with their current privileges and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.
- (b) After December 31, 2015, all new applicants for APRN licensure must meet national stipulated licensure requirements. At that time, an applicant applying for licensure by endorsement would be eligible upon the following conditions:
 - (1) Current, active practice in the advanced role and population focus area;
 - (2) Current, active national certification, or recertification as applicable, in the advanced role and population focus area, compliance with the APRN educational requirements of the state in

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which the APRN is applying for licensure that were in effect at the time the APRN completed his/her APRN education program; and

(3) Compliance with all other criteria set forth by the state in which the APRN is applying for licensure (e.g. continuing education).

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-215 Licensure for Internationally Educated RNs and LPN/VNs

An internationally educated applicant for licensure as an RN or LP/VN shall comply with § 140-60.1-205 of these regulations, “Initial Licensure of RN and LP/VN,” as applicable, of these regulations and shall also submit to the Board the required fee for licensure by examination and a completed application for licensure by examination that provides the following information:

(a) Graduation from an international nursing program comparable to an approved nursing education program in the United States (as determined by a Board-approved organization), as documented in an official transcript sent directly from the international nursing education program. Acceptable documentation shall verify the date of enrollment, date of graduation, and credential conferred. An official transcript and, if not in English, a certified translation is required prior to the approval to take the NCLEX®;

(b) Official high school transcript, submitted directly from the institution; and

(c) Demonstration of English proficiency, as the Board shall deem necessary.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-216 Licensure for Internationally Educated APRNs

The Board finds that, due to increased research that must be done and difficulty in obtaining international records, it does not currently have the resources to offer initial APRN licensure to internationally educated APRNs. The Board may issue a license by endorsement to an APRN licensed under the laws of another country, in the opinion of the Board, the applicant meets the qualifications for licensure in this jurisdiction. An applicant for APRN licensure by endorsement shall:

(a) Submit a completed written application and appropriate fees as established by the Board;

(b) Hold a current unencumbered license or privilege to practice as an APRN or the equivalent in a foreign country;

(c) Not have an encumbered license or privilege to practice in any jurisdiction, domestic or foreign;

(d) Have completed an accredited graduate level APRN program in one of the four roles and

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at least one population focus;

(e) Be currently certified by a national certifying body or its international equivalent, recognized by the Board, in the APRN role and at least one population focus appropriate to educational preparation;

(f) Report any conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction;

(g) Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or, if such acts have been committed and would be grounds for disciplinary action as set forth in P.L. 14-62, Section 2314(b) of the Nurse Practice Act, the Board has found, after investigation, that sufficient restitution has been made;

(h) If the applicant has not been in clinical practice for more than the past two years, the applicant shall provide evidence of satisfactory completion of 30 contact hours, which consist of 12 in pharmacotherapeutics and 18 in the clinical management of patients within the two years prior to applying for approval to practice. No more than two hours may concern the study of herbal or complementary therapies;

(i) If the applicant has not been in clinical practice for more than the past five years, the applicant shall provide evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the two years prior to applying for approval to practice. No more than two hours may concern the study of herbal or complementary therapies. The applicant must also successfully complete a refresher course approved by the Board or an extensive orientation in the appropriate advanced practice role and population focus which includes a supervised clinical component by a qualified preceptor with a comparable practice focus;

(j) Demonstrate, as the Board sees necessary, a proficiency in English; and

(k) Provide any other information the Board shall require.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission inserted a comma after the word “plea” in subsection (f) pursuant to 1 CMC § 3806(g).

§ 140-60.1-220 Special License

(a) A special license requires that an individual practice only within a modified scope of practice or with accommodations, or both, as specified by the Board. A special license may be granted for all levels of licensure at the Board’s discretion.

(b) The issuance of a special license is documented in a written agreement between the applicant and the Board.

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(c) A nurse granted a special license may apply to the Board for reconsideration at any time if the licensee's circumstances change.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-225 Ongoing Duties of Licensees

All licensees must:

- (a) Notify the Board, in writing, of a change of home or business address within thirty days.
- (b) Submit legal evidence of name change by court record or marriage certificate within ninety days of the change and before the change can be entered in the Board's records.
- (c) Submit documentation of compliance with licensing requirements upon Board request.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-230 Renewal-RN and LPN/LVN

- (a) Licenses issued or renewed before January 1, 2013 shall be valid for two years from the date of issuance.
- (b) Beginning January 1, 2013, the date of expiration for new and renewed licenses shall be the applicant's birthdate. For the first year that the change affects the applicant, the expiration date shall fall on the birthdate after one full year but before two years. Upon renewal, the license shall be valid for two years from the applicant's birthdate.
- (c) The licensee is responsible for the renewal of his/her license by requesting from the Board's Office all the necessary information for the renewal of his/her license.
- (d) To renew his/her license, the licensee must:
 - (1) Complete and submit an application for renewal form to the Board Office along with the required documents and fees; and
 - (2) Submit proof of completion of thirty contact hours of continuing education in the licensee's current area of practice commencing with the renewal period. Only continuing education hours obtained in the two years immediately preceding the application date will be accepted for non-late renewal of licenses.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figures "2" from subsections (a), (b), and (d)(2), and the figure "30" from subsection (d)(2) pursuant to 1 CMC § 3806(e).

§ 140-60.1-232 Renewal – APRN

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- (a) Licenses issued or renewed before January 1, 2013 shall be valid for two years from the date of issuance.
- (b) Beginning January 1, 2013, the date of expiration for new and renewed licenses shall be the applicant's birthdate. For the first year that the change affects the applicant, the expiration date shall fall on the birthdate after one full year but before two years. Upon renewal, the license shall be valid for two years from the applicant's birthdate.
- (c) The licensee is responsible for the renewal of his/her license by requesting from the Board's Office all the necessary information for the renewal of his/her license.
- (d) To renew his/her license, the licensee must:
 - (1) Complete and submit an application for renewal form to the Board Office along with the required documents and fees;
 - (2) Submit evidence of completion of a minimum of 30 contact hours obtained within the most recent licensure renewal cycle;
 - (3) Submit evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of the Board; and
 - (4) Submit evidence of current DEA licensure, if applicable.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figure "2" from subsections (a) and (b) pursuant to 1 CMC § 3806(g).

§ 140-60.1-235 Interim Permit for Graduate Nurses

An interim permit not to exceed one year from date of graduation will be issued to nurses who graduated from a recognized nursing or advanced practice-nursing programs provided that the applicant shall:

- (a) Submit a completed written application and appropriate fees, as established by the Board, within ninety days of graduation from an approved nursing education program;
- (b) Be a graduate of an approved nursing education program which meets criteria similar to and not less stringent than those established by this Board and which prepares for the level of licensure being sought; and
- (c) Have committed no acts or omissions that are grounds for disciplinary action, or if the Board has found after investigation that sufficient restitution has been made.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figure "90" from subsection (a) pursuant to 1 CMC § 3806(g). The final paragraph was designated as subsection (e) in the original regulation. The Commission corrected its

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designation to subsection (c) pursuant to 1 CMC § 3806(a).

§ 140-60.1-237 Temporary Permits

- (a) The Board may issue, upon applicant's submission of the appropriate form and fees, a temporary permit to practice nursing to:
- (1) Applicants for licensure as an RN or LPN/LVN by examination, to practice under the direct supervision of a CNMI-licensed RN, LPN/LVN, APRN, or physician.
 - (2) Applicants for licensure as an APRN by examination, to practice under the direct supervision of a CNMI-licensed APRN or physician.
 - (3) Applicants for licensure as an RN, LPN/LVN, or APRN by endorsement, upon verification of licensure in another jurisdiction and a Certification of Good Standing, to practice at the same level as has been granted in that jurisdiction.
- (b) A temporary license shall be valid for ninety days from the date of issuance or until a permanent licensure/certification is issued or denied, whichever occurs first.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figure "90" from subsection (b) pursuant to 1 CMC § 3806(e).

§ 140-60.1-240 Reinstatement of License

- (a) Failure to meet the requirements for renewal or to pay all applicable fees within sixty days of expiration shall result in a lapse of license; the Board may extend the time needed or waive these requirements for good cause.
- (b) A late fee of \$15.00 will accrue on the first of each month after the license has expired.
- (c) If renewal requirements are met and fees are paid within two years of expiration, the license shall be renewed from the date of expiration and the licensee shall be deemed to have possessed a valid license during the period between the expiration of the license and the submission of the required documents and fees.
- (d) The Board shall not reinstate the license of an applicant who fails to apply for reinstatement of the license within two years of the expiration date. The applicant shall apply, and meet the requirements in existence at that time, for licensure by examination or endorsement.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figures "60" from subsection (a) and "2" from subsection (d) pursuant to 1 CMC § 3806(e).

§ 140-60.1-243 Inactive Status

Any licensee who is not engaged in the practice of nursing shall not be required to renew his/her

license or pay the renewal fee. Such person shall notify the Board, in writing, of his/her inactive status and shall request placement on the inactive list prior to the expiration date of his/her current license. Prior to resumption on practice, a person on the inactive status shall request reinstatement of an active license by completion of a reinstatement form provided by the Board.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-245 Approved Institutions

The Board shall adopt internal policies and procedures which shall guide the eligibility determinations of individual institutions.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Part 300 - Certification

§ 140-60.1-302 Applications

(a) Applications containing fraudulent or misrepresented information could be the basis for denial of certification.

(b) Incomplete applications for certification become null and void one year after the date of submission.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figure “1” from subsection (b) pursuant to 1 CMC § 3806(e).

§ 140-60.1-304 Notification of Exam

(a) An admission letter, which includes the time, date, and place of examination, shall be issued to all eligible applicants.

(b) The examination fee shall only be returned for excused absences.

(c) Examination results shall be sent, by mail only, to the applicants approximately two weeks following the examination date. A certificate will be issued to those who successfully passed the exam.

(d) Examination results will be mailed to the employing agency three days after the release to the applicants.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

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Commission Comment: The Commission struck the figures “2” from subsection (c) and “3” from subsection (d) pursuant to 1 CMC § 3806(e).

§ 140-60.1-305 Certification – Hemodialysis Technicians

(a) A trained Hemodialysis Technician may only practice under the direct supervision of a Board-approved clinical preceptor until he/she has obtained a passing score on the Board approved examination.

(b) Certification by Examination.

(1) At least thirty days prior to the date of the examination, the applicant must submit the required examination application, fees, and a notarized verification of documentation demonstrating completion of a Board-approved Hemodialysis Technician training program.

(2) Examination.

(i) The Board shall develop and maintain a certification examination for Hemodialysis Technicians.

(ii) The Hemodialysis Technician advisory committee shall set the examination dates, which shall be at least six times per year, and as-needed.

(iii) Passage rate is a minimum score of 75%.

(iv) Applicants who fail the examination may repeat the examination one time within a six month period without repeating an approved training program.

(c) Certification by Endorsement. An applicant who is certified in another jurisdiction may apply for certification in the CNMI by endorsement by providing the following:

(1) Original or certified copy of certification from an other jurisdiction;

(2) Proof of good standing in all jurisdictions where the applicant is certified;

(3) Official written verification of the completion of a Hemodialysis Technician training program;

(4) Written verification of at least 1,000 hours of work as a Hemodialysis Technician during the 24 month period immediately prior;

(5) Written verification of a minimum of eighty hours of supervised clinical practice in a Board-approved Hemodialysis Technician training program under the direct supervision of an approved clinical preceptor;

(6) Proof of completion of the Hemodialysis Technician training program’s skills list;

(7) Documentation relating to any disciplinary action ordered by or pending before any Board of nursing in any jurisdiction; and

(8) Documentation of any criminal conviction within the past ten years.

(d) Certification is valid for two years from the date of issuance.

(e) Recertification.

(1) Applicant must obtain renewal applications and continuing education verification forms from the Board’s Office or apply online, if available. Failure to receive the application for renewal shall not relieve the Hemodialysis Technician of the responsibility of renewing the certificate by the expiration date.

(2) If the certificate is not renewed by the end of the renewal month, the Hemodialysis

Technician must cease practicing until the lapsed certificate has been reactivated.

(3) Applicant must accrue fifteen hours of continuing education within the 24 months immediately preceding re-certification. Board-approved courses shall consist of care and safety of a patient undergoing dialysis treatment.

(4) Applicant must provide evidence of a minimum of 1,000 hours work as Hemodialysis Technician during the 24 month period immediately preceding certification renewal. Individuals who have not met the employment requirements may not function as a Hemodialysis Technician until a refresher course has been completed and reactivation application and fee have been submitted to the Board.

(5) Completion of a refresher course shall meet both the employment and continuing education requirements. The refresher course requirements are:

(i) Completion of a minimum of eighty hours of supervised clinical practice in a Board-approved hemodialysis training program under the direct supervision of an approved clinical preceptor.

(ii) Completion of the Hemodialysis Technician training program's skills list.

(iii) Completion of the hemodialysis training program final examination with a score of at least 75%.

(iv) Written verification of successful completion of supervised clinical practice, skills list, and the final examination shall be provided to the Board by the training program's Board approved nurse educator.

(v) Completion of the Board's certification examination with a score of at least 75%.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figures "30" from subsection (b)(1), "6" from subsection (b)(2)(ii), "1" and "6" from subsection (b)(2)(iv), "80" from subsection (c)(5), "2" from subsection (d), "15" from subsection (e)(3), and "80" from subsection (e)(5)(i) pursuant to 1 CMC § 3806(e). The Commission corrected the capitalization of "nurse" in subsection (e)(5)(iv) pursuant to 1 CMC § 3806(f).

§ 140-60.1-307 Certification – Surgical/Psychiatric Technician

(a) Initial Certification. An applicant may apply for certification in the CNMI as the first jurisdiction of certification by providing an application on the form prescribed by the Board and the following:

(1) Verification of completion of an approved surgical/psychiatric technician program;

(2) Successful completion of the licensing examination approved by the Board, as recorded in the Board's internal policies;

(3) Official high school transcript demonstrating graduation;

(4) Documentation relating to any disciplinary action ordered by or pending before any board of nursing in any jurisdiction; and

(5) Proof of criminal conviction within the past ten years.

(b) Certification by Endorsement. An applicant who is certified in another jurisdiction may apply for certification in the CNMI by endorsement by providing an application on the form prescribed by the Board and the following:

(1) Original or certified copy of certification from another jurisdiction;

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- (2) Proof of good standing in all jurisdictions where the applicant is certified;
 - (3) Official written verification of the completion of a Surgical/Psychiatric Technician training program;
 - (4) Written verification of a minimum of eighty hours of supervised clinical practice in a Board-approved Surgical/Psychiatric Technician training program under the direct supervision of an approved clinical preceptor;
 - (5) Documentation relating to any disciplinary action ordered by or pending before any Board of nursing in any jurisdiction; and
 - (6) Documentation of any criminal conviction within the past ten years.
- (c) Renewal
- (1) All certifications are valid for two years from the date of issuance.
 - (2) An applicant for renewal will renew online with CBNE website, if available, or must obtain the renewal forms from the Board's Office. The application shall be completed and returned at least thirty days prior to expiration with the renewal fee.
 - (3) Renewal application postmarked after the 30 days shall be assessed an additional penalty fee or late fee.
 - (4) Fifteen hours of continuing education must be submitted with the application form for renewal.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission corrected the capitalization of the word "board" in subsection (a)(4) pursuant to 1 CMC § 3806(f). The Commission struck the figures "10" in subsection (a)(5), "80" in subsection (b)(4), "10" in subsection (b)(6), "30" in subsection (c)(2), and "15" in subsection (c)(4) pursuant to 1 CMC § 3806(e).

§ 140-60.1-310 Certification – Certified Nurse Assistants

- (a) Initial Certification. An applicant may apply for certification in the CNMI as the first jurisdiction of certification by providing an application on the form prescribed by the Board and the following:
- (1) Verification of completion of a Board-approved Nursing Assistant program;
 - (2) Successful completion of the licensing examination approved by the Board, as recorded in the Board's internal policies;
 - (3) Official high school transcript demonstrating graduation;
 - (4) Proof of employment within two years of certification;
 - (5) Documentation relating to any disciplinary action ordered by or pending before any board of nursing in any jurisdiction; and
 - (6) Proof of criminal conviction within the past ten years.
- (b) Certification by Endorsement. An applicant who is certified in another jurisdiction may apply for certification in the CNMI by endorsement by providing the appropriate fees and an application on the form prescribed by the Board and the following:
- (1) Original or certified copy of an unencumbered Nursing Assistant certification or registration that is issued by a state or territory of the United States, and that is current on the

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date of application, if the applicant has successfully completed a competency evaluation as recognized by the Board; and

(2) Proof of good standing in all jurisdictions where the applicant is certified.

(c) Renewal

(1) All certifications are valid for two years from the date of issuance.

(2) Applicant must obtain renewal applications and continuing education verification forms from the Board's Office or apply online, if available. Failure to receive the application for renewal shall not relieve the Hemodialysis Technician of the responsibility of renewing the certificate by the expiration date.

(3) To renew a certification, a CNA must submit:

(i) A completed application for renewal on a form provided by the Board along with the established renewal fee.

(ii) Verified proof of fifteen hours of continuing education; and

(iii) A certified copy of employment in a state or territory of the United States as a CNA or in a similar position that performs Nursing Assistant duties for monetary compensation for 160 hours or more during the concluding certification period; or, if the applicant has not been employed for monetary compensation during that period, proof of completion of a separate Board-approved nursing assistant program.

History: Amdts Adopted 36 Com. Reg. 35081 (June 28, 2014); Amdts Proposed 36 Com. Reg. 35047 (May 28, 2014); Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figures "2" from subsection (a)(4), "10" from subsection (a)(6), and "15" from subsection (c)(3)(ii) pursuant to 1 CMC § 3806(e). The Commission corrected the capitalization of "board" in subsection (a)(5) pursuant to 1 CMC § 3806(f).

§ 140-60.1-312 Certified Nurse Assistant Grandfather Clause

Any Nursing Assistant working in the Commonwealth on or before December 31, 2010, with at least two consecutive years of experience as a Nursing Assistant in a healthcare setting shall be deemed eligible for licensure as a Certified Nurse Assistant under the provisions of this Act and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission struck the figure "2" pursuant to 1 CMC § 3806(e). The reference to "this Act" is unclear.

§ 140-60.1-315 Reinstatement of Certification

If a licensee applying for renewal of a certification fails to submit proof of completion of the continuing education requirements or pay the late fee within sixty days of the expiration of the applicant's certification, the certification shall be considered to have lapsed on the date of expiration and the health care professional shall thereafter be required to apply for reinstatement of an expired license and meet all the requirements and fees for reinstatement.

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- (a) An applicant for reinstatement of a certification shall:
- (1) Submit proof, as set forth by the Board, of having (30) hours of continuing education in the applicant's current area of practice in the two years immediately preceding the application date;
 - (2) Meet any other requirements that the Board may set forth to determine whether the license should be reinstated; and
 - (3) Submit the completed application and its supporting documents required by the Board and pay the required fees.
- (b) The Board shall not reinstate the certification of an applicant who fails to apply for reinstatement of the certification within two years of the certification's expiration date. The applicant shall apply and meet the requirements in existence at that time for certification by examination or endorsement.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figure "60" from the opening paragraph, "2" from subsection (a)(1), and "2" from subsection (b) pursuant to 1 CMC § 3806(e).

§ 140-60.1-320 Temporary Certification

The Board may issue a temporary certification to an applicant for certification by endorsement who meets the requirements of the Board, which is valid for ninety days from the date of issuance or until a permanent certification is issued or denied, whichever occurs first.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figure "90" pursuant to 1 CMC § 3806(e).

Part 400 - Professional Standards and Scope of Conduct

§ 140-60.1-402 Standards of Practice – RN

A Registered Nurse shall:

- (a) Adhere to the standards set forth in the American Nurses Association's "Code of Ethics for Nurses," as it may be amended or republished, as well as the legal boundaries of the NPA;
- (b) Base professional decisions on nursing knowledge and skills, the needs of clients, and the expectations delineated in professional standards;
- (c) Respect the client's right to privacy by protecting confidential information unless obligated or allowed by law to disclose the information;
- (d) Accept responsibility for judgments, individual nursing actions, competence, decisions, and behavior in the course of nursing practice;

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- (e) Report unsafe nursing practice by another that he/she has reasonable cause to suspect has exposed or is likely to expose a client unnecessarily to risk of harm as a result of failing to provide client care that conforms to the minimum standards of acceptable and prevailing professional practice. The Registered Nurse shall report such conduct to the appropriate authority within the facility or to the Board;
- (f) Provide nursing services, without discrimination, regardless of age, disability, economic status, gender, national origin, race, religion, or health problems of the client served;
- (g) Not accept or perform professional responsibilities which the nurse is not competent to perform;
- (h) Not, after accepting an assignment or responsibility for a client's care, and without giving adequate notice to the supervisor so that arrangements can be made for continuation of nursing care by others:
 - (1) Unilaterally sever the established nurse-client relationship;
 - (2) Leave a client for a length of time, or in a manner, that exposes the client unnecessarily to risk of harm; or
 - (3) Leave a nursing assignment.
- (i) A violation of this Section constitutes unprofessional conduct for purposes of initiating disciplinary action.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission corrected the capitalization of the word "Registered" in subsection (e) pursuant to 1 CMC § 3806(f). The final paragraph was originally undesignated. The Commission designated it as subsection (i) pursuant to 1 CMC § 3806(a).

§ 140-60.1-403 Scope of Practice – RN

The practice of registered nursing means the performance of acts requiring substantial specialized knowledge, judgment, and skill based upon the principles of the biological, behavioral, and social sciences in the following:

- (a) The observation, comprehensive assessment, evaluation, and recording of physiological and behavioral signs and symptoms of health, disease, and injury, including the performance of examinations and testing and their evaluation for the purpose of identifying the needs of the client and family;
- (b) The development of a comprehensive nursing plan that establishes nursing diagnoses, sets goals to meet identified health care needs, and prescribes and implements nursing interventions of a therapeutic, preventative, and restorative nature in response to an assessment of the client's requirements;

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- (c) The performance of services, counseling, advocating and education for the safety, comfort, personal hygiene, and protection of clients, the prevention of disease and injury, and the promotion of health in individuals, families, and communities, which may include psychotherapeutic intervention, referral, and consultation;
- (d) The administration of medications and treatment as prescribed by a legally authorized health care professional licensed in the Commonwealth of the Northern Mariana Islands;
- (e) The administration of nursing services, which includes:
 - (1) Delegating and assigning nursing interventions to implement the plan of care;
 - (2) Managing, supervising, and evaluating the practice of nursing;
 - (3) Developing organization-wide client care programs, policies, and procedures that identify the processes to be utilized by nursing personnel to assess, identify, evaluate, and meet the needs of the clients or population served;
 - (4) Developing and implementing an organizational plan for providing nursing services;
 - (5) Implementing an ongoing program to assess, measure, evaluate, and improve the quality of nursing care being offered or provided; and
 - (6) Providing an environment for the maintenance of safe and effective nursing care.
- (f) Evaluating responses and outcomes to interventions and the effectiveness of the plan of care;
- (g) Promoting a safe and therapeutic environment;
- (h) The education and training of person(s) in the direct and indirect nursing care of the client; and
- (i) Communicating and collaborating with other health care professionals.

History: Amdts Adopted 36 Com. Reg. 35081 (June 28, 2014); Amdts Proposed 36 Com. Reg. 35047 (May 28, 2014); Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission inserted commas after the words “evaluation” in subsection (a), “referral” in subsection (c), “supervising” in subsection (e)(2), “policies” in subsection (e)(3), and “evaluate” in subsection (e)(5) pursuant to 1 CMC § 3806(g).

§ 140-60.1-405 Standards of Practice – LP/VN

A Licensed Vocational Nurse shall:

- (a) Adhere to the standards set forth in the American Nurses Association’s “Code of Ethics for Nurses,” as it may be amended or republished, as well as the legal boundaries of the NPA;
- (b) Report to the Board unprofessional conduct;
- (c) Document client care in accordance with standards of the profession;
- (d) Perform services in accordance with PL 14-62 Section 2304(h).

- (e) Maintain current knowledge and skills for safe and competent practice;
- (f) Maintain patient/client confidentiality;
- (g) Maintain professional boundaries with the client; and
- (h) Abstain from chemical/substance abuse.
- (i) A violation of this Section constitutes unprofessional conduct for purposes of initiating disciplinary action.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The final paragraph was originally undesignated. The Commission designated it as subsection (i) pursuant to 1 CMC § 3806(a).

§ 140-60.1-406 Scope of Practice – LP/VN

The Licensed Vocational Nurse performs services requiring technical and manual skills which include the following:

- (a) Uses and practices basic assessment (data collection), participates in planning, executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment plan.
- (b) Provides direct client care by which the licensee:
 - (1) Performs basic nursing services as defined in the NPA Section 2304(h);
 - (2) Administers medications except intravenous treatment and therapy, unless additional certification is obtained on intravenous therapy;
 - (3) Applies communication skills for the purpose of client care and education; and
 - (4) Contributes to the development and implementation of a teaching plan related to self-care for the client.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-410 Graduate Nurse Scope of Practice

- (a) A Graduate Nurse, as defined in the NPA Section 2304(f), may practice registered nursing only in accordance with the NPA and this Chapter.
- (b) An individual may be authorized to engage in the supervised practice of registered nursing, as a Graduate Nurse, without a CNMI license, if the individual:
 - (1) Graduated from a nursing program pursuant to PL 14-62 Section 2304(f);
 - (2) Has never taken the NCLEX RN/LPN exam; and

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- (3) Has an initial application pending for licensure by examination in the CNMI.
- (c) A person who has been denied a license, disciplined, convicted of an offense that bears directly upon his or her fitness to be licensed, or who has such an action pending in the CNMI or another jurisdiction shall not practice pursuant to this Section unless first authorized by the Board in writing.
- (d) Within seven business days of the Board's receipt of the application for licensure by exam, the Board's staff shall, at the request of the applicant, issue a supervised practice letter to the applicant to document that his/her application is pending and that he/she is authorized to practice under the NPA and this Chapter. The practice letter is not renewable and shall expire:
- (1) One year from the date of issuance; or
 - (2) Upon receipt of written notice from the Board that the application for licensure has been denied, whichever date is the earliest.
- (e) Upon receipt of the practice letter, the Graduate Nurse shall inform and give his/her employer a copy of the same letter and take action accordingly.
- (f) The Graduate Nurse may only practice under the direct supervision of a CNMI-licensed RN or APRN. A record must be kept of the hours and conditions in which the Graduate Nurse practiced under supervision. The Supervisor shall be fully responsible for the practice by a Graduate Nurse during the period of supervision and may be subject to disciplinary action for violations of the Act or this Chapter by the Graduate Nurse.
- (g) A Graduate Nurse may only practice at a hospital, long-term care facility, a health facility operated by the CNMI government, academic institution, or other Board-approved health care facility and shall not be eligible to practice registered nursing in any of the following settings:
- (1) Correctional Facility;
 - (2) Dialysis Center;
 - (3) Home Health Agency;
 - (4) Community Residential Facility;
 - (5) Nursing Staffing Agency;
 - (6) Medical Group Practice;
 - (7) School (as a school nurse); and
 - (8) Any other setting that has not received Board approval.
- (h) A Graduate Nurse practicing under this section shall not assume administrative or technical responsibility for the operation of a nursing program, unit, service, or institution.
- (i) A Graduate Nurse shall wear a picture identification badge with lettering clearly visible to the client bearing the name of the Graduate Nurse and the position title and shall verbally identify him/herself as such to all clients to whom the Graduate Nurse provides care.
- (j) A Graduate Nurse shall not receive compensation for any nature, directly or indirectly, from a client or client's family member, except for a salary based on hours worked under supervision.

(k) The Board may deny an application for licensure by, or take other disciplinary action against a Graduate Nurse, who is found to have violated the NPA or this Chapter. The Board may, in addition to any other disciplinary actions permitted by the NPA, revoke, suspend, or restrict the privilege of the Graduate Nurse to practice.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figure “7” from subsection (d) pursuant to 1 CMC § 3806(e).

§ 140-60.1-413 APRN Standards of Practice

(a) An APRN shall comply with the standards for Registered Nurses, and to the standards of the national professional nursing associations approved by the Board. Standards for a specific role and population focus of APRN supersede standards for Registered Nurses where conflict between the standards, if any, exists.

(b) An APRN shall practice within standards established by the Board in rule and assure patient care is provided according to relevant patient care standards recognized by the Board, including standards of national professional nursing associations.

(c) An APRN performing direct patient care shall maintain a method of quality assurance for evaluation of the APRN’s practice. Proof of quality assurance reviews must be maintained for five years. The APRN will make the method and reviews available to the Board upon request.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission corrected the capitalization of the word “Registered” in subsection (a) pursuant to 1 CMC § 3806(f).

§ 140-60.1-415 APRN Scope of Practice – Prescribing and Ordering Authority

(a) Position Statement. The American Academy of Nurse Practitioners advocates that Nurse Practitioners have unlimited prescriptive authority and dispensing privileges within their scope of practice in both national and international arenas. Nurse Practitioners are APRNs who have completed a formal educational program beyond that of the RN. All Nurse Practitioners have advanced education in pathophysiology and pharmacology that prepares them to diagnose and prescribe medications and treatments within their specialty area. Nurse Practitioners make independent and collaborative decisions about the health care needs of individuals, families, and groups across the life span. Four decades of research conclude that Nurse Practitioners, practicing within their scope of practice, provide safe, cost effective, quality health care. Prescribing medications and devices is essential to the Nurse Practitioner’s practice. Restrictions on prescriptive authority limit the ability of Nurse Practitioners to provide comprehensive health care services. Nurse Practitioners are registered and licensed by State Boards of Nursing or other State designated agencies. Nurse Practitioners serve as State Board of Nursing members and on advisory councils for Advanced Practice Nurses. This process promotes public safety and

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competent advanced nursing practice. The American Academy of Nurse Practitioners recommends that state Boards of nursing regulate Nurse Practitioner practice and prescriptive authority. The American Academy of Nurse Practitioners also advocates that Nurse Practitioners attain annual continuing education credits in pharmacology. The ability of Nurse Practitioners to prescribe, without limitation, legend and controlled drugs, devices, adjunct health/medical services, durable medical goods, and other equipment and supplies is essential to provide cost-effective, quality health care for diverse populations across the life span.

(b) The Board grants prescribing and ordering authority to CNMI-licensed Nurse Practitioners, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives. Further, the Board may grant prescribing and ordering authority to CNMI-licensed Clinical Nurse Specialists on a case-by-case basis. A CNMI-licensed NP, CRNA, CNM, or CNS may prescribe, procure, administer, and dispense over-the-counter, legend, and controlled substances II-V, pursuant to applicable state and federal laws and the Board's regulatory authority. These licensees may also plan and initiate a therapeutic regimen that includes ordering and prescribing medical devices and equipment, nutrition, diagnostic, and supportive services including, but not limited to, home health care, hospice, physical, and occupational therapy. The Board may, by official order, limit the ability of APRNs to prescribe and order.

(c) Prescribing Practices. Written, verbal, or electronic prescriptions and orders will comply with all applicable state and federal laws and shall include the following information:

- (1) Name, title, address, and phone number of the APRN who is prescribing;
- (2) Name of the client;
- (3) Date of prescription;
- (4) The full name of the drug, dosage, route, amount to be dispensed, and directions for its use;
- (5) Number of refills;
- (6) Signature of prescriber on written prescription; and
- (7) DEA number of the prescriber on all scheduled drugs.

(d) The licensee will immediately file any and all of his or her DEA registrations and numbers with the Board.

(e) The Board will maintain current records of all APRNs with DEA registration and numbers.

(f) NPs, CRNAs, and CNMs may receive, sign for, record, and distribute samples to patients, in accordance with state law and the DEA laws, regulations, and guidelines.

History: Amdts Adopted 36 Com. Reg. 35081 (June 28, 2014); Amdts Proposed 36 Com. Reg. 35047 (May 28, 2014); Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The original paragraphs were incorrectly designated. The Commission redesignated them as subsections (a) through (f) pursuant to 1 CMC § 3806(a).

§ 140-60.1-420 APRN Scope of Practice – Nurse Practitioner

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(a) NPs are independently responsible and accountable for the continuous and comprehensive management of a broad range of health care, according to the NP's personal limits of knowledge and experience, which include:

- (1) Advanced assessment of clients, synthesis and analysis of data, and application of nursing principles and therapeutic modalities;
- (2) Management of health care during acute and chronic bases of illness;
- (3) Admission of his/her clients to hospitals and/or health services, including, but not limited to home health, hospice, long term care and drug and alcohol treatment;
- (4) Counseling;
- (5) Consultation, collaboration, and/or referral with other health care providers and community resources;
- (6) Management and coordination of care, including situations beyond the APRN's expertise;
- (7) Use of research skills;
- (8) Diagnosis of health/illness status;
- (9) Serving as the primary care provider of record; and
- (10) Prescribing, ordering, dispensing, and administration of therapeutic devices and measures, including legend drugs and controlled substances, as provided in PL 14-62 Section 2304(k) of the NPA, consistent with the definition of the practitioner's specialty category and scope of practice.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission inserted a semicolon at the end fo subsection (a)(8) pursuant to 1 CMC § 3806(g).

§ 140-60.1-422 APRN Scope of Practice – CRNA

The Certified Registered Nurse Anesthetist may:

- (a) Perform and document a pre-anesthetic assessment and evaluation of the patient;
- (b) Request and obtain consultations, laboratory, and diagnostic studies;
- (c) Select, obtain, order, or administer pre-anesthetic medications and fluids;
- (d) Obtain informed consent or confirm that the patient has given informed consent for the services to be furnished;
- (e) Select and initiate the anesthetic technique;
- (f) Select, apply, and insert invasive and non-invasive monitoring modalities;
- (g) Select and provide supports for airway management;
- (h) Select, obtain, order, or administer anesthetic agents and adjuvant drugs;

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- (i) Select and provide mechanical support;
- (j) Select and provide fluids, electrolytes, and blood components;
- (k) Conduct ongoing assessment to identify problems and provide corrective or preventive action;
- (l) Order laboratory tests, blood gases, and other necessary interventions;
- (m) Select, obtain, order, or administer drugs, fluid, blood, and electrolyte components;
- (n) Direct and implement emergency resuscitative techniques; and
- (o) Provide clinical support functions.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-425 APRN Scope of Practice – Certified Nurse Midwife

(a) Midwifery practice, as conducted by Certified Nurse-Midwives (CNMs), is the independent management of women’s health care, focusing particularly on pregnancy, childbirth, the post-partum period, care of the newborn, the family planning and gynecologic needs of women, and resuscitation and referral for infants. A CNM practices within a healthcare system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM), unless otherwise indicated by the Board.

(b) A CNM may:

- (1) Provide midwifery intrapartum care during labor, birth, and in the hours immediately thereafter;
- (2) Provide postpartum midwifery care after delivery through health support, and information on newborn care;
- (3) Determine the need of consultation or referral for both the mother and newborn, as appropriate; and
- (4) Provide family planning (advice, counseling, and provision of various contraceptive methods), well-woman care, support, and information to women regarding their overall reproductive health, as needed.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission corrected the capitalization of the phrase “Certified Nurse Midwives” in subsection (a) pursuant to 1 CMC § 3806(f).

§ 140-60.1-427 APRN Scope of Practice-Certified Nurse Specialist

- (a) The CNS practices within three spheres of influence: individual clients and populations; nurses and other multidisciplinary team members; and organizations. Practice may target one or more spheres of influence.
- (b) Individual client care includes, but is not limited to:
 - (1) Assessing the client using tools, techniques, and methodologies based on theory and research;
 - (2) Diagnosing symptoms, functional problems, risk behaviors, and health status of the client;
 - (3) Developing a mutually derived therapeutic plan of care with the client;
 - (4) Designing, implementing, and evaluating nursing interventions by using data, research, and theoretical knowledge;
 - (5) Establishing standing orders related to nursing interventions and specific plans of care;
 - (6) Encouraging disease prevention, health promotion, and health maintenance;
 - (7) Providing referrals for the client to other health care services or providers as indicated.
- (c) Population care includes, but is not limited to:
 - (1) Planning, implementing, and evaluating data collection;
 - (2) Selecting, ordering, and recommending screening and diagnostic tests for individuals within the population;
 - (3) Interpreting and analyzing population data to formulate diagnoses in the area of needs, functional problems, risks, and health issues;
 - (4) Reviewing and revising diagnoses based on subsequent data collection;
 - (5) Innovating, implementing, guiding, evaluating, and revising population-focused plans and programs;
 - (6) Encouraging disease prevention, health promotion, and health maintenance;
 - (7) Establishing criteria for referral within a population;
 - (8) Establishing algorithms, standing orders, or practice guidelines related to specific populations;
 - (9) Informing the population about its health and promoting other community systems that influence health; and
 - (10) Assessing the need for and participating in activities to change health and social policies that affect the health of the community.
- (d) A CNS may practice with nurses and other members of the multidisciplinary care team to advance the practice of nursing and improve client care. This practice includes, but is not limited to:
 - (1) Consulting and collaborating to identify and manage health care issues;
 - (2) Providing leadership in the utilization of research in practice;
 - (3) Coaching nursing staff in clinical practice development;
 - (4) Identifying knowledge deficits of target groups providing health care; and
 - (5) Developing, providing, and evaluating educational and other programs that enhance the practice of nursing personnel and/or other members of the health care team.
- (e) A CNS may practice with organizations to provide clinical expertise and guidance. This

practice includes, but is not limited to:

- (1) Using system-wide change strategies based on an assessment of the needs and strengths of the organization;
- (2) Initiating collaborative relationships among teams to facilitate interdisciplinary practice;
- (3) Collaboratively developing and evaluating research-based and client-driven systems and processes;
- (4) Creating, advising, and influencing system-level policy that affects programs of care; and
- (5) Evaluating and recommending equipment and products being used in patient care for efficacy, efficiency, cost-effectiveness, and client/consumer satisfaction.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission inserted a comma after the word “providing” in subsection (d)(5) pursuant to 1 CMC § 3806(g).

§ 140-60.1-430 Scope of Practice – Hemodialysis Technician

The duties of a hemodialysis technician include:

- (a) Collecting and measuring vital signs and weight;
- (b) Preparing patients for dialysis;
- (c) Monitoring the dialysis procedure;
- (d) Responding to any emergency that might occur during the treatment if a higher level medical professional is not immediately available;
- (e) Taking blood samples from cannula or blood lines as needed;
- (f) Measuring and adjusting blood flow rate, checking, and rechecking patient’s vital signs;
- (g) Responding to any alarms that occur and making appropriate adjustments during treatment;
- (h) Administering cardiopulmonary resuscitation (CPR) or other life-saving techniques if a higher level medical professional is not immediately available;
- (i) Preparing patient’s station and hemodialysis machines, dialyzer, and appropriate lines;
- (j) Observing, obtaining, and recording patient’s weight at the scale pre- and post-dialysis;
- (k) Reporting any patient symptoms or reactions to charge nurse;
- (l) Recognizing, correcting, and reporting problems involving dialyzer leaks or defects in arterial or venous lines;

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- (m) Cleaning and disinfecting all equipment following procedures, as assigned; and
- (n) Demonstrating the knowledge and skills necessary to provide care appropriate to adult dialysis and peritoneal patients and to teach health prevention to pre renal and ESRD patients.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-433 Scope of Practice – Surgical Technician

A Surgical Technician, as part of his/her duties, may:

- (a) Assist in operations under the supervision of surgeons, RNs, or other surgical personnel;
- (b) Help set up the operating room with the surgical instruments and equipment, sterile linens, and sterile solutions;
- (c) Assemble, adjust, and check non-sterile equipment to ensure that it is working properly;
- (d) Prepare patients for surgery by washing, shaving, and disinfecting incision sites;
- (e) Transport patients to the operating room, help position them on the operating table, and cover them with sterile surgical “drapes”;
- (f) Observe patient’s vital signs, check charts, and help the surgical team scrub and put on gloves, gowns, and masks;
- (g) Pass instruments and other sterile supplies to surgeons and surgeon assistants;
- (h) Hold retractors, cut sutures, and help count sponges, needles, supplies, and instruments;
- (i) Help prepare, care for, and dispose of specimens taken for laboratory analysis and help apply dressings;
- (j) Operate sterilizers, lights, or suction machines, and help operate diagnostic equipment;
- (k) Maintain supplies of fluids, such as plasma and blood; and
- (l) Assist in transferring patients to the recovery room.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-435 Scope of Practice – Psychiatric Technician

A Psychiatric Technician, as part of his/her duties, may:

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- (a) Help patients with personal hygiene, such as bathing and with keeping beds, clothing, and living areas clean;
- (b) Administer oral medications, following physician's prescriptions and hospital procedures;
- (c) Use thermometers and blood pressure gauges;
- (d) Take and record measures of a patient's general physical condition, such as pulse, temperature, and respiration, to provide daily information;
- (e) Observe patient to detect behavior patterns, and report observations to medical staff;
- (f) Issue oral medications from dispensary and maintain records in accordance with specified procedures;
- (g) Encourage patients to develop work skills, social relationships, and to participate in recreational activities;
- (h) Lead prescribed individual or group therapy sessions as part of specific therapeutic procedures;
- (i) Intervene to restrain violent, potentially violent, or suicidal patients by verbal or physical means as required;
- (j) Work as member of crisis intervention team;
- (k) Contact a patient's relatives by telephone to arrange family conferences;
- (l) Complete initial admittance forms for new patients;
- (m) Monitor patients' physical and emotional well-being and report unusual behavior or physical ailments to medical staff; and
- (n) Provide nursing, psychiatric, and personal care to mentally ill, emotionally disturbed, or mentally disabled patients.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission inserted a comma after the word "psychiatric" in subsection (n) pursuant to 1 CMC § 3806(g).

§ 140-60.1-438 Scope of Practice – Certified Nurse Assistant

A CNA, as part of his/her duties, may perform:

- (a) Basic nursing skills, including:
 - (1) Monitoring body functions;
 - (2) Taking and recording vital signs;
 - (3) Measuring and recording a client's height and weight;
 - (4) Caring for the client's environment;
 - (5) Non-invasive collection and testing of physical specimens;
 - (6) Measuring and recording fluid and food intake and output;
 - (7) Caring for a client if the client's death is imminent; and
 - (8) Post-mortem care.

- (b) Personal care skills, including:
 - (1) Bathing;
 - (2) Basic daily oral hygiene;
 - (3) Grooming and dressing;
 - (4) Toileting;
 - (5) Assisting with eating and hydrating;
 - (6) Proper feeding techniques; and
 - (7) Skin care.

- (c) Safety concepts related to nursing, including:
 - (1) Medical aseptic technique, including isolation;
 - (2) Basic life support;
 - (3) Environment;
 - (4) Body mechanics;
 - (5) Transfer and ambulation;
 - (6) Restraints and other protective devices;
 - (7) Fire and disaster; and
 - (8) Standards precautions for food services and infection control.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Part 500 - Continuing Education

§ 140-60.1-502 Continuing Education Requirements for Renewal

- (a) Each licensee renewing a license for APRN, RN, or LPN/LVN shall submit proof of having completed; during the preceding two years, thirty hours of continuing education acceptable to the Board, conducted by a Board-approved provider.

- (b) Each licensee renewing a certification as a technician or nurse assistant shall submit proof of having completed, during the preceding two years, fifteen hours of continuing education acceptable to the Board, conducted by a Board-approved provider.

- (c) To obtain an active license for the next renewal period, the licensee shall be required to

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submit documentation, using the renewal application form, that the requirements for continuing education as prescribed by the Board of Nurse Examiners have been met.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figures “30” from subsection (a) and “15” from subsection (b) pursuant to 1 CMC § 3806(e).

§ 140-60.1-503 Continuing Education Courses

(a) One clock hour of course-related documented clinical experience shall equal one hour of continuing education.

(b) In addition to courses individually granted approval by the Board, the Board shall accept continuing education programs acceptable to licensing Boards in other U.S. jurisdictions and those recognized by Board-approved organizations, which shall be predetermined by the Board’s internal policies.

(c) The Board shall accept courses which are normally offered as a prerequisite to or part of a registered nursing program, or college/university course related to the Licensed Vocational Nurse scope of practice if the licensee is not otherwise receiving credit for the course.

(d) Course Approval. Providers applying for approval of a continuing education course must use the Board-provided forms and supply the following information:

- (1) A description of the subject matter of the course as it relates to recent developments in the vocational nursing field or in any special area of vocational nursing practice;
- (2) The course objectives;
- (3) Method of instruction;
- (4) Dates, total number of hours in the course, and the course location;
- (5) Any enrollment restrictions or prerequisites; and
- (6) Instructor’s qualifications.

(e) Approved courses will remain valid for a period of two years from the date of Board approval, unless the provider is otherwise notified. Approval of a continuing education course may be withdrawn if the Board later discovers misrepresentation of the information.

(f) Approval of Course Instructors. For approval, instructors shall meet two of the following:

- (1) Completion within two years preceding course approval of specialized training in the subject matter of the course;
- (2) Completion of academic studies related to the subject matter of the course within two years of course approval;
- (3) Experience teaching a course with similar matter content within the previous two years;
- (4) Six months of work experience in the subject matter of the course within the previous three years; or
- (5) Experience in developing academic course within two years preceding course approval.

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(g) Course Completion Certificates and Reporting.

(1) At the completion of the course, the provider shall issue a certificate to each licensee.

(2) The licensee shall record on the license renewal form the date each course was completed, provider/course number, course title, and total hours of the course.

(3) Licensees are required to maintain a record of continuing education courses taken during the last four years.

(h) Exemptions from Continuing Education Requirements.

(1) A licensee applying for renewal must request an exemption from the continuing education requiring using the Board-approved form.

(2) The applicant must show evidence satisfactory to the Board that during the two-year period immediately prior to the expiration date of the applicant's license, the licensee:

(i) Has been absent from the CNMI because of military or missionary service for a period of one year or longer, preventing completion of continuing education requirements;

(ii) Should be exempt from the continuing education requirements for reasons of health, which includes total physical and/or mental disability for one year of oneself or of an immediate family member for whom the licensee has total responsibility, as verified by a licensed physician and surgeon or licensed clinical psychologist; or

(iii) Other good cause, as determined by the Board and consistent with its internal policies and procedures.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figure "4" from subsection (g)(3) pursuant to 1 CMC § 3806(e).

Part 600 - Revenue and Fees

§ 140-60.1-602 Fees and Fines Schedule

The Board shall maintain a schedule of fees and fines, which shall be published publically at the Board's Office and its website, if available, and shall be available at the Board's Office for the cost of printing. The Board shall also provide public notice at least 72 hours in advance of any changes to the schedule.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-605 CNMI Board of Nursing Fees and Fines Account

(a) The Board shall deposit fees and fines into the "CNMI Board of Nursing Fees and Fines Account," which shall be held at a privately owned, FDIC-insured banking institution.

(b) The elected Officer positions shall have signatory authority over the account. Any person who is no longer an active member of the Board or an elected Officer must be removed as a signatory within two business days of the change.

(c) The Treasurer shall have the primary responsibility to manage the funds within the bank, maintain proper records, and to prevent the misuse of funds, such as overdrafts or other penalties.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figure “2” from subsection (b) pursuant to 1 CMC § 3806(e).

Part 700 - Reporting Requirements

§ 140-60.1-702 Duty of Licensees to Report

Any person licensed or certified by this Board shall report names of subject individuals to the Board if the licensee has reasonable cause to suspect that a licensee or an applicant has violated any of the grounds for discipline stated in these regulations or the NPA, except for minor incidents, which are described in § 140-60.1-705, “Exception to Duty to Report – Minor Incidents,” of these rules.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-703 Duty of Others to Report

The direct employer of any person licensed under this chapter shall report to the Board the name of any licensee or applicant:

(a) Who has violated any of the grounds for discipline stated in these regulations or the NPA, except for minor incidents, as described in § 140-60.1-705, “Exception to Duty to Report – Minor Incidents,” of these rules.

(b) Whose employment has been terminated or who has resigned in order to avoid termination.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-705 Exception to Duty to Report – Minor Incidents

(a) The supervisor responsible for reviewing incidents of practice breakdown may determine that an incident need not be reported to the Board if all of the following factors exist:

(1) The potential risk of physical, emotional, or financial harm to the client due to the incident is minimal;

(2) The nurse exhibits a conscientious approach to and accountability for his or her practice; and

(3) The nurse has demonstrated the knowledge and skill/to practice safely.

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- (b) The review of the incident shall include evaluation of the significance of the event in the practice setting, the context of the event, and the presence of contributing or mitigating circumstances in the nursing care delivery system.
- (c) If an event is determined to be a minor incident:
- (1) An incident/variance report shall be completed according to the employing facility's policy, including a complete description of the incident, client record number, names of witnesses, identification of subject licensee, and action to correct or remediate the problem;
 - (2) The supervisor shall maintain a record of each minor incident involving licensee under his. or her supervision; and
 - (3) The supervisor shall report to the Board if four minor incidents involving a licensee are documented within a six-month time period; if a licensee leaves employment before completing any employer expectations for reeducation or other remediation; or if the risk of ongoing problems that do not respond to employer remediation expose patients to unsafe nursing care.
- (d) Nothing in this rule is intended to prevent reporting of a potential violation directly to the Board. Uncertainty should err in favor of reporting to the Board.
- (e) Failure to classify an event appropriately in order to avoid reporting may result in discipline.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission struck the figure "4" from subsection (c)(3) pursuant to 1 CMC § 3806(e).

§ 140-60.1-710 Duty to Report – Insurers

Twice each year, by the first day of February and August, each insurer authorized to sell insurance in the CNMI and providing professional liability insurance to RNs, LPN/VNs, or APRNs shall submit to the Board a report concerning any nurse against whom a malpractice award has been made or who has been a party to a settlement. The report shall contain at least the following information:

- (a) The total number of settlements or awards;
- (b) The date the settlement or award was made;
- (c) The allegations contained in the claim or complaint leading to the settlement or award;
- (d) The dollar amount of each malpractice settlement or award and whether that amount was paid off as a result of a settlement or of an award.
- (e) The name and address of the nurse against whom an award was made or with whom a settlement was made.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29,

2012).

Part 800 - Discipline and Proceedings

§ 140-60.1-802 Professional Boundaries

The following principles shall delineate the responsibilities of the licensee regarding the establishment and maintenance of appropriate professional boundaries with a current or former patient and key party. Patient consent to, or initiation of a personal relationship, is not a defense. The licensee shall:

- (a) Establish, maintain, and communicate professional boundaries with the patient, avoiding relationships with patients that could impair the licensee's professional judgment;
- (b) Not exploit, in any manner, the professional relationship with a patient for the licensee's emotional, financial, sexual, or personal advantage or benefit;
- (c) Avoid dual relationships to the extent possible, making alternate arrangements for care when necessary, if a licensee's ability to provide appropriate care would be impaired due to the nature of the additional relationship with the patient;
- (d) Not engage in self-disclosure to a patient unless it is limited in terms of amount, nature, and duration, and does not adversely impact the patient's care and well-being;
- (e) Not use any confidence of a patient to the patient's disadvantage or for the advantage of the licensee;
- (f) Avoid statements or disclosures that create a risk of compromising a patient's privacy, confidentiality and dignity. This includes, but is not limited to, statements or disclosures via electronic media; and
- (g) Recognize the importance of clear understandings with the patient regarding financial matters. A licensee shall not engage in loans to or from a patient, shall not barter with a patient, and shall only accept gifts of minimal value from a patient or key party.
- (h) Refrain from posting to a social media platform, such as Facebook or Twitter, any photographs or descriptions of a client or his/her specific medical condition. The fact that the client has given consent or that the client cannot easily be identified by the picture/description is not an exception to this rule.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-804 Licensee-Patient Relationship

- (a) A licensee may not engage or attempt to engage in sexual or romantic conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation

of the former patient. Factors which the Board may consider in determining risk of harm or exploitation include, but are not limited to:

- (1) The length of time the licensee-patient relationship existed;
- (2) The circumstances of the cessation or termination of the licensee-patient relationship;
- (3) The amount of time that has passed since nursing services were terminated;
- (4) The nature of the patient's health status and the extent of care received;
- (5) The degree of the patient's dependence and vulnerability;
- (6) Any statements or actions made by the nurse during the course of treatment suggesting or inviting the possibility of sexual or romantic conduct.

(b) Due to the unique vulnerability of mental health patients, including patients with substance use or dependency disorders, licensees are prohibited from engaging in or attempting to engage in sexual or romantic conduct with such former patients for a period of at least one year after termination of nursing services.

(c) These rules do not prohibit providing:

- (1) Health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of, or potential for, exploiting the patient; or
- (2) Contact that is necessary for a health care purpose that meets the standards of the profession.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-805 Disciplinary Authority

The Board has the authority to refuse to issue or renew a license; to limit; suspend or revoke a license; place on probation or reprimand; or otherwise discipline a licensee for any one or a combination of the grounds set forth in 3 CMC § 2314.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

§ 140-60.1-810 Disciplinary Process

(a) The Board shall investigate alleged acts or omissions that the Board reasonably believes violate the NPA or the CNMI Nursing Administrative Rules. The basis of the investigation may be either by written complaint submitted to the Board or by a motion of the Board.

(b) The subject of the investigation shall be informed of the allegations or purpose of the investigation and shall be given at least sixty days to respond before charges may be brought against him or her.

(c) Complaint Resolution.

- (1) Complaints may be settled through informal negotiations with the subject licensee and/or subject licensee's attorney.
- (2) The Board's legal counsel shall review negotiated settlements to determine whether the

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proposed remedy is appropriate for the facts as admitted or stipulated.

(3) If a complaint cannot be resolved through informal negotiations, the case may be referred to the Attorney General's Office for formal administrative hearings.

(4) At any time, the cited person may make a request for an administrative hearing, which shall be held within sixty days of the request.

(d) Administrative Hearings

(1) Any disinterested Board member, not involved in the collection of investigatory evidence, may be a finder of fact in an administrative hearing.

(2) The Board may allow the hearing to be conducted by an administrative law judge. The Board shall then review the evidence and record produced at the administrative hearing, along with the recommendations of the administrative law judge, to determine whether the burden of proof has been met with regards to any violation. The Board is responsible for making final disciplinary decisions.

(f) Notification of Decision

(1) The Board shall provide information, as required by federal law, to federal databanks, to the NCSBN centralized licensing and discipline databank (Nursys), and may develop procedures for communicating with others.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission corrected the capitalization of the word "complaint" in subsections (a) and (c)(3) pursuant to 1 CMC § 3806(f). The Commission struck the figures "60" from subsection (b) and (c)(4) pursuant to 1 CMC § 3806(e). The Commission corrected the designation of subsection (f)(1) pursuant to 1 CMC § 3806(a).

§ 140-60.1-815 Fine and Order of Abatement for Unlicensed Practice

(a) A citation and order of abatement shall be issued against any person who is performing or who has performed services for which licensure is required under the NPA or these regulations. The amount of the fine shall be based on the following:

- (1) Whether the violation was deliberate;
- (2) Whether the individual has any training or credentials;
- (3) Duration of the unauthorized practice;
- (4) Extent of services offered or performed;
- (5) Manner in which the individual held him/herself out as a licensed professional;
- (6) Other considerations deemed relevant.

(b) If the individual is able to correct the deficiency in licensure/certification in the time set forth on the order, all or part of the fine may be forgiven, as pre-determined by the Board.

(c) If a person who has been issued an order of abatement is unable to complete the correction within the time set forth in the citation because of conditions beyond his/her control after the exercise of reasonable diligence, he/she may request an extension of time to complete the correction. Such a request shall be in writing to the Board and shall be made within the time

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set forth for abatement. The Board shall notify the individual within fifteen days of receipt whether the extension will be granted.

(d) If the citation is not contested or if the order is appealed and the person cited does not prevail, failure to abate the violation or to pay the assessed fine within the time allowed shall constitute a violation and a failure to comply with the citation or order of abatement and may result in additional disciplinary action being taken by the Board or other appropriate judicial relief being taken against the person cited.

(e) If a fine is not paid after a citation has become final, the fine shall be added to the cited person's license renewal fee. A license shall not be renewed without payment of the renewal fee and fine.

(f) The issuance and disposition of a citation shall be reported to other Boards of Nursing, and other regulatory agencies.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission corrected the capitalization of the words "Order" and "Abatement" in subsections (a) through (d) pursuant to 1 CMC § 3806(f). The Commission struck the figure "15" from subsection (c) pursuant to 1 CMC § 3806(e).

§ 140-60.1-820 Bases for Discipline or Restriction on Licensure/Certification

In addition to the actions stated in NPA Section 2314, the following shall be grounds for discipline or restriction of licensure/certification:

(a) Gross Negligence, which means a substantial departure from the standard of care which, under similar circumstances, would have ordinarily been exercised by a competent licensee, and which has or could result in harm to the consumer. An exercise of so slight a degree of care as to justify the belief that there was a conscious disregard or indifference for the health safety, or welfare of the consumer shall be considered a substantial departure from the above standard of care.

(b) Incompetence, which means the lack of possession of and the failure to exercise that degree of learning, skill, care, and experience ordinarily possessed and exercised by responsible licensee.

(c) Failure to report known or suspected child abuse cases to a child protective agency.

(d) Failure to report known or suspected elder physical abuse to an elder protective agency.

(e) Failure to report known or suspected physical abuse of a legally dependent adult to an adult abuse protective agency.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29,

2012).

Commission Comment: The Commission inserted a comma after the word “care” in subsection (b) pursuant to 1 CMC § 3806(g).

§ 140-60.1-825 Criteria for Denial, Suspension, or Revocation of License/Certification

(a) **Substantial Relationship Criteria.** For the purposes of denial, suspension, or revocation of a license or certification, a crime or act shall be considered to be substantially related to the qualifications, functions, or duties of a licensee if to a substantial degree it evidences present or potential unfitness of a licensee to perform the functions authorized by his license in a manner consistent with the public health, safety, or welfare. Such crimes or acts shall include, but not be limited to those involving the following:

- (1) Procuring a license by fraud, misrepresentation, or mistake;
- (2) Practicing medicine without the appropriate license or certification;
- (3) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or term of the NPA;
- (4) Aiding or agreeing to aid any person in a violation of any of the provisions of the NPA;
- (5) Conviction of a crime involving fiscal dishonesty or moral turpitude;
- (6) Any crime or act involving the sale, gist, administration, or furnishing of narcotics or dangerous drugs or dangerous devices.

(b) **Criteria for Denial.** When considering the denial of a license or certification, the Board, in evaluating the rehabilitation of the applicant and his present eligibility for a license, will consider the following criteria:

- (1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial;
- (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under this Section.
- (3) The time that has elapsed since commission of the act(s) or crime(s); and
- (4) The licensee or applicant’s cooperation with the Board and reporting.

(c) **Criteria for Suspensions or Revocations.** When considering the suspension or revocation of a license on the ground that a licensee has been convicted of a crime, the Board, in evaluating the rehabilitation of such person and his eligibility for a license will consider the following criteria:

- (1) Nature and severity of the act(s) or offense(s);
- (2) Total criminal record;
- (3) The time that has elapsed since commission of the act(s) or offense(s);
- (4) Whether the licensee has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the licensee;
- (5) If applicable, evidence of expungement proceedings pursuant to Section of Penal code*;
- (6) Evidence, if any, of rehabilitation submitted by the licensee.

* So in original.

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History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission removed an extraneous quotation mark from subsection (a)(6) pursuant to 1 CMC § 3806(g).

§ 140-60.1-830 Citations/Fines

(a) In addition to or instead of action on a license/certification, the Board may issue citation for fines for violations of the NPA or these rules and regulations.

(1) Each citation shall be in writing, shall indicate the classification of the citation, and shall describe with particularity the nature and facts of each violation specified in the citation, including a reference to the statute or regulation alleged to have been violated.

(2) The citation may contain an assessment of an administrative fine, an order of abatement fixing a reasonable time for abatement of the violation or both.

(3) The citation shall inform the cited person of the right to an informal conference concerning the matter and of the right to an administrative hearing.

(4) The citation shall be served upon the cited person personally or by certified and regular mail.

(b) There shall be two classes of violations, Class "A" and Class "B."

(1) The fine for each Class A violation shall not be less than \$300 or not more than \$1,000.00. A Class "A" violations* include:

(i) A violation which resulted in or could have resulted in patient harm and where there is not evidence that revocation or other disciplinary action is required to ensure consumer safety. Such violations include, but are not limited to, patient abandonment and falsifying nursing notes.

(ii) Any violation which is neither directly nor potentially detrimental to patients or their care. Such violations include, but are not limited to, a violation committed for personal and/or financial gain or fraud.

(iii) A minor or technical violation which continues for six months or more in duration; or

(iv) A minor or technical violation after previously receiving one or more "B" citations.

(2) The fine for each class "B" violation shall not exceed \$1,000. A class "B" violation is a minor or technical violation which is neither directly nor potentially detrimental to patients or their care and which continues for less than six months .in duration. Such violations include, but are not limited to, practicing with an expired license, pre-charting, charting errors, or verbal abuse.

(3) If it is unclear whether the violation should be considered a class "A" or "B" violation; the Board may consider the following factors:

(i) Nature and severity of the violation;

(ii) Duration of the violation;

(iii) If a great amount of time has passed since the violation occurred and the licensee has taken measures to remedy the violation;

(iv) Consequences of the violation, including potential or actual client harm;

(v) History of previous violations of the same or similar nature; and

(vi) Evidence that the violation was willful.

(4) The following factors shall be considered in determining the amount of fine to be assessed:

- (i) Gravity of the violation;
- (ii) History of previous violations of the same or a similar nature;
- (iii) The good and bad faith exhibited by the cited person;
- (iv) Evidence that the violation was willful;
- (v) The extent to which the cited person cooperated with the Board's investigation;
- (vi) The extent to which the cited person has remediated any knowledge and/or skills deficiencies, which could have injured a patient; and
- (vii) Any other mitigating or aggravating factors.

* So in original.

History: Amdts Adopted 35 Com. Reg. 33361 (May 28, 2013); Amdts Proposed 34 Com. Reg. 33059 (Oct. 29, 2012).

Commission Comment: The Commission designated subsections (a) and (b) pursuant to 1 CMC § 3806(a).

Part 900 - Standards for Educational Programs: Associate and Bachelor's Degree

§ 140-60.1-901 Philosophy Governing Approval of Schools of Nursing

(a) While the Board of Nurse Examiners herein has established minimum standards for approved schools of nursing, it believes that each school of nursing should have flexibility in developing and implementing its philosophy, purpose, and objectives. Such development and implementation should be based not only upon the minimum standards for approved schools of nursing, but also upon sound educational and professional principles for the preparation of Registered Nurses to meet current and future nursing needs of the public.

(b) The Board of Nurse Examiners believes that there must be congruence between the total program activities of the school of nursing and its stated philosophy, purposes, and objectives.

(c) The Board further believes that the minimum standards for approved schools of nursing can be useful to schools of nursing by promoting self-evaluation which may lead to program development and improvement.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected the capitalization of the word "registered" in subsection (a) pursuant to 1 CMC § 3806(f).

§ 140-60.1-905 Purpose of Board

The Board of Nurse Examiners approves schools of nursing for the following purposes:

(a) To ensure the safe practice of nursing by setting minimum standards for schools of nursing preparing persons for licensure as Registered or Practical Nurses;

(b) To provide the public and prospective students with a list of schools of nursing that meet the minimum standards;

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- (c) To safeguard the educational preparation of the students;
- (d) To assure the graduates of approved schools of their eligibility for admission to the licensing examination for Registered or Practical Nurses;
- (e) To facilitate interested endorsement of graduates from other state boards' approved schools of nursing.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected the capitalization of the word "nurses" in subsection (a) pursuant to 1 CMC § 3806(f). The Commission corrected the periods at the ends of subsections (a) through (d) to semicolons pursuant to 1 CMC § 3806(g).

§ 140-60.1-907 Purpose, Philosophy and Objectives for Approved Schools of Nursing

- (a) The purpose, philosophy and objectives of the school shall be stated clearly and shall be available in written form. They shall be consistent with the definition of nursing practice.
- (b) The school shall have a statement of philosophy that is consistent with the philosophy of the college or university.
- (c) The objectives shall be consistent with the philosophy and shall describe the cognitive, affective, and psychomotor capabilities of the graduate.
- (d) The philosophy and objectives shall be used by the faculty in planning, implementing, and evaluating the total program.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission inserted a comma after the word "affective" in subsection (c) pursuant to 1 CMC § 3806(g).

§ 140-60.1-910 Organization and Administration for Approved Schools of Nursing

- (a) Accreditation of colleges and universities and of extended learning sites:
 - (1) Colleges and universities which sponsor a school of nursing shall be accredited by their appropriate accrediting bodies.
 - (2) Extended learning sites shall be accredited or approved by the appropriate body.
- (b) There shall be adequate financial support to provide stability for the development and continuation of the school of nursing.
- (c) School of nursing organization and administration:
 - (1) Administration of the school of nursing shall be the responsibility of a Nurse Administrator.
 - (2) There shall be an organizational chart showing lines of authority, formal communication,

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and cooperative relationships among the school of nursing and the educational, administrative, and support service units of the college or university.

(3) Administrative policies shall be stated clearly and be available in written form. Nursing education program policies and procedures shall be in written form, congruent with those of the institution, and shall be reviewed periodically.

(4) Administrative records shall be maintained and shall include general school records, faculty vitae, minutes of faculty and committee meetings, and reports to the college or university. Nursing education program policies and procedures shall be in written form, congruent with those of the institution, and shall be reviewed and updated periodically by both school staff and CBNE.

(5) The Nurse Administrator of the school of nursing shall be responsible for preparing budget recommendations and for budget administration.

(6) Allocation of the school budget shall reflect the purpose, philosophy, and objectives of the school.

(7) A current school bulletin shall be available and shall provide an accurate description of the school of nursing and its program.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected a period at the end of subsection (c) to a colon pursuant to 1 CMC § 3806(g). The Commission inserted commas after the words “communication” and “administrative” in subsection (c)(2) and “philosophy” in subsection (c)(6) pursuant to 1 CMC § 3806(g). The Commission corrected the capitalization of the word “nursing” in subsection (c)(7) pursuant to 1 CMC § 3806(f).

§ 140-60.1-915 Resources, Facilities, and Services for Approved Schools of Nursing

(a) Classrooms, laboratories, and conference rooms shall be available and shall be adequate in size, number, and type according to the number of students and the educational purposes for which the rooms are to be used.

(b) Offices shall be available and adequate in size, number, and type to provide faculty with opportunity for uninterrupted work and privacy for conferences with students. Offices shall have adequate space for clerical staff, records, files, and other equipment.

(c) Extended learning site:

(1) A variety of sites may be utilized for student experience. These may include, but need not be limited to hospitals, mental health clinics, and public health departments.

(2) Extended learning sites shall provide learning experiences of sufficient number and variety for student achievement of the course/curriculum objectives.

(3) Written agreement shall be maintained between the school and the extended learning sites. Such agreement shall be reviewed periodically and shall state the responsibilities and privileges of each party, which shall include a termination clause.

(4) Extended learning sites shall be approved by the CNMI BON for their educational use.

(d) Library facilities shall be provided for use by the faculty and students. Physical arrangement, usefulness, scope and currency of books, periodicals, and hours shall be appropriate for the purpose of the school and the number of faculty and students.

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- (e) Secretarial and support services shall be adequate to meet the needs of the nursing school.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission inserted commas after the words “laboratories” and “number” in subsection (a), “number” in subsection (b), and “clinics” in subsection (a) pursuant to 1 CMC § 3806(g).

§ 140-60.1-920 Nurse Administrator Qualifications

- (a) A Nurse Administrator for an Approved School of Nursing shall have the following qualifications:

- (1) A current license to practice as a Registered Nurse in the Commonwealth;
- (2) A baccalaureate degree in nursing and a master’s degree with a major in nursing or education from an accredited college or university;
- (3) A minimum of five years of professional experience as a Registered Nurse which includes two years teaching in an approved school of nursing;
- (4) Exceptions shall be justified to and approved by the CBNE.

- (b) A Nurse Administrator shall have sufficient time provided for carrying out administrative and instructional responsibilities that are consistent with the scope of the administrative responsibility.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The paragraphs in the original regulation were undesignated. The Commission designated the paragraphs as subsections (a) and (b) pursuant to 1 CMC § 3806(a). The Commission corrected periods at the ends of subsections (a)(1) through (a)(3) to semicolons pursuant to 1 CMC § 3806(g).

§ 140-60.1-925 Nurse Administrator Responsibilities

All Nurse Administrators are responsible for the following functions:

- (a) Create and maintain an environment conducive to teaching and learning;
- (b) Serve as liaison with the central administration and other units of the college or university;
- (c) Organize and administer the nursing program;
- (d) Provide educational leadership for the faculty and students of the school;
- (e) Facilitate recruitment, selection, and development of qualified faculty;
- (f) Recommend faculty for appointment, promotion, tenure, and retention;
- (g) Facilitate recruitment, selection, and development of qualified faculty;

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- (h) Plan and administer the budget;
- (i) Facilitate arrangements for all necessary resources and services;
- (j) Facilitate peer and student evaluation of teaching effectiveness;
- (k) Facilitate development of long range goals and objectives for the nursing program;
- (l) Facilitate the recruitment, selection, and retention of students;
- (m) Assure that the minimum rules and regulations of the CBNE are effectively implemented.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected the periods at the ends of subsections (a) through (l) to semicolons pursuant to 1 CMC § 3806(g). The Commission inserted commas after the words “selection” in subsections (e), (g), and (l), and “tenure” in subsection (f) pursuant to 1 CMC § 3806(g). Subsections (e) and (g) are identical in the original regulation; see 36 Com. Reg. 35057 (May 28, 2014).

§ 140-60.1-930 Faculty for Approved Schools of Nursing

- (a) Faculty shall have the following qualifications:
 - (1) A current license to practice as a Registered Nurse in the United States or U.S. territory, and the CNMI.
 - (2) The Nurse Educator or Nurse Educator Associate shall hold at least a master’s degree in nursing or a baccalaureate degree in nursing with a master’s degree in a related field and have at least 3 years of nursing experience.
 - (3) Each Clinical Teaching Associate shall hold at least a bachelor’s degree in nursing with no less than three years of nursing experience. Each Clinical Teaching Associate shall hold at least the level of preparation for which students are being taught; and have at least three years of nursing experience.
 - (4) Exceptions shall be justified to and approved by the Board of Nurse Examiners.
- (b) Principal functions of the faculty shall include but not be limited to:
 - (1) Develop, implement, and evaluate the philosophy and objectives of the program;
 - (2) Construct, implement, evaluate, and revise the curriculum;
 - (3) Develop and evaluate policies and standards for the selection, admission, promotion, and graduation of nursing students within the framework of the policies of the college or university;
 - (4) Evaluate student achievement in terms of course and program objectives, assign grades for courses according to policies, and recommend successful candidates for the degree or diploma;
 - (5) Develop, implement, and evaluate statements of policy necessary for the operation of the program, and participate in appropriate activities of the college or university;
 - (6) Participate in academic counseling of students;
 - (7) Provide for peer and student evaluation of teaching effectiveness;
 - (8) Participate in periodic review of the total nursing program;
 - (9) Participate in the overall faculty activities of the college or university, (e.g. governance,

interdepartmental teaching and research).

(c) A nursing faculty organization, with delineated policies and procedures, shall be established in harmony with the policies of the college or university.

(1) All faculties shall participate in the activities of the faculty organization in ways consistent with their position and responsibilities.

(2) Committees shall be established, as necessary, to effectively carry out the functions of the faculty. The purpose and membership of each committee shall be defined clearly.

(3) Meetings shall be held on a regular basis.

(4) Minutes, including faculty action, shall be recorded in writing and kept on file for ready reference.

(d) Facility/student ratio:

(1) Faculty shall be provided in adequate number and kind to meet the purposes and objectives of the program.

(2) Twelve students is the maximum a faculty member shall be responsible for at any one time in the clinic area. A lower ratio may apply to students in initial or highly complex learning situations. Factors to be considered in determining the ratio are:

(i) The preparation and expertise of the faculty member;

(ii) The objectives to be achieved;

(iii) The level of students;

(iv) The number, type, and conditions of patients;

(v) The number, type, location, and physical layout of clinical facilities.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected punctuation at the ends of subsections (b)(1) through (b)(8), (d)(1), and (d)(2)(i) through (d)(2)(v) pursuant to 1 CMC § 3806(g). The Commission inserted commas after the words “implement” in subsections (b)(1) and (b)(5), “promotion” in subsection (b)(3), and “location” in subsection (d)(2)(v) pursuant to 1 CMC § 3806(g).

§ 140-60.1-935 Curriculum for Approved Schools of Nursing

(a) The basic curriculum shall not be less than two academic years.

(b) The length, organization, content, instruction methods, and placement of courses shall be consistent with the philosophy and objectives of the school and of the college or university.

(c) The curriculum shall reflect faculty-wide participation in its planning, implementation, and evaluation.

(d) The curriculum shall include:

(1) Instruction in the physical and biological sciences and shall include content drawn from the areas of anatomy and physiology, physics, chemistry, microbiology, pharmacology, and nutrition, which may be integrated, combined, or presented as separate courses;

(2) Instruction in the social and behavioral sciences and shall include content drawn from the areas of psychology, sociology, and which may be integrated, combined, or presented as separate

courses;

(3) Theory and clinical experiences in the areas of medical nursing, surgical nursing, obstetric nursing, nursing of children, and psychiatric nursing which may be integrated, combined, or presented as separate courses;

(4) History, trends, and legal and ethical issues pertaining to the nursing profession that may be integrated, combined, or presented as separate courses. Baccalaureate programs shall include study of research principal;

(5) Opportunities for the student to learn assessment of needs, planning, implementation, and evaluation of nursing care for diverse individuals and groups;

(6) Clinical experiences in the care of persons at each state of the human life cycle. These experiences shall include opportunities for the student to learn and provide nursing care in the areas of acute and chronic illnesses, promotion and maintenance of wellness, prevention of illness, and rehabilitation. The emphasis placed on these areas, the scope encompassed, and other allied experiences offered shall be in keeping with the purpose, philosophy, and objectives of the program.

(e) Dedicated Education Unit (DEU) Conceptual Model for Clinical Teaching

(1) A Dedicated Education Unit (DEU) is a client unit that is developed into an optimal teaching/learning environment through the collaborative efforts of nurses, clinicians, management, and faculty. It is designed to provide students with a positive clinical learning environment that maximizes the achievement of student learning outcomes, uses proven teaching/learning strategies, and capitalizes on the expertise of both clinicians and faculty while giving excellent patient care.

(2) The DEU concept is built on the belief that the clinician's educational roles are vital to the development of students' professional skills and knowledge.

(3) Clinicians on the DEU are the primary teachers of the students. Staff are selected on this unit and agreed to collaborate with faculty to be preceptors, educators, and clinical expert role models for the students. Staff are prepared for their teaching role through a one-day workshop at the School of Nursing to introduce the concept of the DEU, review the curriculum, clinical course content and expected clinical outcomes and explore teaching/learning strategies to facilitate clinical learning.

(4) The DEU climate is one of mutual respect, open communication, and collaboration. DEU clinicians, faculty, and students are committed to work together to build an optimal learning community.

(5) A School of Nursing using the DEU Conceptual Model for clinical teaching and best practice for clinical learning, its students are the only ones present on the unit. Clinicians selected to be a Clinical Teaching Associate on a DEU for one nursing program cannot be a Clinical Teaching Associate for another nursing program. This allows staff to develop closer relationships with both the students and the faculty and avoid the confusion of different outcomes and expectations of different nursing programs.

(6) A clinical faculty member is assigned to the DEU and is present at various scheduled times during the week. A faculty's primary role is to work directly with the staff as coach to support their teaching, facilitate the transfer of classroom learning to practice, assure the achievement of expected learning outcomes, and assist with the resolution of problems that may arise.

(7) Faculty have the final responsibility for evaluation, but will collaborate with the staff in

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their evaluation of student's achievements.

(8) Description of roles & responsibilities for Nurse Manager of a DEU, DEU Clinicians (Clinical Teaching Associate), DEU Coordinator, Clinical Faculty Coordinator, and Student will be defined by the School of Nursing using the DEU Conceptual Model for clinical teaching.

(f) Provision shall be made for systematic and periodic evaluation of the curriculum by faculty and students.

(g) Any proposed major curriculum revision, such as changes affecting the philosophy and objectives, significant course content changes, or changes in the length of the program, shall be presented to the Board at least three months prior to implementation and in accordance with procedures outlined by the Board.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected punctuation at the end of subsections (d)(1) through (d)(5) pursuant to 1 CMC § 3806(g). The Commission inserted commas after the words "combined" in subsections (d)(1) through (d)(4), "pharmacology" in subsection (d)(1), "children" in subsection (d)(3), "implementation" in subsection (d)(5), "illness" and "philosophy" in subsection (d)(6), "unit," "management," and "strategies" in subsections (e)(1), "communication" and "faculty" in subsection (e)(4), and "outcomes" in subsection (e)(6) pursuant to 1 CMC § 3806(g). The Commission corrected "achievement" to "achievements" in subsection (e)(7) pursuant to 1 CMC § 3806(g). The Commission corrected the capitalization of the words "unit" in subsection (e)(1) and "nursing program" in subsection (e)(5) pursuant to 1 CMC § 3806(f).

§ 140-60.1-940 Students in Approved Schools of Nursing

(a) Policies and procedures for selection, admission, promotion, graduation, withdrawal, and dismissal shall be consistent with the policy of the college or university, and shall be available in written form.

(b) Students who seek admission by transfer from another approved school of nursing or re-admission for completion of the program, shall meet the equivalent of the school's current standards required of those regularly enrolled.

(c) A comprehensive system of student records shall be maintained and shall include:

(1) Application for admission, which shall include, but not be limited to the following:

(i) Completed application form;

(ii) Official transcript of completion of high school or equivalent GED; and/or

(iii) College work.

(iv) A physical examination and report on health status is required.

(2) Performance evaluation reports, which shall be completed at systematic intervals in keeping with the objectives of the program.

(3) Course and clinical experience records.

(4) A summary record completed on graduation. Such record will be turned over to the Board of Nurse Examiners if school ceases to exist.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

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Commission Comment: The Commission corrected the capitalization of the words “procedures” and “graduation” in subsection (a) pursuant to 1 CMC § 3806(f). The Commission inserted a comma after the word “withdrawal” in subsection (a) pursuant to 1 CMC § 3806(g).

§ 140-60.1-945 Program Evaluation by Approved Schools of Nursing

There shall be a systematic, ongoing, written plan for evaluation of the program, with evidence of its implementation that is directed toward the improvement of the program. The plan shall include, but not limited to:

- (a) Purpose, philosophy, and objectives;
- (b) Organization and administration;
- (c) Resources, facilities, and services;
- (d) Faculty;
- (e) Curriculum;
- (f) Students:
 - (1) Evaluation of student achievement and performance, including, performance on the National Council of Licensure Examination. Minimum NCLEX passing rate for approved RN Nursing school programs shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the CNMI average pass rate for first time candidates of accredited vocational nursing schools for the same period.
 - (2) Failure to achieve the required yearly average minimum pass rate within two years of initial approval may be cause to place a program on provisional accreditation.
 - (3) Failure to maintain the required yearly average minimum pass rate for two years, or eight consecutive quarters may be cause to place a program on provisional accreditation.
- (g) Follow-up studies on performance of graduates.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected punctuation at the ends of subsections pursuant to 1 CMC § 3806(g). The Commission inserted commas after the words “philosophy” in subsection (a) and “facilities” in subsection (c) pursuant to 1 CMC § 3806(g).

§ 140-60.1-950 Reports to the Board of Nurse Examiners by Approved Schools of Nursing

- (a) One month following spring graduation, an annual report concerning the program and progress of the school shall be submitted by each school on forms supplied by the CBNE.
- (b)(1) Written notification shall be sent to the Board of Nurse Examiners regarding major changes related, but not limited to the following:

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- (i) Change in the Nurse Administrator;
 - (ii) Organizational change;
 - (iii) Changes in the program of study;
 - (iv) Changes in the extended learning sites;
 - (v) License numbers of new nursing faculty.
- (2) The information submitted to the CBNE shall include the rationale for the proposed change with comparison to the present situation. And the Board may require such additional reports as it deems necessary.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The paragraphs of subsection (b) in the original regulation were undesignated. The Commission designated the paragraphs as subsections (b)(1) and (b)(2) pursuant to 1 CMC § 3806(a). The Commission corrected periods at the end of subsections (b)(1)(i) through (b)(1)(iv) to semicolons pursuant to 1 CMC § 3806(g).

§ 140-60.1-955 Survey Visits

- (a) The CBNE, through its authorized representative, shall survey each approved school of nursing at least every four years. Full approval is for a four year period; however, approval may carry recommendations for continued improvements.
- (b) The survey visit to the program shall be scheduled on dates mutually acceptable to the Board and to the school.
- (c) The Board shall require a comprehensive self-evaluation report by the Nurse Administrator and the faculty of the school of nursing based on the rules and regulations for approval of schools and in accordance with guidelines and forms provided by the Board.
- (d) Four copies of the self-evaluation report shall be submitted to the CBNE at least one month prior to the scheduled visit.
- (e) The self-evaluation report prepared for the national nursing accreditation body may be substituted in lieu of the Board's survey report for the year if a national accreditation survey is scheduled for that year.
- (f) The authorized representative of the Board shall prepare a report of the survey visit to be submitted to the Board, The school shall receive a copy of the report. If the school is in disagreement with any portion of the report, it may furnish written materials regarding its disagreement to be presented to the Board of Nurse Examiners for its consideration.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected the capitalization of the words "national nursing accreditation" in subsection (e) pursuant to 1 CMC § 3806(f).

§ 140-60.1-960 Board of Nurse Examiners Action Following Survey Visits

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- (a) Wherever a matter directly concerning a school of nursing is being considered by the Board of Nurse Examiners, any Board member who is associated with the school of nursing shall not participate in the deliberation or decision-making action of the Board of Nurse Examiners.
- (b) Each school shall be evaluated in terms of its total program.
- (c) The Board shall give written notice to the college or university and the Nurse Administrator of the school of nursing regarding its decision on the school's approval status.
- (d) Full approval shall be granted to a school of nursing that meets the requirements of the law and the rules and regulations of the Board of Nurse Examiners. Full approval may carry recommendations for continued improvements.
- (e) Conditional approval shall be granted a school that has failed to meet the minimum standards contained in the law and the rules and regulations of the Board of Nurse Examiners. Conditions that must be met within a designated time period shall be specified in writing.
- (f) A conditionally approved school shall be reviewed at the end of the designated time. Such review shall result in one of the following actions:
 - (1) Restoration of full approval;
 - (2) Continuation of conditional approval for a specified period of time; or
 - (3) Removal of approval if a school of nursing fails to meet conditions established by the Board.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected the capitalization of the words "law," "rules," and "regulations" in subsections (d) and (e) pursuant to 1 CMC § 3806(f). The Commission corrected a slash at the end of subsection (f)(1) to a semicolon pursuant to 1 CMC § 3806(g).

§ 140-60.1-965 Restoration of Approval

A school of nursing may petition the CBNE for restoration of approval by submitting evidence to the CBNE for restoration of approval by standards for schools of nursing.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

§ 140-60.1-970 Appeal of Board of Nurse Examiners Decisions

A school of nursing deeming itself aggrieved by a decision of the Board affecting its approval status shall have the right to appeal the CBNE's decision to the Board.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

§ 140-60.1-975 Consultation Services

Consultation will be provided by the Board of Nurse Examiners at the request of a school of

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nursing. A request for consultation shall be in writing and shall include the purpose and objectives for the visit. Consultation fee may apply.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

§ 140-60.1-980 Closure of an Approved School of Nursing

(a) When an organization has decided to discontinue its school of nursing, it should immediately send written notification of its plans to the Board.

(b) A school in the process of closing shall remain approved until the enrolled students have been graduated, provided that the minimum standards are maintained.

(c) Upon graduating all students, the Board of Nurse Examiners' approval of the school of nursing shall be terminated.

(d) An organization closing a school of nursing shall provide for safe storage of vital school records and shall confer with the Board concerning the matter.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission added an apostrophe to the end of the word "Examiners" in subsection (c) pursuant to 1 CMC § 3806(g).

§ 140-60.1-985 Establishment of a New School of Nursing

(a) Application

(1) An organization desiring to establish a Board approved school of nursing shall submit an application in the form requested by the Board. It is recommended that the organization seek consultation from the Board in the initial planning of the program.

(2) The organization shall submit a statement that addresses the need for program and the size and type of the program proposed in relation to the nursing needs of the geographical area to be served. The statement also shall include information on the potential students, the potential impact on other schools of nursing in the geographical area, the availability of learning experiences, anticipated human and material resources, community support, relationship of school to parent organization, purposes and accreditation status of the sponsoring organization, and a tentative timetable for initiating the program.

(3) Supplementary information may be sought by the Board through a site visit.

(4) If the Board's review of the statement and any supplementary information provided results in approval of the plan, the organization shall be notified that program development may proceed.

(5) And pay a non-refundable fee.

(b) Program Development

(1) At least one year in advance of the anticipated admission of students, the organization shall appoint a qualified Nurse Administrator to develop a tentative program. The tentative program plan shall include:

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- (i) Purpose, philosophy, and objectives;
 - (ii) Organization and administration;
 - (iii) Budget;
 - (iv) Resources, facilities, and services;
 - (v) Provisions for faculty, including qualifications, functions, organization, and faculty/student ratio;
 - (vi) Curriculum, including course descriptions;
 - (vii) Policies and procedures for student selection;
 - (viii) Sample form of written agreements between the school and extended learning sites;
 - (ix) Projected plans for the orderly expansion of the program.
- (2) The Nurse Administrator shall submit to the Board a written report of the tentative program plan at least five weeks prior to the scheduled Board's meeting at which the plan is to be reviewed. This review shall take place six months prior to the scheduled opening date of the program.
- (3) The Nurse Administrator of the program and other administrative officers of the organization shall meet with the Board to present the formal application and clarify and amplify materials included in the written report.
- (4) The Board shall grant or withhold initial approval of the proposed nursing program.
- (5) Schools receiving initial approval shall:
- (i) Submit course outlines to the Board for review and approval at least three months prior to offering the course;
 - (ii) Submit progress reports as requested by the Board;
 - (iii) Be scheduled for survey when deemed necessary by the Board during the period of initial approval;
 - (iv) Be surveyed to assess its eligibility for full approval at least four months prior to graduation of the first class.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected punctuation at the ends of subsections (b)(1)(i) through (b)(1)(viii) and (b)(5)(i) through (b)(5)(iii) pursuant to 1 CMC § 3806(g). The Commission inserted commas after the words "philosophy" in subsection (b)(1)(i), "facilities" in subsection (b)(1)(iv), and "organization" in subsection (b)(1)(v) pursuant to 1 CMC § 3806(g). The Commission struck the figure "6" in subsection (b)(2) pursuant to 1 CMC § 3806(e).

§ 140-60.1-990 Criteria for Approved Refresher Course

- (a) Philosophy, Purpose, and Objectives:
- (1) Philosophy, purpose, and objectives of the course shall be clearly stated and available written form. They shall be consistent with the definition of nursing.
 - (2) Objectives reflecting the philosophy of the school shall be stated in behavioral terms and describe the capabilities and competencies of the graduate.
- (b) Nurse Faculty:
- (1) All faculty shall hold a current license to practice as a Registered Nurse in the Commonwealth.
 - (2) All faculty shall be qualified academically and professionally for their respective areas of

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responsibility.

(3) There shall be an adequate number of qualified faculty to develop and implement the program and to achieve that stated objectives. The maximum faculty/student ratio in the clinical area shall be 1 to 12. Exceptions shall be justified to and approved by the Board.

(c) Course Content:

(1) The course content, length, methods of instruction, and learning experiences shall be consistent with the philosophy and objectives of the course. Outlines and descriptions of all learning experiences shall be available in writing.

(2) The course content shall include, but not be limited to a minimum of eighty hours of theory in current basic concepts of:

(i) Nursing process;

(ii) Pharmacology;

(iii) Review of the concepts in the areas of:

(A) Contemporary nursing including legal expectation.

(B) Basic communications and observational practices needed for identification, reporting, and recording patient needs.

(C) Basic physical, biological, and social sciences necessary for practice.

(3) The course shall include a minimum of one hundred hours of clinical practice in the areas listed in subsection (d)(2) below. Exceptions shall be justified to and approved by the Board.

(4) Examinations shall be given to measure knowledge of content.

(5) Methods shall be used to measure the student's achievement of the stated clinical objectives.

(6) The course shall be periodically evaluated by faculty and students.

(d) Reviewing and Updating Basic Nursing Knowledge Necessary for Assisting People With:

(1) Maintenance of physical and mental health throughout life span;

(2) Medical/surgical problems;

(3) Behavioral problems;

(4) Problems of development and aging.

(e) Admission Requirements

(1) Requirements for admission shall be available in writing.

(2) All students shall hold a current valid limited educational license approved by the Board.

(3) Refresher courses taken outside the CNMI shall be reviewed individually for approval by the Board.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission corrected punctuation at the ends of subsections pursuant to 1 CMC § 3806(g). The Commission inserted commas after the words "purpose" in subsections (a) and (a)(1), "instruction" in subsection (c)(1), and "biological" in subsection (c)(2)(iii)(C) pursuant to 1 CMC § 3806(g). The Commission corrected "approve" to "approved" in subsection (b)(3), "minimum" to "a minimum" in subsection (c)(2), "examination" to "examinations" in subsection (c)(4), and "method" to "methods" in subsection (c)(5) pursuant to 1 CMC § 3806(g).

Part 1000 Standards for Educational Programs: Licensed Practical/Licensed Vocational Nurse

§ 140-60.1-1001 Procedure for Accreditation

(a) The institution shall apply to the Board for accreditation. A written documentation shall be prepared by the director and shall include:

- (1) Philosophy of the program.
- (2) Conceptual framework.

(b) Terminal objectives to indicate expected student outcomes upon successful completion of the program.

- (1) Curriculum objectives.
- (2) Course outlines.
- (3) Course objectives.
- (4) Instructional plan.
- (5) Evaluation methodology for curriculum.
- (6) Faculty who meet the qualifications set forth in this section.
- (7) Clinical facilities.
- (8) Evaluation methodology for clinical facilities.
- (9) Admission criteria.
- (10) Screening and selection criteria.
- (11) Number of students.

(c) A school may admit alternate students in each new class to replace students who may drop out.

(d) The number of alternate students admitted may not exceed 10% of the school's Board approved number of students per class.

(e) Prior to admission, alternate students must be informed in writing of their alternate status and that they may be dropped from the program.

(f) Alternate students may participate in classes until the commencement of scheduled clinical experience at approved clinical facilities.

(g) Upon commencement of clinical experience at approved clinical facilities, the actual number of students in the class may not exceed the number of students approved by the Board for that particular class.

(h) Evaluation methodology for student progress.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected the capitalization of the words "plan" in subsection (b)(4) and "section" in subsection (b)(6) pursuant to 1 CMC § 3806(f). The May 2014 proposed regulations designated this part as subpart B of "Part 900/1000." The Commission redesignated it as Part 1000 and renumbered sections within

pursuant to 1 CMC § 3806(a).

§ 140-60.1-1005 Student Policies

- (a) Credit granting.
- (b) Attendance.
- (c) Grievance.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission inserted a period at the end of subsection (c) pursuant to 1 CMC § 3806(g).

§ 140-60.1-1010 Organizational Chart [Reserved]

[Reserved.]

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

§ 140-60.1-1015 Proposed Starting Date [Reserved]

[Reserved.]

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

§ 140-60.1-1020 Evidence of Program

Evidence of program need to include, but not be limited to:

- (a) A description of the geographic area and community to be served by the proposed program;
- (b) Clinical affiliations available for student clinical experience; and
- (c) Existing nursing programs with which clinical affiliations are shared.
 - (1) An institution may commence a new vocational nursing program upon the Board's approval.
 - (2) A Board representative shall make a survey visit prior to graduation of the initial class. A program shall not commence another class without prior Board approval.
 - (3) Accreditation will be granted by the Board when a vocational nursing program demonstrates that it meets all requirements as set forth in this chapter.
 - (4) The accreditation period shall be for a term of four years unless the Board grants an extension.
 - (5) An extension may be granted when the program demonstrates to the satisfaction of the Board that it is in full compliance with all requirements as set forth in this section and in 3 CMC

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§ 2312 and may be granted for a period not to exceed four years.

(d) Six months prior to the date of accreditation expiration, a program may apply for continued accreditation based upon submission of documentation satisfactory to the Board. A subsequent survey visit may be conducted by a Board representative.

(e) A material misrepresentation of fact by a vocational nursing program in any information submitted to the Board is cause for denial or revocation of accreditation or provisional accreditation.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission corrected the capitalization of the words “clinical” in subsection (b), “existing” in subsection (c), “chapter” in subsection (c)(3), “section” in subsection (c)(5), “six” in subsection (d), and “a” in subsection (e) pursuant to 1 CMC § 3806(f). The Commission corrected “Board’s” to “the Board’s” in subsection (c)(1) pursuant to 1 CMC § 3806(g).

§ 140-60.1-1025 Provisional Accreditation

(a) Provisional accreditation means a program has not met all requirements as set forth in this section.

(b) Provisional accreditation shall be granted for a period not to exceed two years unless the Board grants an extension.

(c) The Board may place any program on provisional accreditation when a program does not meet all requirements as set forth in this chapter and in this section. A provisional accreditation may be extended when a program demonstrates to the satisfaction of the Board a good faith effort to correct all deficiencies.

(d) Any program holding provisional accreditation may not admit “new” classes beyond the established pattern of admission previously approved by the Board.

(e) A program placed on provisional accreditation shall receive written notification from the Board. The notification to the program shall include specific areas of noncompliance and requirements for correction. A program’s failure to correct delineated areas of noncompliance is cause for revocation of provisional accreditation.

(f) A material misrepresentation of fact by a vocational nursing program in any information submitted to the Board is cause for revocation of provisional accreditation.

(g) A revocation of provisional accreditation is cause for removal from the Board’s list of accredited programs.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected the capitalization of the words “section” in subsections (a) and

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(c) and “chapter” in subsection (c) pursuant to 1 CMC § 3806(f).

§ 140-60.1-1030 Reports

- (a) The Board shall require such reports by schools and conduct such investigations as necessary to determine whether or not accreditation will be continued.
- (b) A school shall report to the Board within ten days of the termination of a faculty member.
- (c) A material misrepresentation of fact by a vocational nursing program in any information submitted to the Board is cause for denial or revocation of accreditation of provisional accreditation.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

§ 140-60.1-1035 Report of Changes of Faculty Qualifications

- (a) A school shall submit qualifications of the proposed faculty members for approval by the Board prior to employment.
- (b) Each vocational nursing program shall have one faculty member, designated as a director who meets the requirements.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected “employments” to “employment” in subsection (a) and inserted a period at the end of subsection (b) pursuant to 1 CMC § 3806(g).

Part 1100 - Nurse Practitioner Clinical Preceptorship Programs in the CNMI

§ 140-60.1-1101 Purpose

Distance learning is prevalent and growing throughout the country as technology advances and as the nursing profession develops new strategies to provide greater access to nursing education. Therefore, the purpose of recognizing NP clinical preceptorship programs is to advance the education of the nursing workforce in the CNMI.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The May 2014 regulations designated this part as subpart C of “Part 900/1000.” The Commission redesignated it as Part 1100 and renumbered sections within pursuant to 1 CMC § 3806(a).

§ 140-60.1-1105 Organization and Administration

- (a) The institution shall center the administrative control of the NP program.
- (b) The institution shall appoint an NP program administrator who meets the requirements established by the Board.

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(c) An NP program shall notify the Board of a vacancy or pending vacancy in the position of nursing program administrator within 15 days of the program's awareness of the vacancy or pending vacancy and do the following:

- (1) Appoint an interim administrator or a permanent administrator who meets the requirements of the Board within 15 days of the effective date of the vacancy; and
- (2) Notify the Board of the appointment of an interim or permanent administrator within 15 days of appointment and provide a copy of the administrator's credentials to the Board.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission inserted periods at the ends of subsections (a) through (c) pursuant to 1 CMC § 3806(g).

§ 140-60.1-1110 Resources, Facilities, Services, and Records

The institution of an NP program shall consider the size of the program faculty and number of program students and shall provide facilities for the program that meet the following requirements:

- (a) A private office for the administrator of the NP program.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The initial paragraph was designated as subsection (1) in the May 2014 regulation. As there were no other subsections, the Commission removed the designation pursuant to 1 CMC § 3806(a).

§ 140-60.1-1115 Administrator; Qualifications and Duties

(a) An NP shall appoint an administrator who holds a current and valid CNMI Registered Nurse license and:

- (1) For professional NP programs, a graduate degree with a major in nursing;
- (2) For practical nursing programs, a baccalaureate degree with a major in nursing;
- (3) For online NP programs, the administrator need not hold a CNMI Registered Nurse license. The NP program shall follow their state requirements for administrator licensing and education qualifications.

(b) The administrator shall have comparable status with other program administrators in the institution and shall report directly to an academic officer of the institution.

(c) The administrator shall:

- (1) Administer the NP program;
- (2) Facilitate and coordinate activities related to academic policies, personnel policies, curriculum, resources, facilities, services, and program evaluation;
- (3) Prepare and administer the budget;
- (4) Recommend candidates for faculty appointment, retention, and promotion;
- (5) In addition to any other evaluations used by the institution, ensure that faculty is

evaluated:

- (i) At least every three years- if online, an NP must follow their state requirements;
 - (ii) By the Nurse Administrator or a nurse educator designated by the Nurse Administrator.
 - (6) Maintain, enforce, and evaluate written policies and procedures that require all students, faculty, and preceptors who participate in clinical practice settings to be physically and mentally able to provide safe client care; and
 - (7) Participate in activities that contribute to the governance of the institution.
- (d) The administrator of the nursing program shall not teach more than 45 contact hours per academic session.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The Commission corrected the capitalization of the words “Registered Nurse” in subsections (a) and (a)(3), “at” in subsection (c)(5)(i), and “by” and “Nurse Administrator” in subsection (c)(5)(ii) pursuant to 1 CMC § 3806(f). The Commission inserted commas after the words “enforce” and “faculty” in subsection (c)(6) pursuant to 1 CMC § 3806(g). The Commission inserted punctuation at the ends of subsections (a)(2), (c)(5)(i), (c)(5)(ii), and (d) pursuant to 1 CMC § 3806(g).

§ 140-60.1-1120 Faculty; Personnel Policies; Qualifications and Duties

The NP program faculty, together with the program administrator, shall:

- (a) Develop, implement, and evaluate the program of learning; and
- (b) Develop and implement standards for the admission, progression, and graduation of students.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

Commission Comment: The initial paragraph was designated as subsection (1) in the May 2014 regulation. As there are no other subsections, the Commission removed the designation pursuant to 1 CMC § 3806(a). The Commission inserted commas after the words “implement” in subsection (a) and “progression” in subsection (b) and inserted a period at the end of subsection (b) pursuant to 1 CMC § 3806(g).

§ 140-60.1-1125 Memorandum of Understanding

Each student and preceptor shall sign a Memorandum of Understanding (“MOU”) provided by the Board setting forth the parties’ roles and responsibilities prior to engaging in any preceptorship program.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).

§ 140-60.1-1130 Institutional Fee

Any online APRN educational institution wanting to establish a clinical preceptorship program in the CNMI shall submit a onetime, nonrefundable fee to the Board, as established in the Board’s fee schedule. No student may begin clinical work unless there has been an agreement

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between the institution and the Board which authorizes the student to begin the preceptorship program.

History: Adopted 36 Com. Reg. 35081 (June 28, 2014); Proposed 36 Com. Reg. 35047 (May 28, 2014).