

**Agency Mission:** To assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

**Kansas State Board of Nursing  
Landon State Office Building, Room 509  
Practice Committee Agenda  
September 12, 2023**

**NOTE:** The audience may attend in person or via Zoom. Link to access meeting to follow agenda.

**Time:** 3:00 p.m. – 4:00 p.m.

**Committee Members:** Melissa Oropeza, DNP, APRN-BC, CGRN, Chair  
Adri Gouldsmith, LPN, Vice Chair  
Lori Owen, LPN  
Michaela Hysten, MSN, BSN, RN  
Jeanne Gerstenkorn, MSN, RN  
Sharon Morris, MSN, RN  
Zui Holloman, RN  
Amy Renn, MSN, RN  
Tawny Sandifer, MSN, RN, NEA-BC  
Brenda Sharpe, Public Member  
Michelle Terry, Public Member

**Staff:** Linda Davies, MSN, BSN, RN, Practice Specialist  
Hana Dajani, Administrative Specialist

- I. Quorum (minimum of 6 members present) – Yes or No
- II. Call to Order
- III. Review onsite packet
- IV. Additions/Revisions to Agenda
- V. Announcements
- VI. Approval of minutes – June 13, 2023
- VII. Unfinished Business
  1. RN LPN Scope of Practice – Components of Nursing Comparison Chart DRAFT
  2. K.A.R 60-7-111 – Reporting certain misdemeanor convictions
  3. Practice Calls Update
- VIII. New Business
  1. KDHE, KALHD Public Health Scope of Practice Toolkit for Nurses & Unlicensed Assistive Personnel – Lisa Horn, BA, BSN, RN
  2. New Regulations Review Process
    - a. K.A.R. 60-3-101 – Licensure
    - b. K.A.R. 60-3-102 – Duplicate of license

- c. K.A.R. 60-3-103 – Change of name
- d. K.A.R. 60-3-105 - Reinstatement of license
- e. K.A.R. 60-3-106 – Licensure qualifications
- f. K.A.R. 60-3-106a – Temporary permit
- g. K.A.R. 60-3-107 – Expiration dates of licenses

IX. Agenda for December 2023 Committee meeting

X. Adjournment

**Committee Responsibilities:**

To review and recommend revisions in RN, LPN and LMHT statutes and regulations. To provide nonbinding guidance on the scope of nursing and LMHT practice in response to written inquiries. To make recommendations to amend the practice act that reflect current nursing and mental health technician practice.

**Please Note:** Additional items, which have come to the attention of the Board, will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the board or committees for discussion by committee members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or chairperson of the committee.

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/82797351781?pwd=a0UzeXBVdVNwaXFONi9nKzJzTXlEZz09>

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+1 689 278 1000 US

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

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**RN and LPN SCOPE of PRACTICE:  
Components of Nursing Comparison Chart**

By law, the scope of practice for the registered nurse (RN) and the licensed practical nurse (LPN) differs. The RN functions at an independent level while the LPN functions at a dependent level. This chart provides a general comparison only. Standards of care set minimum criteria for competency and may be defined by nursing associations, accrediting organizations, nurse practice acts, and facility policy and procedures.

<b>ANA Competencies - ANA Standards of Practice (1 – 6)</b>	<b>RN Scope of Practice <i>Independent role</i></b>	<b>LPN Scope of Practice <i>Dependent role</i></b>
	<b>KNPA:</b> <b>K.S.A. 65-1113(d)(1) Practice of nursing.</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>	<b>KNPA:</b> <b>K.S.A. 65-1113(d)(2) Practice of nursing.</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>
Accepting an Assignment	Accepts assignment based on variables in nursing practice setting and individual competency	Accepts assignment <b>dependent</b> on practice setting variables including availability of RN supervision, & individual competency
	<b>KNPA:</b> <b>KAR 60-3-110(l); unprofessional conduct for leaving an assignment that has been accepted...</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>	<b>KNPA:</b> <b>KAR 60-3-110(l); unprofessional conduct for leaving an assignment that has been accepted...</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>

Standard 1: Assessment	<i>Responsible for</i> comprehensive ongoing assessment to determine nursing care needs: <ul style="list-style-type: none"> <li>Collects, verifies, analyzes, and interprets data in relation to health status</li> <li>Formulates nursing diagnosis</li> <li>Determines extent and frequency of assessment needed</li> </ul>	<i>Participates in</i> on-going assessment: <ul style="list-style-type: none"> <li>Collects data</li> <li>Recognizes relationship to health status &amp; treatment</li> </ul> Determines immediate need for intervention
	<b>KNPA:</b> <b>K.S.A. 65-1113(d)(1)</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>	<b>KNPA:</b> <b>K.S.A. 65-1113(d)(2)</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>
Standard 2: Diagnosis	The RN identifies appropriate nursing diagnosis to guide the development of a plan individualized to the healthcare consumer or the situation.	
	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>
Standard 3: Outcomes Identification	The RN identifies desired client-focused outcomes that are attainable and measurable.	
	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>
Standard 4: Planning	<i>Develops</i> evidence-based client plan of care based on diagnosis and desired outcomes: <ul style="list-style-type: none"> <li>Identifies client's needs</li> <li>Prioritizes nursing diagnoses</li> <li>Determines nursing care goals</li> <li>Determines interventions appropriate to client</li> </ul>	<i>Participates in</i> planning: Suggests goals and interventions to RN
	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>

Standard 5: Implementation	<p>Implements plan of care:</p> <ul style="list-style-type: none"> <li>• Procures resources</li> <li>• Assigns, delegates, and supervises licensed and unlicensed personnel</li> <li>• Provides care that is not appropriate for delegation</li> </ul>	<p>Implements <i>established</i> plan of care with following limitations:</p> <ul style="list-style-type: none"> <li>• RN supervision required</li> <li>• Assignment to other LPNs and delegation to UAPs</li> </ul> <p>Supervision by LPN limited to assuring that tasks have been completed according to agency policies and procedures</p>
	<p><b>KNPA:</b>  <b>K.S.A 65-1165 Supervision of delegated nursing procedures</b>  <b>K.S.A. 65-1136 (a)(4)</b>  <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b></p>	<p><b>KNPA:</b>  <b>K.S.A 65-1165 Supervision of delegated nursing procedures</b>  <b>K.S.A. 65-1136 (a)(4)</b>  <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b></p>
Standard 5A: Coordination of Care	<p>Is instrumental in coordination of client-centered care across disciplines and care settings.</p> <p>The RN utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, and fiscally responsible.</p>	<p>Assists in coordination of client-centered care across disciplines and care settings.</p>
	<p><b>KNPA:</b>  <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b></p>	<p><b>KNPA:</b>  <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b></p>
Standard 5B: Health Teaching and Health Promotion	<p><i>Responsible</i> to teach and counsel clients, families, groups, and nursing care providers:</p> <ul style="list-style-type: none"> <li>• Identifies learning needs</li> <li>• Develops and evaluates teaching plans</li> <li>• Makes referrals to appropriate resources</li> </ul>	<p><i>Participates in</i> teaching and counseling of clients and families as assigned through the implementation of an established teaching plan or protocol.</p>
	<p><b>KNPA:</b>  <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>  <b>K.S.A. 65-1129;</b>  <b>K.S.A. 65-1119</b></p>	<p><b>KNPA:</b>  <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>  <b>K.S.A. 65-1129;</b>  <b>K.S.A. 65-1119</b></p>
Standard 6: Evaluation	<p>Evaluates and determines effectiveness of nursing interventions and achievement of expected outcomes</p>	<p>Participates in evaluation by:  Identifies client's response to nursing intervention and suggests to RN revision to plan of care</p>



	<ul style="list-style-type: none"> <li>Modifies plan of care</li> </ul>	
	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b> <b>K.S.A. 65-1129;</b> <b>K.S.A. 65-1119</b>	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b> <b>K.S.A. 65-1129;</b> <b>K.S.A. 65-1119</b>

### ANA Standards of Professional Performance (7 – 17)

Reporting and Recording	Utilizes established forms/documentation to accurately record care delivery	Utilizes established forms/documentation to accurately record care delivery
	<b>KNPA:</b> <b>K.A.R. 60-3-110</b> <b>K.S.A. 65-1120</b> <b>Reporting – nurse misconduct</b>	<b>KNPA:</b> <b>K.A.R. 60-3-110</b> <b>K.S.A. 65-1120</b>
Standard 7: Ethics	Practices within ethical standards as outlined in ANA's Code of Ethics for nurses	Practices within ethical standards as outlined in ANA's Code of Ethics for nurses
	<b>KNPA:</b> <b>K.A.R. 60-3-109a</b> <b>K.S.A. 65-1113</b> <b>K.S.A. 74-1106</b>	<b>KNPA:</b> <b>K.A.R. 60-3-109a</b> <b>K.S.A. 65-1113</b> <b>K.S.A. 74-1106</b>
Standard 8: Advocacy	Sharon work on	
	<b>KNPA:</b> <b>K.A.R. 60-11-104; 60-11-105; 60-11-107 (only APRN function?)</b> <b>K.S.A. 65-1113</b> <b>K.S.A. 65-1130</b>	
Standard 9: Respectful and Equitable Practice	The RN practices in a manner that is congruent with cultural diversity and inclusion principles.	
	<b>KNPA:</b> <b>K.A.R. 60-6-101 (cultural factors only for LMHT)??</b>	<b>KNPA:</b>

	<b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>	<b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>
Standard 10: Communication	Confidentiality Social Media, NCSBN HIPAA  Communicates effectively in all areas of practice and maintains confidentiality. e.g. use of social media	
	<b>KNPA:</b> <b>K.A.R. 60-3-110 (j)</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>	<b>KNPA:</b> <b>K.A.R. 60-3-110 (j)</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>
Standard 11: Collaboration	<ul style="list-style-type: none"> <li>Communicates &amp; works with those whose services may affect client's health care</li> <li>Initiates collaboration through coordinating, planning, and implementing nursing care of client within the multidisciplinary team</li> <li>Participates in multidisciplinary decision-making</li> <li>Seeks &amp; utilizes appropriate resources</li> </ul>	Participates in collaboration as assigned
	<b>KNPA:</b> <b>K.A.R. 60-15-101 (school nurse)</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>
Standard 12: Leadership  Managing Nursing Care	<ul style="list-style-type: none"> <li>Continuous availability</li> <li>Assesses capabilities of personnel</li> <li>Delegates &amp; assigns personnel</li> <li>Accountable for nursing care given by all</li> </ul> K.S.A. 65-1165	Not within the LPN scope of practice  Note: see limited supervisory role for LPN in the Implementation section above.
	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>
Administering Nursing Services	Administers Nursing services	Not within the LPN scope of practice
	<b>KNPA:</b>	<b>KNPA:</b>

	<b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>	
Standard 13: Education	Seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.	Seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.
	<b>KNPA:</b> Ref CNE statutes, education competence	
Standard 14: Scholarly Inquiry	The RN integrates evidence and research findings into practice	
	<b>KNPA:</b>	<b>KNPA:</b>
Standard 15: Quality of Practice	Provides quality nursing practice appropriate to education and practice level.	Provides quality nursing practice appropriate to education and practice level.
	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>
Standard 16: Professional Practice Evaluation	Accepts responsibility for self and actions.	Accepts responsibility for self and actions.
	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>	<b>KNPA:</b> <b>K.A.R. 60-2-104 – applying curriculum knowledge gained in nursing school</b>

References:

Kansas Nurse Practice Act <https://ksbn.kansas.gov/npa/>

American Nurses Association, (2021). *Nursing: Scope and Standards of Practice* (4<sup>rd</sup> ed.). Silver Spring, MD. ANA (pgs. 75-107).

## What is the difference between KSBN and KSNA?

There is a lack of knowledge about the difference between the Kansas State Board of Nursing (KSBN) and the Kansas State Nurses Association (KSNA). Often, they get interchanged and are not the same entity.

	<b>Kansas State Board of Nursing (KSBN)</b>	<b>Kansas State Nurses Association</b>
Overview	<p>KSBN is a regulatory agency created by legislative action in 1913. The authority granted to the KSBN in the Kansas Nurse Practice Act includes:</p> <ol style="list-style-type: none"> <li>1) licensure of qualified applicants as LMHTs, LPNs, RNs, and APRNs</li> <li>2) Protect the public from (a) persons who are not competent to practice nursing or mental health technology and (b) who seek to operate a non-approved school of nursing or mental health technician program.</li> <li>3) Require evidence of continuing education for relicensure of all RNs, LPNs, APRNs and LMHTs</li> <li>4) Approve nursing education programs and approve mental health technician programs which have achieved, and are maintaining, minimum standards and approve providers of continuing education for nurses.</li> <li>5) Investigate complaints received by KSBN, present findings to the Board and provide discipline to any licensees who are determined by the Board to be in violation of the provisions of the Kansas Nurse Practice Act.</li> </ol>	<p>KSNA has been in existence for over one hundred years. It is the only full-service professional organization representing Kansas' 50,000 plus registered nurses. Key program areas of the association include legislation and governmental affairs, accreditation and provision of continuing nursing education, professional development and supporting nursing practice and research</p>
Mission	To assure the Citizens of Kansas safe and competent	To protect and enhance registered professional nursing practice in all environments to

	practice by nurses and mental health technicians.	assure quality, affordable and accessible health care for people in Kansas.
Philosophy/Vision	Philosophy: The Board of Nursing will act in accordance with the highest standards of ethics, accountability, efficiency and openness. The Board subscribes to the idea that safe nursing care is a public trust. We approach our activities with a deep sense of purpose and responsibility. The public and regulated community alike can be assured of a balanced and sensible approach to regulation.	Vision: To provide a unified voice for nursing in Kansas
Core Values/Purpose	Core Values: We value trustworthiness in each individual, believe we can be depended upon to act with integrity, honesty, sincerity and fairness. We value respect for each person recognizing that we all have an important role to play in achieving our organizational goals. We value continuous learning which enhances individual and organizational growth. We value competence in all staff knowing that quality leadership, support and service require knowledge, skills, and accountability. We value open and effective communication through the ongoing interchange of ideas and information. We value collaboration in our work processes and decision making, recognizing when we involve others affected by	Purpose: 1. To advocate for the quality and safe health standards in the work environment and the availability of health care services for all people 2. Maintain a Code of Ethics among nurses 3. Elevate high standards of nursing practice and education that fosters safe care 4. Advocate for safe workplace standards 5. Promote the professional development, educational and economic advancement of nurses and their professional economic welfare 6. These purposes shall be unrestricted by age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, or sexual orientation.

	decisions, we strengthen the decisions.	
Website ( <i>for more information</i> )	<a href="https://ksbn.kansas.gov/">https://ksbn.kansas.gov/</a>	<a href="https://ksnurses.com/">https://ksnurses.com/</a>

An official State of Kansas government website. [Here's how you know.](#)

## Agency 60

### State Board of Nursing

#### Article 7.—Requirements for Licensure and Standards of Practice

[Printable Format](#)

**60-7-111. Reporting of certain misdemeanor convictions by the licensee.** Pursuant to K.S.A. 65-4205 and amendments thereto, each licensee shall report to the board any misdemeanor conviction for any of the following substances or types of conduct:

- (a) Alcohol;
- (b) any drugs;
- (c) deceit;
- (d) dishonesty;
- (e) endangerment of a child or vulnerable adult;
- (f) falsification;
- (g) fraud;
- (h) misrepresentation;
- (i) physical, emotional, financial, or sexual exploitation of a child or vulnerable adult;
- (j) physical or verbal abuse;
- (k) theft;
- (l) violation of a protection from abuse order or protection from stalking order; or
- (m) any action arising out of a violation of any state or federal regulation. (Authorized by K.S.A. 65-4203 and K.S.A. 2007 Supp. 65-4205; implementing K.S.A. 2007 Supp. 65-4205; effective Nov. 7, 2008.)

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An official State of Kansas government website. [Here's how you know.](#)

## Agency 60

### State Board of Nursing

#### Article 3.—Requirements for Licensure and Standards of Practice

[Printable Format](#)

**60-3-113. Reporting of certain misdemeanor convictions by the licensee.** Pursuant to K.S.A. 65-1117 and amendments thereto, each licensee shall report to the board any misdemeanor conviction for any of the following substances or types of conduct, within 30 days from the date the conviction becomes final:

- (a) Alcohol;
- (b) any drugs;
- (c) deceit;
- (d) dishonesty;
- (e) endangerment of a child or vulnerable adult;
- (f) falsification;
- (g) fraud;
- (h) misrepresentation;
- (i) physical, emotional, financial, or sexual exploitation of a child or vulnerable adult;
- (j) physical or verbal abuse;
- (k) theft;
- (l) violation of a protection from abuse order or protection from stalking order; or
- (m) any action arising out of a violation of any state or federal regulation. (Authorized by K.S.A. 2015 Supp. 65-1117 and K.S.A. 65-1129; implementing K.S.A. 2015 Supp. 65-1117; effective Nov. 7, 2008; amended April 29, 2016.)

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## Kansas Board of Nursing

### Practice Call Data

May, June, July

2023

Practice Call Data 2023						
	May		June		July	
	Calls	E-mails	Calls	E-mails	Calls	E-mails
ARPN	19		19			
RN	18		17			
LPN	3		2			
Other (Facilities, Physicians, Unknown, etc.)	26	9	25	18	38	11
Total	66	9	63	18	38	11

Total by Month	
Month	Total Practice Calls and E-mails
May	75
June	81
July	49

Total by Method for All Three Months	
Method	Total
Phone Calls	167
E-Mails	38

### Topics of Practice Calls:

**ARPN:** Prescriptive authority, dispensing medication; Prescribing in Missouri, prescribing to patient in Kansas who resides in Oklahoma; Starting a business; Starting an IV hydration clinic; Starting a medical spa; LLCs; Hormone therapy and weight loss; Liability insurance; Ages to see as an adult nurse practitioner; Age limits of patients; LPNs doing wound care; Misdemeanors; How many APRNs can be supervised by a physician; Mixing vitamins in IV solutions; DNRs,

requesting DNR information; Independent practice; Full practice authority; Administering controlled substances; Procedures; Collaborative agreements; Physician assistants; Expanding a practice; NPI numbers; Scope of practice; Certification; Telehealth; Supervisory capability; DNRs; Acting as a medical director; Insurance requiring a collaborator; Do APRNs need to know CPR; What to do if you do not pass boards or certification exams; New APRNs practicing autonomously without years of experience or clinical hours; APRNs working as RNs; Defining roles; Limits; Treatment of mental health; Out of state APRNs supervising KS RNs in Kansas; Diabetic shoes; Medicare, use of Ketamine.

**RN:** Providing care without a license; HIPAA; Giving injections in a pharmacy setting; Medical spas; Filing a complaint against an LPN; Reinstatement; Licensing; Following APRN orders, working under APRN; RNs working with APRNs in a medical spa; Qualifications for a case manager; Working in home health and hospice; Starting a home care business; Renewal; Administering Botox, starting a business for Botox fillers; RNs working under their license; CMAs administering morphine; APRNs working as RNs; Multistate licenses; Regulation changes; Patient abandonment; Delegation; Liability insurance; Using a Dremel; RNs working as social workers; Telehealth; Specialty certifications; Being attacked and injured by residents, patients; School nurse delegation; Scope of practice; Practicing as a health coach; IV hydration; Derma filler and hair implants.

**LPN:** Working as a school nurse; Drawing blood; TB testing; Asking if it is okay to hide medication in resident food when they refuse to take it; Scope of practice, scope of practice with multistate license; Lapsed licenses; Starting IV hydration businesses; Injections; IV medications; Who can supervise an LPN.

**Other:** Convictions; Active shooters and patient abandonment; Non-licensed individuals asking about doing Botox and fillers; Scope of practice for assessments, who can do them, scope of practice for RNs doing medical screening exams; Licensing requirements; CMAs administering morphine; RNs working as CNAs; Facilities; Background checks; Malpractice insurance; Ketamine use; Paramedics working as a nurse; APRNs and medical spas; Filing a complaint, filing a complaint on multistate licensees; Who can sign death certificates; Reporting imposters; LPNs pronouncing death; APRN independent practice; LPNs doing stroke assessments; RN training; Graduate LPNs working as GLPM before licensure; RNs doing sclerotherapy; APRNs working as RNs; LPNs supervising RNs; CMAs changing physician orders; Practice of nursing; Collaborative agreements; Review of risk management incidents; CMA grievances; KAN BE Healthy screenings/exams; Regulations on reporting; RNs working in Home Plus setting; Legal history; Predetermination of licensure; Online forms for applications; OTC medication from school nurses; Titles of school nurses; Delegating school nurses; KNAP; Starting a business; Local health departments and nursing practice; Reporting LLCs for patient abandonment; Filing complaints on a hospital; Apprenticeships; Reporting abuse and neglect; A plastic surgeon stating they had to do repair jobs when Medical Spas do not administer Botox correctly, and asking how Medical Spas are allowed and being operated by RNs.



# Kansas

## Public Health Scope of Practice Toolkit for Nurses & Unlicensed Assistive Personnel

Last Revision Approved: August 2023



This document was jointly developed by the Kansas Department of Health and Environment and Kansas Association of Local Health Departments with input from the Kansas Board of Nursing, various schools of nursing, professional nursing and medical assistant associations and unlicensed assistive personnel training programs.

A special thanks to the Colorado Public Health Association, which provided the framework for this document from its 2022 publication, "Professional Scopes of Practice in Public Health: A Toolkit for Understanding Public Health Roles."

**For more information, contact:**

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**Suggested citation:** Kansas Association of Local Health Departments, Kansas Department of Health and Environment (2023). Kansas Public Health Scope of Practice Toolkit for Nurses and Unlicensed Assistive Personnel, Topeka, KS.

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# Purpose of this document

This document is to serve as a guide for local health department administrators, staff and local government officials to determine what roles advanced practice nurses (APRNs), registered nurses (RNs), licensed practical nurses (LPNs), certified nurse assistants (CNAs) and medical assistants (MAs), can do while employed by a health department in Kansas.

## Disclaimer

*This document is specific to the State of Kansas and may not encompass all statutes, rules, regulations or delegation practices. Content is not intended to be an all-inclusive list of the duties and responsibilities of the job, nor is it intended to be an all-inclusive list of the skills and abilities required to do the job. KALHD and the KDHE Local Public Health Program will update this document to keep the information as current as possible. The information provided in this guide does not, and is not intended to, constitute legal advice; instead, all information, content and materials available in this guide are for general informational purposes only. Please note some information may have changed since this document was published. Readers should contact their attorney to obtain advice with respect to any particular legal matter. No reader of this guide should act or refrain from acting on the basis of information in this guide from their own counsel.*

## Important links

For a full list of regulations, licensing, and information, please visit the below links:

[American Association of Medical Assistants- Kansas Letter Regarding Delegable Duties in Kansas](#)

[American Nurses Association Nursing Scope of Practice](#)

[Kansas Board of Nursing Website](#)

[Kansas Nurse Practice Act Statutes and Administrative Regulations](#) (updated July 2023)

[Kansas Office Revisor of Statutes](#)

[Kansas Secretary of State Statutes and Regulations](#)

[Forms and applications regarding nursing practice in Kansas](#)



# Delegation in Nursing

The [Kansas Nurse Practice Act \(KNPA\)](#), K.S.A. 65-1165, requires all nurses in the state of Kansas to participate in delegation. Delegation is when certain nursing procedures may be delegated by an APRN or a licensed professional nurse (Registered Nurse (RN)) to a Licensed Practical Nurse (LPN). Additionally, certain nursing procedures may be delegated by an APRN, RN, or LPN to designated Unlicensed Assistive Personnel (UAP). Any delegated procedures shall be supervised. For information on the delegation of nursing tasks in the kindergarten through grade 12 school setting, see [this document](#).

According to the American Nurses Association (ANA), the term “Unlicensed Assistive Personnel” (UAP) applies to an unlicensed individual who is trained to function in an assistive role to the licensed individual in providing patient/client activities as delegated by the licensed individual.

In this context, unlicensed assistive personnel (UAP) includes:

- Certified Nurse Aides.
- Community Health Workers.
- Certified (and non-certified) Medical Assistants.
- Interns and nursing students.
- Other non-medical staff.

The degree of supervision required shall be determined by the licensed nurse after an assessment of appropriate factors (as laid out below) ([K.S.A. 65-1165](#)). The responsibility for a task ultimately lies with who delegated it. Factors to be considered related to the degree of supervision include:

- The health status and mental and physical stability of the individual receiving the nursing care.
- The complexity of the procedure to be delegated.
- The training and competency of the unlicensed person to whom the procedure is to be delegated.
- The proximity and availability of the licensed nurse to the designated unlicensed person when the selected nursing procedure will be performed.

When determining when and to whom a nursing task may be delegated to, the American Nurses Association’s “Five Rights of Nursing Delegation” a useful tool:

1. Right Task.
2. Right Circumstance.
3. Right Person.
4. Right Direction/Communication.
5. Right Supervision.

Tasks that involve **TAPE** (**T**eaching, **A**ssessment, **P**lanning or **E**valuating), are only within an APRN or RN’s scope – these should not be delegated (Colorado Public Health Association, 2023). See chart on page 10 for a list of specific tasks at local health departments that can only be performed by an APRN or RN and that cannot be delegated to LPNs or unlicensed assistive personnel. Tasks that constitute the practice of medicine or which state law allows only certain health care professionals to perform or which require the exercise of independent professional judgment or the making of clinical assessments, evaluations or interpretations may not be delegated to unlicensed personnel (American Nurses Association and National Council of State Boards of Nursing, 2019).

***\* Please note there is a lack of uniform competencies, certifying bodies and regulatory language associated with Unlicensed Assistive Personnel (UAP), which adds to the complexity of legal language specific to delegation authority.***

## Medical Assistants (MAs)

[Section 65-2872\(g\)](#) of the Kansas Healing Arts Act states that the following individuals are deemed to not be engaged in the practice of medicine: “Persons whose professional services are performed under the supervision or by order of or referral from a practitioner who is licensed under this Act [viz., a physician].”

According to the American Association of Medical Assistants (AAMA), “This language permits physicians to delegate a reasonable scope of clinical and administrative tasks (including venipuncture/phlebotomy and administration of medication orally and by intramuscular, intradermal, and subcutaneous injection [including vaccinations/ immunizations]) to knowledgeable and competent unlicensed professionals such as medical assistants working under their direct/onsite supervision in outpatient settings. However, if there is a likelihood of significant harm to patients if an injectable medication is prepared improperly, it is my legal opinion that the delegating physician must verify the dosage and the identity of the injectable substance before it is administered.” (Balasa, 2023).

The AAMA states that, “delegated services shall be routine, technical services, the performance of which do not require the special skill or decision-making ability of an advanced practice nurse, certified registered nurse anesthetist or professional nurse.”

The AAMA is a special interest group and their determinations are not binding on the regulatory agencies in Kansas. Medical assistants do not have to be certified and there is no agency that licenses medical assistants in Kansas. Some medical offices or clinics may require an AAMA certification as a standard of employment.

## Independent practitioners – Advanced Practice Registered Nurses (APRNs)

Advanced Practice Registered Nurses (APRNs) are permitted to do the following (KSBN, 2022):

- Provide health promotion and maintenance, disease prevention, independent nursing diagnosis and treatment of acute and chronic diseases.
- Develop and manage medical plans of care for patients and clients.
- Provide health care services for which the nurse practitioner is educationally prepared and for which competency has been established and maintained.
- Provide health care for individuals by managing health problems encountered by patients and clients.
- Provide innovation in evidence-based nursing practice based on advanced clinical expertise, decision-making and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions.
- Prescribe and administer durable medical equipment and drugs consistent with the licensee’s specific role. Delegation of prescription administration to RNs and LPNs is allowed.

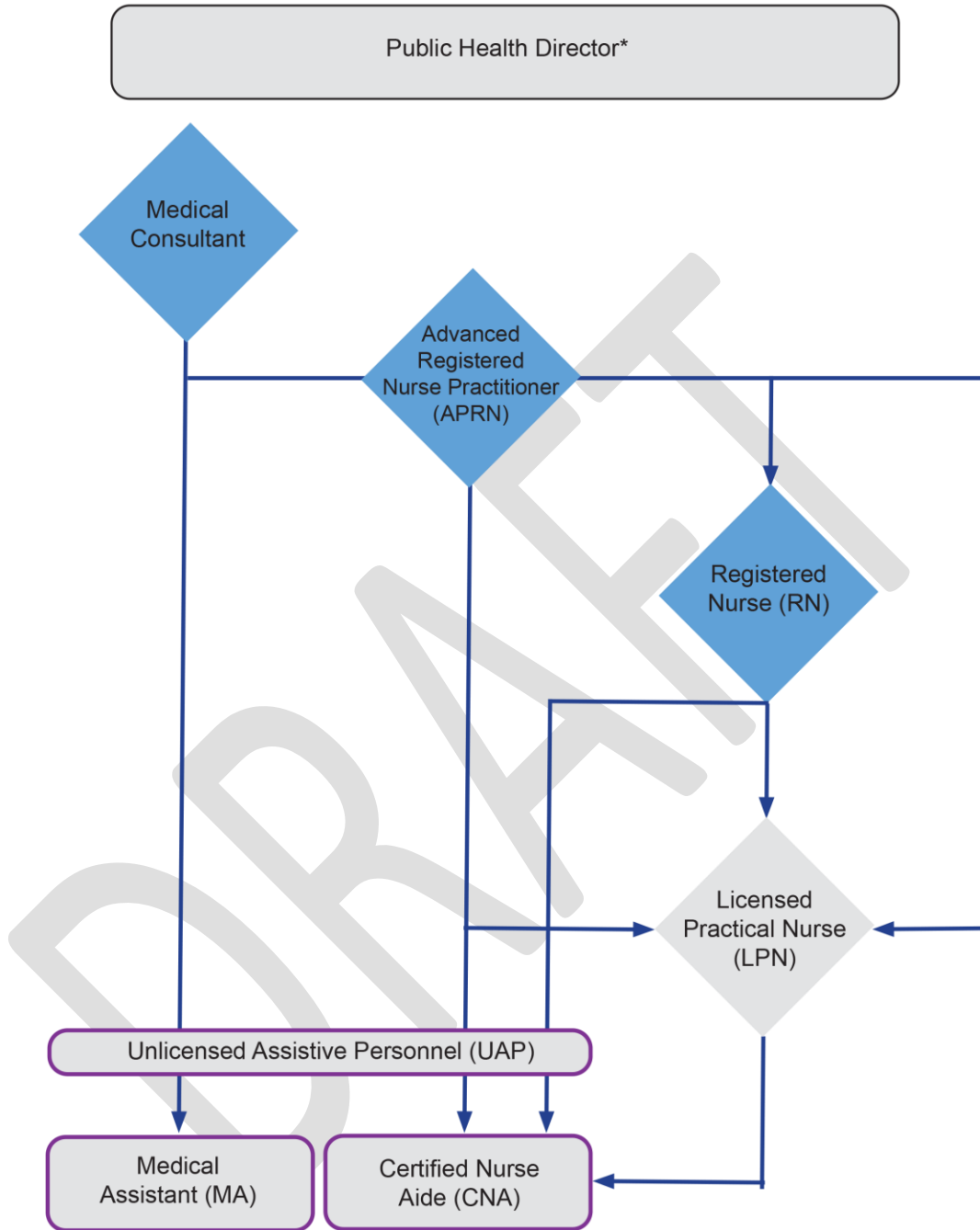


APRNs can prescribe the following without collaborative agreements (KSBN, 2022):

- Durable medical equipment.
- Prescribe, procure and administer any drug consistent with the APRN's specific role and population focus, except drugs intended to cause abortion or part of a controlled drug class as specified in [K.S.A. 65-1130](#) and amendments. Any drug that is a controlled substance shall be prescribed, procured or administered in accordance with the uniform controlled substances act.

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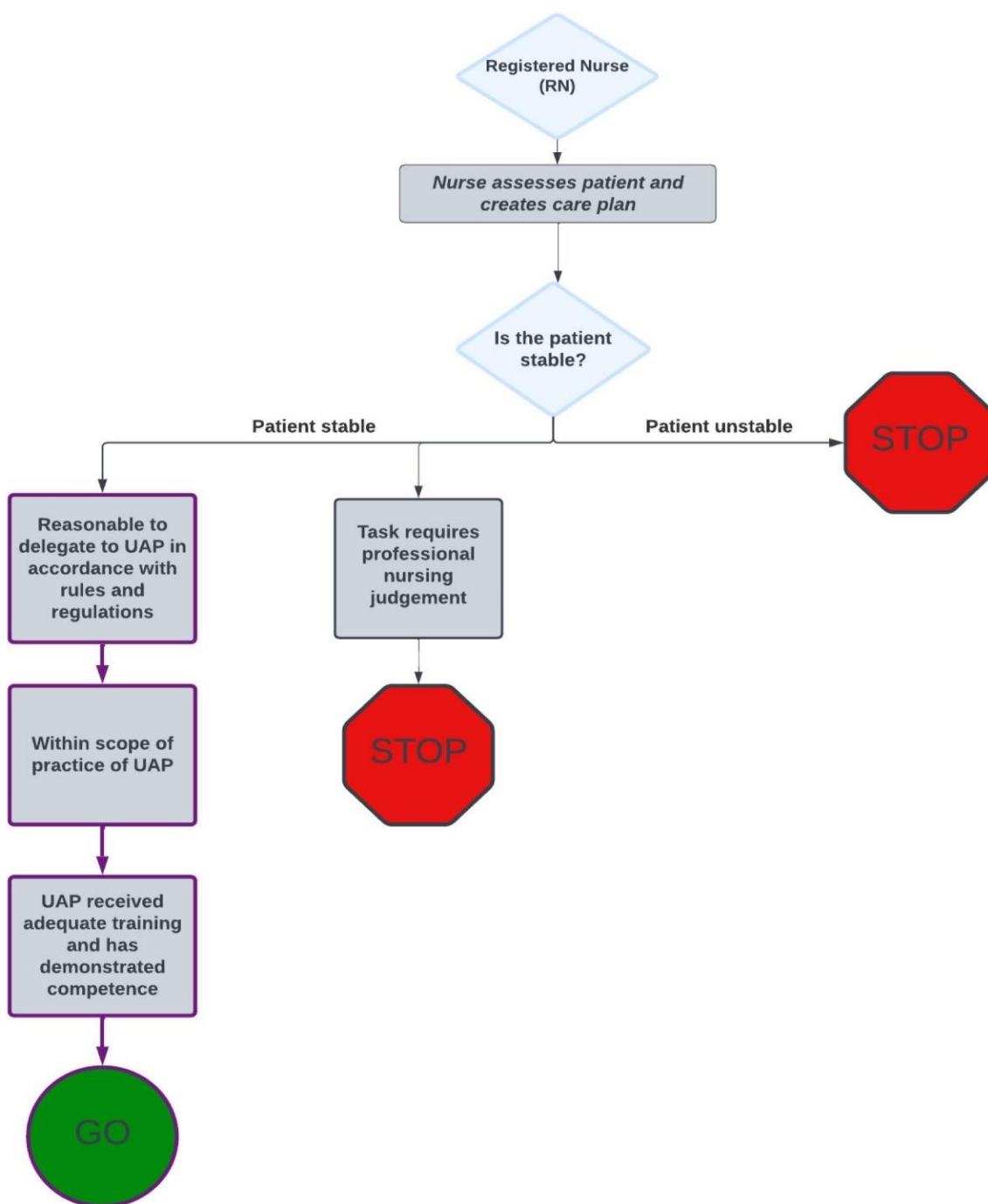
## Health Department Delegation Chart



\* Please note, a Public Health Director has no authority to delegate a medical task unless they are a medical professional with a license at which time they would delegate per their professional scope of practice act.

(Adapted from CPHA, 2022).

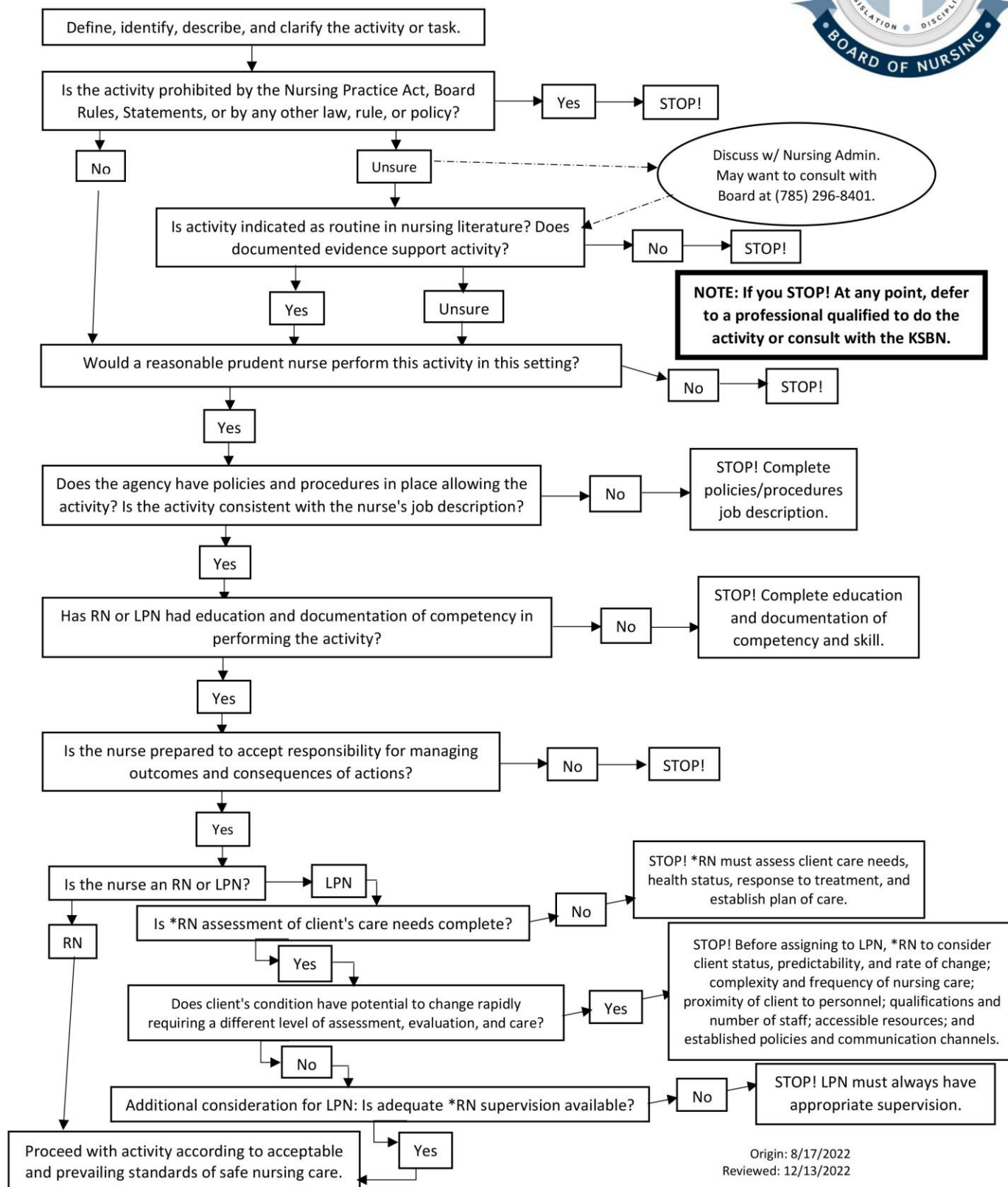
## Delegation Authority for RNs in Local Health Departments



(CPHA, 2022).

More details on delegation and questions to consider can be found in the Kansas Board of Nursing's "Scope of Practice Decision Tree for the RN and LPN" on the following page.

## SCOPE OF PRACTICE DECISION TREE FOR THE RN AND LPN





### SCOPE OF PRACTICE DECISION TREE FOR THE RN AND LPN

RN and LPN scopes of practice are defined by the Nursing Practice Act (Law) and the Kansas Administrative Code (Rules). Because the roles and responsibilities of nurses are influenced by the healthcare system, which is ever-changing and increasing in complexity, it is important that the nurse makes valid, reliable decisions regarding his/her own scope of practice. This tool is intended to provide direction in that decision making process. These questions offer additional guidance for the nurse's consideration.

- I. Define the Activity/Task
  - a. Describe, clarify the problem/need.
  - b. Does it require a healthcare provider's order?
  - c. Is the activity an independent RN action?
  - d. Does the task require an RN or other practitioner's direction?
  - e. What is the clinical environment in which the task will be completed?
  - f. What will be needed to safely complete the activity?
  - g. Who should be involved in the decision?
- II. Legality
  - a. Could the nurse perform the activity or task and meet the standards of safe nursing practice as defined by KS nursing laws and rules?
  - b. Is the task prohibited by nursing law or rules, or precluded by any other law or rule (e.g., Pharmacy Practice Act, Medical Practice Act, ADA, HIPAA, etc.?)
  - c. Does the facility have a policy in place including the RN and/or LPN as appropriate to complete the activity?
  - d. Is the activity consistent with pre-licensure, post basic or approved continuing education?
  - e. Is there evidence to support that the activity is within acceptable and prevailing standards of safe nursing care (i.e., national nursing organization/association standards, nursing literature/research, agency accreditation standards, board position statement, and/or community standard)?
- III. Competency
  - a. Is there documentation the nurse has completed appropriate education to perform the activity?
  - b. Is there documentation the nurse has demonstrated appropriate knowledge, skill and ability to complete the activity?
- IV. Safety
  - a. Is the activity safe and appropriate to perform with this patient/client at this time?
  - b. Is the activity safe and appropriate to perform only in specific environment where necessary assistive equipment and personnel will be available in case of an unexpected response to assure patient safety and quality of care?
  - c. What is the potential outcome for patient if you do or do not perform procedure?
- V. Accountability
  - a. Is the nurse willing to be accountable for the activity?
  - b. Is the nurse prepared to accept the consequences of activity?
  - c. Would a reasonable or prudent nurse complete the activity?
- VI. Additional considerations for LPN
  - a. Will adequate RN supervision be available?
  - b. Does activity have potential to significantly change the medical status of patient/client, resulting in the need to provide assessment and care requiring a different level of professional licensure?

#### References:

Kansas Nursing Practice Act <https://ksbn.kansas.gov/npa/>  
American Nurses Association (2017). *Code of Ethics for nurses*. American Nurses Publishing.  
American Nurses Association (2021). *Nursing: Scope and Standards of Practice* (4<sup>th</sup> Ed.), Silver Spring, MD.

## Health Department Nursing Tasks Chart

Health Department Duty	APRN	RN	LPN	MA (UAP)	CNA (UAP)
Administer medications including oral, topical, and rectal	Yes <sup>+</sup>	Yes <sup>++</sup>	Yes, as delegated by a APRN or RN. <sup>++</sup>	Yes, delegated by a physician, with direct or onsite supervision of a physician. <sup>11 11</sup>	No <sup>55 # **</sup>
Provide vaccinations	Yes <sup>+</sup>	Yes <sup>++</sup>	Yes, as delegated by a APRN or RN. <sup>++</sup>	Yes, delegated by a physician, with direct or onsite supervision of a physician. <sup>11 11</sup>	No <sup>55 # **</sup>
Patient care services, including taking vital signs and collecting specimens	Yes <sup>+</sup>	Yes <sup>++</sup>	Yes <sup>++</sup>	Yes, delegated by a physician, with direct or onsite supervision of a physician. <sup>11 11</sup>	As delegated by an APRN, RN or LPN, CNAs can measure and record vital signs, and collect urine, fecal or sputum specimens. <sup>55 # **</sup>
Family planning (FP) duties, including administering birth control medication, administering Depo Provera, and sexually-transmitted infection (STI) assessments	Yes <sup>++</sup>	Yes <sup>++</sup>	LPNs can only administer oral birth control and administer Depo Provera already being taken by the client (not a new prescription). They cannot perform STI assessments. As delegated by a RN or APRN, they can assist with components of a FP or STI visit, such as obtaining vitals and collecting specimens. <sup>++</sup>	As delegated by a physician, with direct or onsite supervision of a physician, MAs can assist with components of a FP or STI visit, such as obtaining vitals, specimen collection and dispensing or administering a client's established form of contraception. They cannot perform STI assessments. <sup>++ 11 11</sup>	As delegated by an APRN or RN, CNAs can measure and record vital signs, and collect urine, fecal or sputum specimens. <sup>55 ++ # **</sup>
WIC duties, including clerk roles, nutrition assessments, education, exams, etc.	Yes. (However, only a Registered Dietitian (RD) can perform High Risk nutrition education visits). <sup>11 5</sup>	Yes. (However, only a Registered Dietitian (RD) can perform High Risk nutrition education visits). <sup>11 5</sup>	LPNs can fulfill clerk roles and can assist with components of WIC visits, but they cannot complete nutrition assessments. They can maintain and calibrate equipment and collect height, weight and blood work data. <sup>11 5</sup>	As delegated by a physician, with direct or onsite supervision of a physician, MAs can fulfill receptionist and clerk roles. They cannot complete nutrition assessments. <sup>11 11 5</sup>	CNAs can fulfill receptionist and clerk roles and assist with components of WIC visits, but they cannot complete the nutrition assessments. <sup>11 5</sup>
Perform KanBeHealthy assessments	Yes <sup>+</sup>	Yes <sup>+</sup>	No <sup>+</sup>	No <sup>+</sup>	No <sup>+</sup>
Conduct disease investigation	Yes; with adequate training <sup>+++</sup>	Yes; with adequate training <sup>+++</sup>	Yes; with adequate training <sup>+++</sup>	Yes; with adequate training <sup>+++</sup>	Yes, with adequate training <sup>+++</sup>
Maternal and Child Health home visiting	Yes, including supervising home visitors. Must complete KDHE training <sup>##</sup>	Yes, including supervising home visitors. Must complete KDHE training <sup>##</sup>	Yes, including supervising visitors. Must complete KDHE training <sup>##</sup>	Yes, as delegated by a physician, with direct or onsite supervision of a physician and completion of KDHE training. Must be able to differentiate between home visitor and nurse responsibilities <sup>11 11 ##</sup>	Yes, with completion of KDHE training. Must be able to differentiate between home visitor and nurse responsibilities <sup>##</sup>

UAP- Unlicensed Assistive Personnel.

This table provides information about what health department clinic employees can do and what can be delegated to other staff. This is not an exhaustive list. Standing orders, approved and signed by a health department's medical consultant, detailing these duties are strongly recommended. Please also note that while the Kansas Nurse Practice Act provides details about the roles of RNs and LPNs in the school setting, this level of detail is not provided for RNs and LPNs working in other settings. In addition, Kansas Statute (e.g., [K.S.A. 65-1113](#)) does not provide details of exact duties. Its language is broad to allow for professional organizations, such as the American Nurses Association and the National Council of State Boards of Nursing, to define standards of practice and code of ethics.

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\* [K.S.A. 65-1113](#)

† [KAN Be Healthy EPSDT Manual](#)

†† [Title X Program Handbook July 2022, Pg. 17 \(#7\)](#)

¶ [WIC Policy and Procedures Manual: KWIC Staff Access and Roles \(Policy ADM 07.02.01\)](#)

§ [WIC Policy and Procedures Manual: General Staff Responsibilities \(Policy ADM 10.01.00\)](#)

|| [American Association of Medical Assistants Letter Regarding Delegable Duties in Kansas](#)

# [Joint Statement on Delegation - American Nurses Association \(ANA\) and the National Council of State Boards of Nursing \(NCSBN\)](#)

[Position Statement](#)

\*\* [National Council of State Boards of Nursing \(NCSBN\) National Guidelines for Nursing Delegation](#)

†† [KDHE Communicable Disease Investigator Training](#)

¶¶ [Kansas State Board of Healing Arts Practice Handbook](#)

§§ [Kansas Department of Administration Certified Nurse Aides I and II Occupational Concept](#)

## [SFY2023-Kansas-MCH-Service-Manual-PDF](#)

††† [Disease Investigation Requirements](#)

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# Kansas State Statutes and Regulation Pertaining to Nurse Scope of Practice

The following pertain to delegation and nursing within the scope of public health practice.

Specific information on delegation in the school setting can be found in [60-15-101 to 60-15-104 of the Kansas Nurse Practice Act](#).

## **K.S.A. 65-1113 Definitions.**

### **(d) Practice of nursing.**

(1) The practice of professional nursing as performed by a registered professional nurse for compensation or gratuitously, except as permitted by [K.S.A. 65-1124](#), and amendments thereto, means the process in which substantial specialized knowledge derived from the biological, physical, and behavioral sciences is applied to: the care, diagnosis, treatment, counsel and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health or the prevention or management of illness, injury or infirmity; administration, supervision or teaching of the process as defined in this section; and the execution of the medical regimen as prescribed by a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

(2) The practice of nursing as a licensed practical nurse means the performance for compensation or gratuitously, except as permitted by [K.S.A. 65-1124](#), and any amendments thereto, of tasks and responsibilities defined in paragraph (1), which tasks and responsibilities are based on acceptable educational preparation within the framework of supportive and restorative care under the direction of a registered professional nurse, a person licensed to practice medicine and surgery or a person licensed to practice dentistry.



**K.S.A. 65-1124. Acts which are not prohibited.** No provision of this law shall be construed as prohibiting:

- (a) Gratuitous nursing by friends or members of the family;
- (b) the incidental care of the sick by domestic servants or persons primarily employed as housekeepers;
- (c) caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;
- (d) nursing assistance in the case of an emergency;
- (e) the practice of nursing by students as part of a clinical course offered through a school of professional or practical nursing or program of advanced registered professional nursing approved in the United States or its territories;
- (f) the practice of nursing in this state by legally qualified nurses of any of the other states as long as the engagement of any such nurse requires the nurse to accompany and care for a patient temporarily residing in this state during the period of one such engagement not to exceed six months in length, and as long as such nurses do not represent or hold themselves out as nurses licensed to practice in this state;
- (g) the practice by any nurse who is employed by the United States government or any bureau, division or agency thereof, while in the discharge of official duties;
- (h) auxiliary patient care services performed in medical care facilities, adult care homes or elsewhere by persons under the direction of a person licensed to practice medicine and surgery or a person licensed to practice dentistry or the supervision of a registered professional nurse or a licensed practical nurse;
- (i) the administration of medications to residents of adult care homes or to patients in hospital-based long-term care units, including state operated institutions for people with intellectual disability, by an unlicensed person who has been certified as having satisfactorily completed a training program in medication administration approved by the secretary of health and environment and has completed the program on continuing education adopted by the secretary, or by an unlicensed person while engaged in and as a part of such training program in medication administration;
- (j) the practice of mental health technology by licensed mental health technicians as authorized under the mental health technicians' licensure act;
- (k) performance in the school setting of nursing procedures when delegated by a licensed professional nurse in accordance with the rules and regulations of the board;
- (l) performance of attendant care services directed by or on behalf of an individual in

need of in-home care as the terms "attendant care services," and "individual in need of in-home care" are defined under K.S.A. [65-6201](#), and amendments thereto;

- (m) performance of a nursing procedure by a person when that procedure is delegated by a licensed nurse, within the reasonable exercise of independent nursing judgment and is performed with reasonable skill and safety by that person under the supervision of a registered professional nurse or a licensed practical nurse;
- (n) the practice of nursing by an applicant for Kansas nurse licensure in the supervised clinical portion of a refresher course; or
- (o) the teaching of the nursing process in this state by legally qualified nurses of any of the other states while in consultation with a licensed Kansas nurse as long as such individuals do not represent or hold themselves out as nurses licensed to practice in this state.

**K.S.A. 65-1130. Advanced practice registered nurse; standards and requirements for licensure; rules and regulations; roles, titles and abbreviations; prescription of drugs authorized; licensure of currently registered individuals; malpractice insurance coverage required, exceptions.**

- (a) No professional nurse shall announce or represent to the public that such person is an advanced practice registered nurse unless such professional nurse has complied with requirements established by the board and holds a valid license as an advanced practice registered nurse in accordance with the provisions of this section.
- (b) (1) The board shall establish standards and requirements for any professional nurse who desires to obtain licensure as an advanced practice registered nurse. Such standards and requirements shall include, but not be limited to, standards, and requirements relating to the education of advanced practice registered nurses. The board may give such examinations and secure such assistance as it deems necessary to determine the qualifications of applicants.  
(2) (A) On and after July 1, 2023, an applicant for initial licensure as an advanced practice registered nurse shall have a current advanced practice registered nurse certification in such applicant's specific role and population focus that has been granted by a national certifying organization recognized by the board and whose certification standards are approved by the board as equal to or greater than the corresponding standards established by the board; and (B) an advanced practice registered nurse whose initial licensure is prior to July 1, 2023, may submit evidence of such certification to the board upon renewal.
- (c) The board shall adopt rules and regulations consistent with the Kansas nurse practice act applicable to advanced practice registered nurses that:

- (1) Establish roles and identify titles and abbreviations of advanced practice registered nurses that are consistent with nursing practice specialties recognized by the nursing profession.
  - (2) Establish education and qualifications necessary for licensure for each role of advanced practice registered nurse established by the board at a level adequate to assure the competent performance by advanced practice registered nurses of functions and procedures which advanced practice registered nurses are authorized to perform. Advanced practice registered nursing is based on knowledge and skills acquired in basic nursing education, licensure as a registered nurse and graduation from or completion of a master's or higher degree in one of the advanced practice registered nurse roles approved by the board of nursing.
  - (3) Define the role of advanced practice registered nurses and establish limitations and restrictions on such role. The board shall adopt a definition of the role under this paragraph that is consistent with the education and qualifications required to obtain a license as an advanced practice registered nurse that protects the public from persons performing functions and procedures as advanced practice registered nurses for which they lack adequate education and qualifications and that authorizes advanced practice registered nurses to perform acts generally recognized by the profession of nursing as capable of being performed, in a manner consistent with the public health and safety, by persons with post basic education in nursing. In defining such role the board shall consider: (A) The education required for a licensure as an advanced practice registered nurse; (B) the type of nursing practice and preparation in specialized advanced practice skills involved in each role of advanced practice registered nurse established by the board; (C) the scope and limitations of advanced practice nursing prescribed by national advanced practice organizations in accordance with the laws of this state; and (D) acts recognized by the nursing profession as appropriate to be performed by persons with post basic education in nursing.
- (d) (1) An advanced practice registered nurse may prescribe durable medical equipment and prescribe, procure, and administer any drug consistent with such licensee's specific role and population focus, except an advanced practice registered nurse shall not prescribe any drug that is intended to cause an abortion. Any drug that is a controlled substance shall be prescribed, procured, or administered in accordance with the uniform controlled substances act.
- (2) A prescription order shall include the name, address, and telephone number of the advanced practice registered nurse. An advanced practice registered nurse may not dispense drugs but may request, receive, and sign for professional samples and may distribute professional samples to patients.
  - (3) In order to prescribe controlled substances, the advanced practice registered nurse shall:
    - (A) Register with the federal drug enforcement administration; and
    - (B) comply with federal drug enforcement administration requirements related to controlled substances.
  - (4) An advanced practice registered nurse certified in the role of registered nurse anesthetist while functioning as a registered nurse anesthetist under K.S.A. [65-1151](#) through [65-1164](#), and amendments thereto, shall be subject to the

provisions of K.S.A. [65-1151](#) through [65-1164](#), and amendments thereto, with respect to drugs and anesthetic agents and shall not be subject to the provisions of this subsection.

(5) An advanced practice registered nurse shall maintain malpractice insurance coverage as a condition of rendering professional clinical services as an advanced practice registered nurse in this state and shall provide proof of insurance at the time of licensure and renewal of license. The requirements of this subsection shall not apply to an advanced practice registered nurse who:

(i) Practices solely in employment for which the advanced practice registered nurse is covered under the federal tort claims act or the Kansas tort claims act;

(ii) practices solely as a charitable healthcare provider under K.S.A. [75-6102](#), and amendments thereto; or

(iii) is serving on active duty in the armed forces of the United States.

(e) As used in this section, "drug" means those articles and substances defined as drugs in K.S.A. [65-1626](#) and [65-4101](#), and amendments thereto.

(f) A person registered to practice as an advanced registered nurse practitioner in the state of Kansas immediately prior to the effective date of this act shall be deemed to be licensed to practice as an advanced practice registered nurse under this act and such person shall not be required to file an original application for licensure under this act. Any application for registration filed which has not been granted prior to the effective date of this act shall be processed as an application for licensure under this act.

(g) An advanced practice registered nurse certified in the role of certified nurse-midwife and engaging in the independent practice of midwifery under the independent practice of midwifery act with respect to prescribing drugs shall be subject to the provisions of the independent practice of midwifery act and shall not be subject to the provisions of this section.

(h) This section shall not supersede the requirements outlined in K.S.A. [65-4a08\(b\)](#), and amendments thereto.

**K.S.A. 65-1165 Supervision of delegated nursing procedures.**

- (a) All nursing procedures, including but not limited to administration of medication, delegated by a licensed nurse to a designated unlicensed person shall be supervised. The degree of supervision required shall be determined by the licensed nurse after an assessment of appropriate factors which may include:
  - (1) The health status and mental and physical stability of the individual receiving the nursing care;
  - (2) the complexity of the procedure to be delegated.
  - (3) the training and competency of the unlicensed person to whom the procedure is to be delegated; and
  - (4) the proximity and availability of the licensed nurse to the designated unlicensed person when the selected nursing procedure will be performed.
- (b) As used in this section, "supervision" has the meaning ascribed to such term under subsection (a) of K.S.A. [65-1136](#) and amendments thereto.
- (c) This section shall be part of and supplemental to the Kansas nurse practice act.

**K.A.R. 60-3-109a Standards of practice.**

- (a) Each registered professional nurse shall be familiar with the Kansas nurse practice act, the standards of practice of the profession and the code of ethics for professional nurses.
- (b) Each licensed practical nurse shall be familiar with the Kansas nurse practice act, the standards of practice and the code of ethics for practical nurses.

Specific information on delegation in the K-12 school setting can be found in [60-15-101 to 60-15-104 of the Kansas Nurse Practice Act](#).

## References

- American Nurses Association (2021). *Nursing: Scope and Standards of Practice* (4th ed.). (2021). American Nurses Association.
- American Nurses Association (2013). *Principles for Delegation by Registered Nurses to Unlicensed Assistive Personnel (UAP)*. (2013) American Nurses Association.
- American Nurses Association and National Council of State Boards of Nursing (NSCBN). (2019). "Joint Statement- National Guidelines for Nursing Delegation."  
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- Kansas State Board of Healing Arts (2023, May), Kansas Statutes Annotated and Kansas Administrative Regulations Relating to the Practice of Healing Arts (Practice Handbook).  
[http://www.ksbha.org/documents/practice\\_handbooks/Practice\\_Handbook\\_MD\\_DO\\_DC.pdf](http://www.ksbha.org/documents/practice_handbooks/Practice_Handbook_MD_DO_DC.pdf)
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<https://www.train.org/ks/course/1111172/details?activeTab=contacts>

## KSBN Regulation Review Process

As per K.S.A. 77-440, as amended in 2022, state agencies are required to submit a report regarding an intensive review of their regulations every five years. In the past we have reviewed each regulation on a five-year schedule, however that review did not contain all the information that must be completed by the Board for this intensive review. **The report from KSBN must be submitted by July 15, 2025.** There are 90 regulations in the Kansas Nurse Practice Act that must have the intensive review completed by that date. These regulations have been assigned to the appropriate committees to conduct the intensive review. There will be some regulations to review at each committee meeting and the committee members should come prepared for this review. The regulations to review at the committee meeting will be listed on the agenda and a copy of the regulation will be placed in the committee packet. A copy of the KSBN Regulation Review Form will also be placed in the committee packet for each of the regulations listed on the agenda for review. Agency staff will complete Part 1 that includes information about the history of the regulation. **The rest of the questions on the form must be answered by the committee members.** Committee members need to answer the following questions:

- **Necessity (2 questions):**
  - Is the rule and regulation necessary for the implementation and administration of state law?
  - Does the rule and regulation serve an identifiable public purpose in support of state law?
- **Potential for revocation** (taking the regulation off the active list of regulations and no longer be utilized):
  - Briefly describe how revocation would affect Kansans (max 800 characters)
  - Is the rule and regulation being revoked?
  - If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute?
  - If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (maximum 400 characters)
- **Additional information:** additional information necessary to understanding the necessity of the rule and regulation (maximum 1,200 characters)

It is imperative each committee member review the regulation and the review form and come to the committee meeting prepared to discuss their answers. The committee will decide the final answers that should be submitted for each regulation. If the committee needs to table until the next meeting in which more discussion needs to occur, please realize **all the regulation review must be completed no later than the June 2025 committee meetings.**

If you have questions about this process, please see the staff contacts for each committee.

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 3

Rule and Reg Title: 101 Licensure

Type (New/Amended): Amended May 6, 2022

Effective Date (history): Jan. 1, 1966

Authorizing K.S.A. 65-1129, K.S.A. 2021 Supp. 48-3406, and K.S.A. 74-1106

Implementing K.S.A. 2021 Supp. 48-3406, K.S.A. 65-115, K.S.A. 65-116, K.S.A.65-118, and K.S.A. 74-1112

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y ☐ or N ☐
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y ☐ or N ☐

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)
2. Is the rule and regulation being revoked? Y ☐ or N ☐
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y ☐ or N ☐
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Board 5 yr review 06/17/2020.

Committee:

Chair:



Date:

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**Agency 60**  
**State Board of Nursing**

Article 3.—Requirements for Licensure and Standards of Practice

[Printable Format](#)

**60-3-101. Licensure.** (a) Licensure by examination pursuant to K.S.A. 65-1115 and K.S.A. 65-1116, and amendments thereto.

(1) Not later than 30 days before the examination date, each applicant for licensure by examination shall file with the board a completed application on a form adopted by the board and pay the application fee prescribed by K.A.R. 60-4-101.

(2) Each applicant shall be fingerprinted and submit to a state and national criminal history record check.

(3) Each applicant for nursing licensure shall take and be required to pass the examination prepared by the national council of state boards of nursing. The examination fee shall be paid as directed by the national council of state boards of nursing.

(4) Within 180 days after the board's receipt of the application, each applicant for licensure by examination shall submit proof that all qualifications for licensure have been met. If the applicant does not meet this requirement, the application shall be deemed abandoned and closed.

**(b) Licensure by endorsement pursuant to K.S.A. 65-1115 and K.S.A. 65-1116, and amendments thereto.**

(1) Each applicant for licensure by endorsement shall file with the board a completed application on a form approved by the board and pay the application fee prescribed by K.A.R. 60-4-101.

(2) Each applicant shall be fingerprinted and submit to a state and national criminal history record check.

(3) Each applicant shall submit proof showing that all requirements for licensure by endorsement pursuant to K.S.A. 65-1115 or K.S.A. 65-1116, and amendments thereto, have been met.

(4) Within 180 days after the board's receipt of the application, each applicant for licensure by endorsement shall submit proof that all qualifications for licensure by endorsement have been met. If the applicant does not meet this requirement, the application shall be deemed abandoned and closed.

**(c) Information regarding examinations.**

(1) The examination for licensure shall be administered at sites designated by the national council of state boards of nursing.

(2) Each applicant shall present the required documentation in order to be admitted to the examination center.

(3) Each applicant cheating or attempting to cheat during the examination shall be deemed not to have passed the examination.

(4) If the answer key is lost or destroyed through circumstances beyond the control of the national council of state boards of nursing, the applicant shall be required to retake the examination in order to meet requirements for licensure.

(5) Individual examination results shall be released to the school from which the applicant graduated.

(6) Each applicant requesting modifications to the examination procedures or materials because of a disability shall provide written documentation from the appropriate medical professional confirming the disability, an evaluation completed within the last five years by a disabilities evaluation team, and a letter from the nursing program confirming learning and testing modifications made during the course of study.

(d) Application for reexamination. Any applicant who fails to make a passing score on the licensure examination may retake the examination. The applicant shall pay an examination fee as directed by the national council of state boards of nursing for each retest.

(e) Verification of current Kansas license. Verification of a current Kansas license shall be provided to other state boards upon the applicant's request and payment of the fee prescribed by K.A.R. 60-4-101.

**(f) Licensure for endorsement pursuant to K.S.A. 48-3406, and amendments thereto.**

(1) "Active practice" shall mean that in a calendar year, the applicant worked for at least 1,000 hours in the "scope of practice" for which licensure is sought.

(2) "Similar scope of practice" shall mean the "practice of nursing," as defined in K.S.A. 65-1113 and amendments thereto.

(g) Temporary emergency license. Each applicant for a temporary emergency license shall submit an application on a form adopted by the board to practice nursing during a state of emergency declared by the legislature and submit proof that either of the following qualifications for licensure has been met:

(1) For licensure as a registered professional nurse, the applicant is currently licensed or has been licensed as a registered professional nurse by a state licensing board within the five years preceding the application date, passed a course in cardiopulmonary resuscitation (CPR) for humans, has a current CPR certificate, and has the skills required to practice registered professional nursing during the state of emergency declared by the legislature.

(2) For licensure as a licensed practical nurse, the applicant is currently licensed or has been licensed as a licensed practical nurse by a state licensing board within the five years preceding the application date, passed a course in cardiopulmonary resuscitation (CPR) for humans, has a current CPR certificate, and has the skills required to practice licensed practical nursing during the state of emergency declared by the legislature. (Authorized by K.S.A. 65-1129, K.S.A. 2021 Supp. 48-3406, and K.S.A. 74-1106; implementing K.S.A. 2021 Supp. 48-3406, K.S.A. 65-1115, K.S.A. 65-1116, K.S.A. 65-1118, and K.S.A. 74-1112; effective Jan. 1, 1966; amended Jan. 1, 1972; amended, E-74-29, July 1, 1974; modified, L. 1975, Ch. 302, Sec. 3, May 1, 1975; amended May 1, 1980; amended May 1, 1987; amended April 26, 1993; amended Jan. 29, 1999; amended, T-60-1-26-22, Jan. 26, 2022; amended May 6, 2022.)

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 3

Rule and Reg Title: 102 Duplicate of initial license

Type (New/Amended): Amended April 29, 2016

Effective Date (history): Jan. 1, 1966

Authorizing K.S.A. 65-1129

Implementing K.S.A. 2015 Supp. 74-1106

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y ☐ or N ☐
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y ☐ or N ☐

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)
2. Is the rule and regulation being revoked? Y ☐ or N ☐
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y ☐ or N ☐
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Revoked 12/14/2021 - Practice Committee minutes; Minutes approved 3/29/2022

Committee:

Chair:

Date:

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## Agency 60

### State Board of Nursing

#### Article 3.—Requirements for Licensure and Standards of Practice

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**60-3-102. Duplicate of initial license.** When an individual's initial license has been lost or destroyed, a duplicate may be issued by the board upon payment of the fee specified in K.S.A. 65-1118, and amendments thereto. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2015 Supp. 74-1106; effective Jan. 1, 1966; amended Jan. 1, 1972; modified, L. 1975, Ch. 302, Sec. 11, May 1, 1975; amended Nov. 21, 1994; amended April 29, 2016.)

[Printable Format](#)

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 3

Rule and Reg Title: 103 Change of name

Type (New/Amended): Amended April 29, 2016

Effective Date (history): Jan. 1, 1966

Authorizing K.S.A. 65-1129

Implementing K.S.A. 2015 Supp. 65-1117

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y ☐ or N ☐
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y ☐ or N ☐

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)
2. Is the rule and regulation being revoked? Y ☐ or N ☐
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y ☐ or N ☐
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Board 5 yr Leg review approved 03/24/2021

Committee:

Chair:

Date:

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## Agency 60

### State Board of Nursing

#### Article 3.—Requirements for Licensure and Standards of Practice

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**60-3-103. Change of name.** If an applicant for licensure or a licensee changes that individual's name after submitting an application or obtaining a license, the applicant or licensee shall submit legal documentation or an affidavit indicating the change of name upon a form approved by the board. The applicant or licensee shall submit the document to the board within 30 days of the change, pursuant to K.S.A. 65-1117 and amendments thereto. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2015 Supp. 65-1117; effective Jan 1, 1966; amended May 1, 1975; amended April 29, 2016.)

[Printable Format](#)

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 3

Rule and Reg Title: 105 Reinstatement of license

Type (New/Amended): Amended Feb. 16, 1996

Effective Date (history): Feb. 15, 1977

Authorizing K.S.A. 65-1129 and K.S.A. 1994 Supp. 65-1117, as amended by L. 1995, Ch. 97, § 1.

Implementing K.S.A. 1994 Supp. 65-1117

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y ☐ or N ☐
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y ☐ or N ☐

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)
2. Is the rule and regulation being revoked? Y ☐ or N ☐
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y ☐ or N ☐
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Board 5 year Legislative Review approved 03/24/2021

Committee:

Chair:



Date:

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## Agency 60

### State Board of Nursing

#### Article 3.—Requirements for Licensure and Standards of Practice

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**60-3-105. Reinstatement of license.** (a) Any applicant whose Kansas license has lapsed may, within five years of its expiration date, reinstate that license by submitting satisfactory proof that the applicant has obtained 30 contact hours of approved continuing nursing education within the preceding two-year period.

(b) Any applicant whose Kansas license has lapsed for more than five years beyond its expiration date may reinstate the license by submitting evidence of:

(1) current licensure in another jurisdiction which requires completion of a number of contact hours of continuing nursing education for license renewal which are equivalent to or greater than the number of hours required in Kansas;

(2) licensure in another jurisdiction sometime during the preceding five-year period, and completion of 30 contact hours of approved continuing nursing education within the preceding two-year period; or

(3) satisfactory completion of a refresher course approved by the board. (Authorized by K.S.A. 65-1129 and K.S.A. 1994 Supp. 65-1117, as amended by L. 1995, Ch. 97, § 1; implementing K.S.A. 1994 Supp. 65-1117, as amended by L. 1995, Ch. 97, § 1; effective Feb. 15, 1977; amended May 1, 1987; amended Sept. 2, 1991; amended May 9, 1994; amended Feb. 16, 1996.)

[Printable Format](#)

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 3

Rule and Reg Title: 106 Licensure qualifications

Type (New/Amended): Amended Nov. 7, 2008

Effective Date (history): Feb. 15, 1977

Authorizing K.S.A. 65-1129

Implementing K.S.A. 65-1115 and K.S.A. 65-1116

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y ☐ or N ☐
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y ☐ or N ☐

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)
2. Is the rule and regulation being revoked? Y ☐ or N ☐
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y ☐ or N ☐
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Board 5 year Legislative review approved 03/30/2022 (prac min 03292022)

Committee:

Chair:

Date:

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**Agency 60**  
**State Board of Nursing**

Article 3.—Requirements for Licensure and Standards of Practice

[Printable Format](#)

**60-3-106. Licensure qualifications.** (a) As part of the application process, each individual applying for original licensure in Kansas who is a graduate of a foreign nursing school shall submit that individual's education and licensure credentials for evaluation to a credentialing agency approved by the board.

(b) Any individual applying for licensure in Kansas who is a graduate of a foreign nursing school in which instruction was not in English may be granted a license if that individual meets all other requirements for licensure in effect at the time of application and shows proof of proficiency in English by passing one of the following:

(1) The test of English as a foreign language and the test of spoken English; or

(2) similar examinations, as approved by the board.

(c) Each graduate of a foreign nursing school licensed in another jurisdiction shall submit that individual's education and licensure credentials for evaluation to a credentialing agency approved by the board or to the board's representative.

(d) If an individual fails to pass the licensure examination or does not take the licensure examination within 24 months after graduation, the individual shall petition the board in writing before being allowed to take or retake the licensure examination. The petition shall be submitted on a form provided by the board and shall contain the following, as applicable:

(1) The name of the school of graduation;

(2) the date of graduation;

(3) the number of months or years since graduation;

(4) the number of times that the individual has taken the licensure examination;

(5) the dates of the licensure examinations;

(6) areas of deficiency identified on the diagnostic profile for each examination;

(7) copies of all diagnostic profiles;

(8) any study completed since the last attempt of taking the licensure examination;

(9) any work experience in the last two years; and

(10) a sworn statement by the petitioner that the facts contained in the petition are true to the best of that person's knowledge and belief.

(e) An individual shall be allowed by the board to retake the licensure examination after 24 months from graduation only upon demonstrating to the board's satisfaction that the individual has identified and addressed the reasons for prior failure and that there is a reasonable probability that the individual will pass the examination. A plan of study or review course may be required by the board before the individual retakes the licensure examination.

(f) If the board requires a plan of study before retaking the licensure examination, the plan shall contain the following:

(1) A list of all the low performance areas of the test plan identified by the diagnostic profile from each examination;

(2) a specific content outline for all of the areas of low performance on the diagnostic profile;

(3) methods of study, including the following:

(A) Self-study;

(B) study groups;

(C) tutors; or

(D) any other methods approved by the board;

(4) a schedule for study that meets the following requirements:

(A) 30 hours for each low performance area;

(B) a start date; and

(C) completion in six months or the petition shall be considered abandoned;

(5) learning resources identified to be used in the study that meet these requirements:

(A) A written bibliography in a standard documentation format, with resources no more than five years old; and

(B) four types for each low performance area selected from the list as follows:

(i) Textbooks;

(ii) journals;

(iii) review books;

(iv) audiovisuals;

(v) computer-assisted instruction; or

(vi) computer review programs.

(g) A registered professional nurse shall provide written verification that the individual has completed the study plan.

(h) Academic nursing courses, clinical observations, or other learning activities to meet study requirements may also be prescribed by the board.

(Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1115 and K.S.A. 65-1116; effective Feb. 15, 1977; amended Sept. 2, 1991; amended May 9, 1994; amended April 4, 1997; amended Jan. 29, 1999; amended June 14, 2002; amended Nov. 7, 2008.)

[Printable Form](#)

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 3

Rule and Reg Title: 106a Temporary permit

Type (New/Amended): Amended Nov. 7, 2008

Effective Date (history): May 9, 1994

Authorizing K.S.A. 65-1129 and K.S.A. 2007 Supp. 74-1106

Implementing K.S.A. 65-1115, K.S.A. 65-1116, and K.S.A. 2007 Supp 65-1117

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y ☐ or N ☐
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y ☐ or N ☐

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)
2. Is the rule and regulation being revoked? Y ☐ or N ☐
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y ☐ or N ☐
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Board 5 year Legislative review approved 03/30/2022 (prac min 03292022)

Committee:

Chair:

Date:

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## Agency 60

### State Board of Nursing

#### Article 3.—Requirements for Licensure and Standards of Practice

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**60-3-106a. Temporary permit.** (a) A temporary permit to practice as a registered professional nurse or licensed practical nurse for a period not to exceed 120 days may be issued to an applicant who holds a license in a state or territory of the United States that was granted by an examination approved by the board for either of the following:

(1) To enable the applicant to gain employment while completing continuing education requirements necessary for reinstatement of a Kansas license; or

(2) to enable the applicant to gain employment while completing the requirements necessary for endorsement.

(b) A copy of the applicant's current nursing license in another state or in a territory of the United States shall be required for issuance of a temporary permit for endorsement and for reinstatement of a Kansas license as prescribed by K.A.R. 60-3-105. (Authorized by K.S.A. 65-1129 and K.S.A. 2007 Supp. 74-1106; implementing K.S.A. 65-1115, K.S.A. 65-1116, and K.S.A. 2007 Supp. 65-1117; effective May 9, 1994; amended April 3, 1998; amended July 29, 2005; amended Nov. 7, 2008.)

[Printable Format](#)



## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 3

Rule and Reg Title: 107 Expiration dates of applications

Type (New/Amended): Amended July 29, 2005

Effective Date (history): Feb. 15, 1977

Authorizing K.S.A. 65-1115, K.S.A. 65-1116, and K.S.A. 65-1117

Implementing K.S.A. 65-1115, K.S.A. 65-1116, and K.S.A. 65-1117

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y ☐ or N ☐
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y ☐ or N ☐

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)
2. Is the rule and regulation being revoked? Y ☐ or N ☐
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y ☐ or N ☐
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Committee:

Chair:

Date:

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## Agency 60

### State Board of Nursing

#### Article 3.—Requirements for Licensure and Standards of Practice

[Printable Format](#)

**60-3-107. Expiration dates of applications.** Applications for initial licensure by examination or endorsement and for reinstatement while awaiting documentation of qualifications shall be active for six months.

(a) The expiration date of each application shall be six months after the date of receipt at the board's office.

(b) If the application has expired, each individual seeking licensure shall submit a new application along with the appropriate fee as prescribed by K.A.R. 60-4-101. (Authorized by and implementing K.S.A. 65-1115, K.S.A. 65-1116, and K.S.A. 65-1117; effective, E-77-8, March 19, 1976; effective Feb. 15, 1977; amended April 3, 1998; amended July 29, 2005.)

[Printable Format](#)