

# **Kansas Nurse Practice Act**

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## **BOARD OF NURSING**

### **GENERAL PROVISIONS**

- 74-1106 Board of nursing; appointment; terms; vacancies; qualifications; duties and powers; executive administrator and other employees; rules and regulations; compensation and expenses.** (a) Appointment, term of office. (1) The governor shall appoint a board consisting of 11 members of which six shall be registered professional nurses, two shall be licensed practical nurses and three shall be members of the general public, which shall constitute a board of nursing, with the duties, power and authority set forth in this act.
- (2) Upon the expiration of the term of any registered professional nurse, the Kansas state nurses association shall submit to the governor a list of registered professional nurses containing names of not less than three times the number of persons to be appointed, and appointments shall be made after consideration of such list for terms of four years and until a successor is appointed and qualified.
- (3) On the effective date of this act, the Kansas federation of licensed practical nurses shall submit to the governor a list of licensed practical nurses containing names of not less than three times the number of persons to be appointed, and appointments shall be made after consideration of such list for a term of four years and until a successor is appointed and qualified.
- (4) Each member of the general public shall be appointed for a term of four years and successors shall be appointed for a like term.
- (5) Whenever a vacancy occurs on the board of nursing, it shall be filled by appointment for the remainder of the unexpired term in the same manner as the preceding appointment. No person shall serve more than two consecutive terms as a member of the board of nursing and appointment for the remainder of an unexpired term shall constitute a full term of service on such board.
- (b) Qualifications of members. Each member of the board shall be a citizen of the United States and a resident of the state of Kansas. Registered professional nurse members shall possess a license to practice as a professional nurse in this state with at least five years' experience in nursing as such and shall be actively engaged in professional nursing in Kansas at the time of appointment and reappointment. The licensed practical nurse members shall be licensed to practice practical nursing in the state with at least five years' experience in practical nursing and shall be actively engaged in practical nursing in Kansas at the time of appointment and reappointment. The governor shall appoint successors so that the registered professional nurse membership of the board shall consist of at least two members who are engaged in nursing service, at least two members who are engaged in nursing education and at least one member who is engaged in practice as an advanced practice registered nurse or a registered nurse anesthetist. The consumer members shall represent the interests of the general public. At least one consumer member shall not have been involved in providing health care. Each member of the board shall take and subscribe the oath prescribed by law for state officers, which oath shall be filed with the secretary of state.
- (c) Duties and powers. (1) The board shall meet annually at Topeka during the month of September and shall elect from its members a president, vice-president and secretary, each of whom shall hold their respective offices for one year. The board shall employ an executive administrator, who shall be a

registered professional nurse, who shall not be a member of the board and who shall be in the unclassified service under the Kansas civil service act, and shall employ such other employees, who shall be in the classified service under the Kansas civil service act as necessary to carry on the work of the board. The information technology and operational staff shall remain employees of the board. As necessary, the board shall be represented by an attorney appointed by the attorney general as provided by law, whose compensation shall be determined and paid by the board with the approval of the governor. The board may hold such other meetings during the year as may be deemed necessary to transact its business.

(2) The board shall adopt rules and regulations consistent with this act necessary to carry into effect the provisions thereof, and such rules and regulations may be published, and copies thereof furnished to any person upon application.

(3) The board shall prescribe curricula and standards for professional and practical nursing programs and mental health technician programs and provide for surveys of such schools and courses at such times as it may deem necessary. It shall accredit such schools and approve courses as meet the requirements of the appropriate act and rules and regulations of the board.

(4) The board shall examine, license and renew licenses of duly qualified applicants and conduct hearings upon charges for limitation, suspension or revocation of a license or approval of professional and practical nursing and mental health technician programs and may limit, deny, suspend or revoke for proper legal cause, licenses or approval of professional and practical nursing and mental health technician programs, as hereinafter provided. Examination for applicants for registration shall be given at least twice each year and as many other times as deemed necessary by the board. The board shall promote improved means of nursing education and standards of nursing care through institutes, conferences and other means.

(5) The board shall have a seal of which the executive administrator shall be the custodian. The president and the secretary shall have the power and authority to administer oaths in transacting business of the board, and the secretary shall keep a record of all proceedings of the board and a register of professional and practical nurses and mental health technicians licensed and showing the certificates of registration or licenses granted or revoked, which register shall be open at all times to public inspection.

(6) The board may enter into contracts as may be necessary to carry out its duties.

(7) The board is hereby authorized to apply for and to accept grants and may accept donations, bequests or gifts. The board shall remit all moneys received by it under this paragraph (7) to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the grants and gifts fund which is hereby created. All expenditures from such fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the president of the board or a person designated by the president.

(8) A majority of the board of nursing including two professional nurse members shall constitute a quorum for the transaction of business.

(d) Subpoenas. In all investigations and proceedings, the board shall have the power to issue subpoenas and compel the attendance of witnesses and the production of all relevant and necessary papers, books, records, documentary evidence and materials. Any person failing or refusing to appear or testify regarding any matter about which such person may be lawfully questioned or to produce any books, papers, records, documentary evidence or relevant materials in the matter, after having been required by order of the board or by a subpoena of the board to do so, upon application by the board to any district judge in the state, may be ordered by such judge to comply therewith. Upon failure to comply with the order of the district judge, the court may compel obedience by attachment for contempt as in the case of disobedience of a similar order or subpoena issued by the court. A subpoena may be served upon any person named therein anywhere within the state with the same fees and mileage by an officer authorized to serve subpoenas in civil actions in the same procedure as is prescribed by the code of civil procedure for subpoenas issued out of the district courts of this state.

(e) Compensation and expenses. Members of the board of nursing attending meetings of such board, or attending a subcommittee meeting thereof authorized by such board, shall be paid compensation, subsistence allowances, mileage and other expenses as provided in K.S.A. 75-3223, and amendments thereto. No member of the board of nursing shall be paid an amount as provided in K.S.A. 75-3223, and amendments thereto, if such member receives an amount from another governmental or private entity for the purpose for which such amount is payable under K.S.A. 75-3223, and amendments thereto.

History: L. 1949, ch. 331, § 2; L. 1956, ch. 52, § 15; L. 1957, ch. 431, § 11; L. 1963, ch. 314, § 10; L. 1965, ch. 506, § 38; L. 1967, ch. 434, § 26; L. 1973, ch. 309, § 25; L. 1973, ch. 310, § 1; L. 1974, ch. 348, § 49; L. 1975, ch. 316, § 12; L. 1978, ch. 308, § 54; L. 1980, ch. 235, § 1; L. 1986, ch. 233, § 5; L. 1987, ch. 234, § 2; L. 1988, ch. 331, § 7; L. 1992, ch. 116, § 34; L. 1993, ch. 194, § 7; L. 1997, ch. 146, § 5; L. 2000, ch. 113, § 5; L. 2001, ch. 5, § 301; L. 2001, ch. 161, § 12; L. 2007, ch. 115, § 1; L. 2011, ch. 114, § 70; L. 2018, ch. 42, § 7; July 1, 2019.

**74-1108 Board of nursing fee fund.** The executive administrator of the board of nursing shall remit all moneys received by the board from fees, charges or penalties, other than moneys received under K.S.A. 74-1109, and amendments thereto, to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury. Ten percent of each such deposit shall be credited to the state general fund and the balance shall be credited to the board of nursing fee fund. All expenditures from such fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the president of the board or by a person or persons designated by the president.

History: L. 1973, ch. 309, § 26; L. 1983, ch. 206, § 13; L. 1986, ch. 286, § 1; L. 2001, ch. 5, § 302; L. 2011, ch. 53, § 43; July 1.

**74-1109 Fees for institutes, conferences and other educational programs offered by board; education conference fund.** The board of nursing is hereby authorized to fix, charge and collect fees for institutes, conferences and other educational programs offered by the board under subsection (c)(4) of K.S.A. 74-1106, and amendments thereto. The fees shall be fixed in order to recover the cost to the board for providing such programs. The executive administrator of the board shall remit all moneys received by the board from fees collected under this section to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the education conference fund which is hereby created. All expenditures from such fund shall be for the operating expenditures of providing such programs and shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the president of the board or by a person designated by the president.

**74-1110 Civil fine.** The board of nursing, in addition to any other penalty prescribed by law, may assess a civil fine, after proper notice and an opportunity to be heard, against any person granted a license, certificate of qualification or authorization to practice by the board of nursing for a violation of a law or rule and regulation applicable to the practice for which such person has been granted a license, certificate of qualification or authorization by the board in an amount not to exceed \$1,000 for the first violation, \$2,000 for the second violation and \$3,000 for the third violation and for each subsequent violation. All fines assessed and collected under this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the state general fund.

History: L. 1992, ch. 151, § 6; L. 2001, ch. 5, § 304; July 1.

**74-1111 Assistant attorneys general to represent board in proceedings or litigation arising from discharge of board duties; appointment; salary.** (a) The attorney general shall appoint, with the approval of the board of nursing, assistant attorneys general who shall carry out the duties under subsection (b). The attorneys shall receive an annual salary fixed by the attorney general with the approval of the board of nursing. The salaries shall be paid from moneys appropriated to the board of nursing in the board of nursing fee fund.

(b) The assistant attorneys general appointed under subsection (a) shall represent the board of nursing in any proceedings or litigation that may arise in the discharge of the duties of the board of nursing and shall perform such other duties of a legal nature as may be directed by the board of nursing.

History: L. 1993, ch. 194, § 19; L. 2017, ch. 31, § 7; July 1.

**74-1112 Board of nursing; fingerprinting and criminal history.** (a) The board of nursing may require an original applicant for licensure as a professional nurse, practical nurse or mental health technician to be fingerprinted and submit to a state and national criminal history record check. The fingerprints shall be used to identify the applicant and to determine whether the applicant has a record of criminal history in this state or other jurisdictions. The board of nursing is authorized to submit the fingerprints to the Kansas bureau of investigation and the federal bureau of investigation for a state and national criminal history record check. The board of nursing may use the information obtained from fingerprinting and the applicant's criminal history for purposes of verifying the identification of any applicant and in the official determination of character and fitness of the applicant for any licensure to practice professional or practical nursing or mental health technology in this state.

(b) Local and state law enforcement officers and agencies shall assist the board of nursing in taking and processing of fingerprints of applicants to practice professional or practical nursing or mental health technology in this state and shall release all records of adult convictions and nonconvictions and adult convictions or adjudications of another state or country to the board of nursing.

(c) The board shall fix a fee for fingerprinting of applicants or licensees, or both, as may be required by the board in an amount necessary to reimburse the board for the cost of the fingerprinting. Fees collected under this subsection shall be deposited in the criminal background and fingerprinting fund.

(d) There is hereby created in the state treasury the criminal background and fingerprinting fund. All moneys credited to the fund shall be used to pay the Kansas bureau of investigation for the processing of fingerprints and criminal history background checks for the board of nursing. The fund shall be administered by the board of nursing. All expenditures from the fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the president of the board or a person designated by the president.

History: L. 2008, ch. 154, § 5; July 1.



# Professional and Practical Nurses

## Statutes

**65-1113 Definitions.** When used in this act and the act of which this section is amendatory:

- (a) "Board" means the board of nursing.
- (b) "Diagnosis" in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen and shall be construed as distinct from a medical diagnosis.
- (c) "Treatment" means the selection and performance of those therapeutic measures essential to effective execution and management of the nursing regimen, and any prescribed medical regimen.
- (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.
- (e) A "professional nurse" means a person who is licensed to practice professional nursing as defined in subsection (d)(1).
- (f) A "practical nurse" means a person who is licensed to practice practical nursing as defined in subsection (d)(2).
- (g) "Advanced practice registered nurse" or "APRN" means a professional nurse who holds a license from the board to function as a professional nurse in an advanced role, and this advanced role shall be defined by rules and regulations adopted by the board in accordance with K.S.A. 65-1130, and amendments thereto.

(h) "Continuing nursing education" means learning experiences intended to build upon the educational and experiential bases of the registered professional and licensed practical nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.

History: L. 1949, ch. 331, § 1; L. 1963, ch. 314, § 1; L. 1975, ch. 316, § 1; L. 1978, ch. 240, § 1; L. 1980, ch. 186, § 1; L. 1983, ch. 206, § 6; L. 2011, ch. 114, § 39; L. 2018, ch. 42, § 2; July 1, 2019.

**65-1114 Unlawful acts.** (a) It shall be unlawful for any person:

- (1) To practice or to offer to practice professional nursing in this state;
- (2) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is a registered professional nurse;
- (3) to practice or offer to practice practical nursing in this state; or
- (4) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is a licensed practical nurse, unless such person has been duly licensed under the provisions of this act.

(b) It shall be unlawful for any person:

- (1) To practice or offer to practice as an advanced practice registered nurse in this state; or
- (2) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is an advanced practice registered nurse, unless such person has been duly issued a license as an advanced practice registered nurse under the Kansas nurse practice act.

History: L. 1949, ch. 331, § 3; L. 1975, ch. 316, § 2; L. 1978, ch. 240, § 3; L. 1983, ch. 206, § 7; L. 2011, ch. 114, § 40; Jan. 1, 2012.

**65-1115 Licensure of professional nurses; qualifications of applicants; examination; refresher course; renewal license; title and abbreviation; temporary permit; exempt license.** (a) Qualifications of applicants. An applicant for a license to practice as a registered professional nurse shall:

(1) Have graduated from an approved school of professional nursing in the United States or its territories or from a school of professional nursing in a foreign country which is approved by the board as defined in rules and regulations;

(2) have obtained other qualifications not in conflict with this act as the board may prescribe by rule and regulation; and

(3) file with the board written application for a license.

(b) Applicant deficient in qualifications. If the board finds in evaluating any applicant that such applicant is deficient in qualification or in the quality of such applicant's educational experience, the board may require such applicant to fulfill such remedial or other requirements as the board may prescribe.

(c) License. (1) The board shall issue a license to an applicant to practice as a registered professional nurse who has:

(A) Met the qualifications set forth in subsections (a) and (b);

(B) passed a written examination as prescribed by the board; and

(C) no disqualifying factors under K.S.A. 65-1120, and amendments thereto.

(2) The board may issue a license to practice nursing as a registered professional nurse to an applicant who has been duly licensed as a registered professional nurse by examination under the laws of another state or territory if, in the opinion of the board, the applicant meets the qualifications required of a registered professional in this state. Verification of the applicant's licensure status shall be required from the original state of licensure.

(3) Refresher course. Notwithstanding the provisions of subsections (a) and (b), an applicant for a license to practice as a registered professional nurse who has not been licensed to practice professional nursing for five years preceding application shall be required to successfully complete a refresher course as defined by the board.

(4) Renewal license. A licensed professional nurse licensed under this act shall be eligible for renewal licenses upon compliance with K.S.A. 65-1117, and amendments thereto.

(5) Licensure examination within 24 months of graduation. (A) Persons who do not take the licensure examination within 24 months after graduation shall petition the board for permission prior to taking the licensure examination. The board may require the applicant to submit and complete a plan of study prior to taking the licensure examination.

(B) Persons who are unsuccessful in passing the licensure examination within 24 months after graduation shall petition the board for permission prior to subsequent attempts. The board may require the applicant to submit and complete a plan of study prior to taking the licensure examination a subsequent time. The study plan shall contain subjects related to deficiencies identified on the failed examination profiles.

(6) An application for initial licensure or endorsement will be held awaiting completion of meeting qualifications for a time period specified in rules and regulations.

(d) Title and abbreviation. Any person who holds a license to practice as a registered professional nurse in this state shall have the right to use the title, "registered nurse," and the abbreviation, "R.N." No other person shall assume the title or use the abbreviation or any other words, letters, signs or figures to indicate that the person is a registered professional nurse.

(e) Temporary permit. The board may issue a temporary permit to practice nursing as a registered professional nurse for a period not to exceed 120 days. A temporary permit for 120 days may be issued to an applicant for licensure as a registered professional nurse who is a graduate of a professional school of nursing in a foreign country after verification of licensure in that foreign country and approval of educational credentials.

(f) Exempt license. The board may issue an exempt license to any licensee as defined in rules and regulations who makes written application for such license on a form provided by the board, who remits a fee as established pursuant to K.S.A. 65-1118, and amendments thereto and who is not regularly engaged in the practice of professional nursing in Kansas but volunteers professional nursing service or is a charitable health care provider as defined by K.S.A. 75-6102, and amendments thereto. Each exempt licensee shall be subject to all provisions of the nurse practice act, except as otherwise provided in this subsection (f). Each exempt license may be renewed biennially subject to the provisions of this section. The holder of the exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing nursing education for renewal. To convert an exempt license to an active license, the exempt licensee shall meet all the requirements of subsection (c) or K.S.A. 65-1117, and amendments thereto. The board shall have authority to write rules and regulations to carry out the provisions of this section.

History: L. 1949, ch. 331, § 4; L. 1963, ch. 314, § 2; L. 1968, ch. 231, § 1; L. 1972, ch. 231, § 9; L. 1975, ch. 316, § 3; L. 1982, ch. 261, § 1; L. 1983, ch. 207, § 1; L. 1986, ch. 233, § 1; L. 1990, ch. 221, § 1; L. 1992, ch. 151, § 1; L. 1993, ch. 194, § 9; L. 1994, ch. 149, § 1; L. 1997, ch. 158, § 1; L. 1999, ch. 84, § 1; L. 2001, ch. 161, § 1; L. 2009, ch. 81, § 1; July 1.

**65-1116 Licensure of practical nurses; qualifications of applicants; examination; refresher course; renewal license; title and abbreviation; temporary permit; exempt license.** (a) Qualification. An applicant for a license to practice as a licensed practical nurse shall:

(1) Have graduated from an approved school of practical nursing or professional nursing in the United States or its territories or from a school of practical nursing or professional nursing in a foreign country which is approved by the board as defined in rules and regulations;

(2) have obtained other qualifications not in conflict with this act as the board may prescribe by rule and regulation; and

(3) file with the board a written application for a license.

(b) If the board finds in evaluating any applicant that such applicant is deficient in qualification or in the quality of such applicant's educational experience, the board may require such applicant to fulfill such remedial or other requirements as the board may prescribe.

(c) License. (1) The board shall issue a license to an applicant to practice as a practical nurse who has:

(A) Met the qualifications set forth in subsections (a) and (b);

(B) passed a written examination as prescribed by the board; and

(C) no disqualifying factors under K.S.A. 65-1120, and amendments thereto.

(2) The board may issue a license to practice nursing as a practical nurse to an applicant who has been duly licensed as a practical nurse by examination under the laws of another state or territory if, in the opinion of the board, the applicant meets the qualifications required of a practical nurse in this state. Verification of the applicant's licensure status shall be required from the original state of licensure.

(3) The board may authorize the educational requirement under subsection (a)(1) to be waived for an applicant who has attained a passing score on the national council licensure examination for practical nurses and provided evidence to the board of such applicant's practical nursing experience with the military. To qualify for such a waiver, the applicant must have been a member of the army, navy, marine corps, air force, air or army national guard, coast guard or any branch of the military reserves of the United States, and separated from such military service with an honorable discharge. If such applicant was separated from such military service with a general discharge under honorable conditions and meets the requirements of this paragraph, the board may authorize the educational requirements under subsection (a)(1) be waived.

(4) Refresher course. Notwithstanding the provisions of subsections (a) and (b), an applicant for a license to practice as a licensed practical nurse who has not been licensed to practice practical nursing for five years preceding application shall be required to successfully complete a refresher course as defined by the board.

(5) Renewal license. A licensed practical nurse licensed under this act shall be eligible for renewal licenses upon compliance with K.S.A. 65-1117, and amendments thereto.

(6) Licensure examination within 24 months of graduation. (A) Persons who do not take the licensure examination within 24 months after graduation shall petition the board for permission prior to taking the licensure examination. The board may require the applicant to submit and complete a plan of study prior to taking the licensure examination.

(B) Persons who are unsuccessful in passing the licensure examination within 24 months after graduation shall petition the board for permission prior to subsequent attempts. The board may require the applicant to submit and complete a plan of study prior to taking the licensure examination a subsequent time. The study plan shall contain subjects related to deficiencies identified on the failed examination profiles.

(7) An application for initial licensure or endorsement will be held awaiting completion of meeting qualifications for a time period specified in rules and regulations.

(d) Title and abbreviation. Any person who holds a license to practice as a licensed practical nurse in this state shall have the right to use the title, "licensed practical nurse," and the abbreviation, "L.P.N." No other person shall assume the title or use the abbreviation or any other words, letters, signs or figures to indicate that the person is a licensed practical nurse.

(e) Temporary permit. The board may issue a temporary permit to practice nursing as a licensed practical nurse for a period not to exceed 120 days. A temporary permit for 120 days may be issued to an applicant for licensure as a licensed practical nurse who is a graduate of a practical school of nursing in a foreign country after verification of licensure in that foreign country and approval of educational credentials.

(f) Exempt license. The board may issue an exempt license to any licensee as defined in rules and regulations who makes written application for such license on a form provided by the board, who remits a fee as established pursuant to K.S.A. 65-1118, and amendments thereto, and who is not regularly engaged in the practice of practical nursing in Kansas but volunteers practical nursing service or is a charitable health care provider as defined by K.S.A. 75-6102, and amendments thereto. Each exempt licensee shall be subject to all provisions of the nurse practice act, except as otherwise provided in this subsection (f). Each exempt license may be renewed biennially subject to the provisions of this section. The holder of the exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing nursing education for renewal. To convert an exempt license to an active license, the exempt licensee shall meet all the requirements of subsection (c) or K.S.A. 65-1117, and amendments thereto. The board shall have authority to write rules and regulations to carry out the provisions of this section.

History: L. 1949, ch. 331, § 5; L. 1963, ch. 314, § 3; L. 1968, ch. 231, § 2; L. 1975, ch. 316, § 4; L. 1982, ch. 261, § 2; L. 1983, ch. 207, § 2; L. 1986, ch. 233, § 2; L. 1990, ch. 221, § 2; L. 1992, ch. 151, § 2; L. 1993, ch. 194, § 10; L. 1994, ch. 149, § 2; L. 1997, ch. 158, § 2; L. 1999, ch. 84, § 2; L. 2001, ch. 161, § 2; L. 2009, ch. 81, § 2; L. 2013, ch. 95, § 3; July 1.

**65-1117 Renewal of license; inactive license, fee; continuing education requirements; rules and regulations; notification of change in name or address or criminal conviction; multi-state license.**

(a) All licenses issued under the provisions of this act, whether initial or renewal, including multi-state licenses under the nurse licensure compact, shall expire every two years. The expiration date shall be established by the rules and regulations of the board. Any licensed nurse may file a multi-state license application together with the prescribed multi-state license fee at any time the nurse holds an active license. The board shall send a notice for renewal of license to every registered professional nurse and licensed practical nurse at least 60 days prior to the expiration date of such person's license. Every person so licensed who desires to renew such license shall file with the board, on or before the date of expiration of such license, a renewal application together with the prescribed biennial renewal fee. Every licensee who is no longer engaged in the active practice of nursing may so state by affidavit and submit such affidavit with the renewal application. An inactive license may be requested along with payment of a fee which shall be fixed by rules and regulations of the board. Except for the first renewal for a license that expires within 30 months following licensure examination or for renewal of a license that expires within the first nine months following licensure by reinstatement or endorsement, every licensee with an active nursing license shall submit with the renewal application evidence of satisfactory completion of a program of continuing nursing education required by the board. The board by duly adopted rules and regulations shall establish the requirements for such program of continuing nursing education. Upon receipt of such application, payment of fee, upon receipt of the evidence of satisfactory completion of the required program of continuing nursing education and upon being satisfied that the applicant meets the requirements set forth in K.S.A. 65-1115 or 65-1116, and amendments thereto, in effect at the time of initial licensure of the applicant, the board shall verify the accuracy of the application and grant a renewal license.

(b) Any person who fails to secure a renewal license within the time specified herein may secure a reinstatement of such lapsed license by making verified application therefor on a form provided by the board, by rules and regulations, and upon furnishing proof that the applicant is competent and qualified to act as a registered professional nurse or licensed practical nurse and by satisfying all of the requirements for reinstatement including payment to the board of a reinstatement fee as established by the board. A reinstatement application for licensure will be held awaiting completion of such documentation as may be required, but such application shall not be held for a period of time in excess of that specified in rules and regulations.

(c) (1) Each licensee shall notify the board in writing of (A) a change in name or address within 30 days of the change or (B) a conviction of any felony or misdemeanor, that is specified in rules and regulations adopted by the board, within 30 days from the date the conviction becomes final.

(2) As used in this subsection, "conviction" means a final conviction without regard to whether the sentence was suspended or probation granted after such conviction. Also, for the purposes of this subsection, a forfeiture of bail, bond or collateral deposited to secure a defendant's appearance in court, which forfeiture has not been vacated, shall be equivalent to a conviction. Failure to so notify the board shall not constitute a defense in an action relating to failure to renew a license, nor shall it constitute a defense in any other proceeding.

(d) Persons holding a multistate license under the nurse licensure compact and who engage in the practice of nursing in Kansas may be requested by the board to voluntarily provide workforce-related



information as reasonably determined by the board. Refusal to voluntarily provide such information shall not be a basis for disciplinary action against or restriction of the multistate license of any such person.

History: L. 1949, ch. 331, § 6; L. 1975, ch. 316, § 5; L. 1976, ch. 274, § 1; L. 1978, ch. 240, § 4; L. 1980, ch. 187, § 1; L. 1983, ch. 206, § 8; L. 1988, ch. 242, § 1; L. 1993, ch. 194, § 11; L. 1995, ch. 97, § 1; L. 1997, ch. 146, § 1; L. 2007, ch. 99, § 1; L. 2011, ch. 114, § 79; L. 2018, ch. 42, § 3; July 1, 2019.

**65-1118** **Fees.** (a) The board shall collect in advance fees provided for in this act as fixed by the board, but not exceeding:

- Application for single-state license—professional nurse \$150
- Application for single-state license—practical nurse \$100
- Application for single-state biennial renewal of license—professional nurse and practical nurse \$120
- Application for single-state reinstatement of license \$150
- Application for single-state reinstatement of licenses with temporary permit \$175
- Application for multi-state license—professional nurse \$300
- Application for multi-state license—practical nurse \$300
- Application for multi-state biennial renewal of license—professional nurse and practical nurse \$200
- Application for multi-state reinstatement of license \$300
- Application for multi-state reinstatement of licenses with temporary permit \$300
- Application for reinstatement of revoked license \$1,000
- Certified copy of license \$25
- Duplicate of license \$25
- Inactive license \$20
- Application for license—advanced practice registered nurse \$50
- Application for license with temporary permit—advanced practice registered nurse \$100
- Application for renewal of license—advanced practice registered nurse \$60
- Application for reinstatement of license—advanced practice registered nurse \$75
- Application for authorization—registered nurse anesthetist \$75
- Application for authorization with temporary authorization—registered nurse anesthetist \$110
- Application for biennial renewal of authorization—registered nurse anesthetist \$60

Application for reinstatement of authorization—registered nurse anesthetist \$75

Application for reinstatement of authorization with temporary authorization—registered nurse anesthetist \$100

Verification of license to another state \$30

Application for exempt license—professional and practical nurse \$50

Application for biennial renewal of exempt license—professional and practical nurse \$50

Application for exempt license—advanced practice registered nurse \$50

Application for biennial renewal of exempt license—advanced practice registered nurse \$50

(b) The board may require that fees paid for any examination under the Kansas nurse practice act be paid directly to the examination service by the person taking the examination.

(c) The board shall accept for payment of fees under this section personal checks, certified checks, cashier's checks, money orders or credit cards. The board may designate other methods of payment, but shall not refuse payment in the form of a personal check. The board may impose additional fees and recover any costs incurred by reason of payments made by personal checks with insufficient funds and payments made by credit cards.

History: L. 1949, ch. 331, § 7; L. 1963, ch. 314, § 4; L. 1973, ch. 249, § 1; L. 1975, ch. 316, § 6; L. 1978, ch. 347, § 11; L. 1980, ch. 188, § 1; L. 1986, ch. 233, § 3; L. 1988, ch. 242, § 2; L. 1992, ch. 135, § 1; L. 1993, ch. 194, § 12; L. 1997, ch. 158, § 3; L. 1999, ch. 84, § 5; L. 2011, ch. 114, § 41; L. 2017, ch. 31, § 1; L. 2018, ch. 42, § 4; July 1, 2019.

**65-1118a Fees; consultants' travel expenses.** (a) The board shall collect fees provided for in this act as fixed by the board, but not exceeding:

Application for approval—schools and programs of nursing	\$1,000.00
Annual fee of approval—schools and programs of nursing	\$400
Application for approval of continuing education providers	\$200
Annual fee for continuing nursing education providers	\$75
Approval of single continuing nursing education offerings	\$100
Consultation by request, not to exceed per day on site	\$400

(b) In addition to the above prescribed fees, consultants' travel expenses shall be charged to the person, firm, corporation or institution requesting consultation services to be provided by the board.

History: L. 1981, ch. 244, § 1; L. 1990, ch. 221, § 3; L. 1992, ch. 135, § 2; L. 1993, ch. 194, § 13; L. 2001, ch. 161, § 3; July 1.

65-1119

**Schools of nursing; approval; approval of providers of continuing education offerings; application fee; criteria for evaluating out-of-state schools; nationally accredited schools of nursing.**

(a) Application for approval. An approved school of nursing is one which has been approved as such by the board as meeting the standards of this act, and the rules and regulations of the board. An institution desiring to conduct an approved school of professional or practical nursing shall apply to the board for approval and submit satisfactory proof that it is prepared to and will maintain the standards and basic professional nursing curriculum or the required curriculum for practical nursing, as the case may be, as prescribed by this act and by the rules and regulations of the board. Applications shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board. The approval of a school of nursing shall not exceed 10 years after the granting of such approval by the board. An institution desiring to continue to conduct an approved school of professional or practical nursing shall apply to the board for the renewal of approval and submit satisfactory proof that it will maintain the standards and basic professional nursing curriculum or the required curriculum for practical nursing, as the case may be, as prescribed by this act and by the rules and regulations of the board. Applications for renewal of approval shall be made in writing on forms supplied by the board. Each school of nursing shall submit annually to the board an annual fee fixed by the board by rules and regulations to maintain the approval status.

(b) Schools for professional nurses. To qualify as an approved school for professional nurses, the school must be conducted in the state of Kansas, and shall apply to the board and submit evidence that: (1) It is prepared to carry out the professional curriculum as prescribed in the rules and regulations of the board; and (2) it is prepared to meet such other standards as shall be established by this law and the rules and regulations of the board.

(c) Schools for practical nurses. To qualify as an approved school for practical nurses, the school must be conducted in the state of Kansas, and shall apply to the board and submit evidence that: (1) It is prepared to carry out the curriculum as prescribed in the rules and regulations of the board; and (2) it is prepared to meet such other standards as shall be established by this law and the rules and regulations of the board.

(d) Survey. The board shall prepare and maintain a list of approved schools for both professional and practical nurses whose graduates, if they have the other necessary qualifications provided in this act, shall be eligible to apply for a license as a registered professional nurse or as a licensed practical nurse. A survey of the institution or institutions and of the schools applying for approval shall be made by an authorized employee of the board or members of the board, who shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements as prescribed by the board in its rules and regulations for an approved school for professional nurses or for practical nurses are met, it shall so approve the school as either a school for professional nurses or practical nurses, as the case may be. The board shall resurvey approved schools on a periodic basis as determined by rules and regulations. If the board determines that any approved school of nursing is not maintaining the standards required by this act and by rules and regulations prescribed by the board, notice thereof in writing, specifying the failures of such school, shall be given immediately to the school. A school which fails to correct such conditions to the satisfaction of the board within a reasonable time shall be removed from the list of approved schools of nursing until such time as the school shall comply with

the standards. All approved schools shall maintain accurate and current records showing in full the theoretical and practical courses given to each student.

(e) Providers of continuing nursing education. (1) To qualify as an approved provider of continuing nursing education offerings, persons, organizations or institutions proposing to provide such continuing nursing education offerings shall apply to the board for approval and submit evidence that the applicant is prepared to meet the standards and requirements established by the rules and regulations of the board for such continuing nursing education offerings. Initial applications shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board.

(2) A long-term provider means a person, organization or institution that is responsible for the development, administration and evaluation of continuing nursing education programs and offerings. Qualification as a long-term approved provider of continuing nursing education offerings shall expire five years after the granting of such approval by the board. An approved long-term provider of continuing nursing education offerings shall submit annually to the board the annual fee established by rules and regulations, along with an annual report for the previous fiscal year. Applications for renewal as an approved long-term provider of continuing nursing education offerings shall be made in writing on forms supplied by the board.

(3) Qualification as an approved provider of a single continuing nursing education offering, which may be offered once or multiple times, shall expire two years after the granting of such approval by the board. Approved single continuing nursing education providers shall not be subject to an annual fee or annual report.

(4) In accordance with rules and regulations adopted by the board, the board may approve individual educational offerings for continuing nursing education which shall not be subject to approval under other subsections of this section.

(5) The board shall accept offerings as approved continuing nursing education presented by: Colleges that are approved by a state or the national department of education and providers approved by other state boards of nursing, the national league for nursing, the national federation of licensed practical nurses, the American nurses credentialing center or other such national organizations as listed in rules and regulations adopted by the board.

(6) An individual designated by a provider of continuing nursing education offerings as an individual responsible for CNE who has held this position for the provider at least five years immediately prior to January 1, 1997, shall not be required to have a baccalaureate or higher academic degree in order to be designated by such provider as the individual responsible for CNE.

(f) Criteria for evaluating out-of-state schools. For the purpose of determining whether an applicant for licensure who is a graduate of a school of professional or practical nursing located outside this state meets the requirements of item (2) of subsection (a) of K.S.A. 65-1115 and amendments thereto or the requirements of item (2) of subsection (a) of K.S.A. 65-1116 and amendments thereto, as appropriate, the board by rules and regulations shall establish criteria for determining whether a particular school of professional nursing located outside this state maintains standards which are at least equal to schools of

professional nursing which are approved by the board and whether a particular school of practical nursing located outside this state maintains standards which are at least equal to schools of practical nursing which are approved by the board. The board may send a questionnaire developed by the board to any school of professional or practical nursing located outside this state for which the board does not have sufficient information to determine whether the school meets the standards established under this subsection (f). The questionnaire providing the necessary information shall be completed and returned to the board in order for the school to be considered for approval. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about schools. In entering such contracts the authority to approve schools shall remain solely with the board.

(g) The board may accept nationally accredited schools of nursing as defined in rule and regulation.

(1) Schools of nursing which have received accreditation from a board recognized national nursing accreditation agency shall file evidence of initial accreditation with the board and shall file all reports from the accrediting agency and any notice of any change in school accreditation status. The board may grant approval based upon evidence of such accreditation.

(2) Schools of nursing holding approval based upon national accreditation are also responsible for complying with all other requirements as determined by rules and regulations of the board.

(3) The board may grant approval to a school of nursing with national accreditation for a continuing period not to exceed 10 years.

History: L. 1949, ch. 331, § 8; L. 1963, ch. 314, § 5; L. 1973, ch. 249, § 2; L. 1978, ch. 240, § 5; L. 1980, ch. 188, § 2; L. 1980, ch. 186, § 2; L. 1981, ch. 244, § 2; L. 1982, ch. 261, § 3; L. 1983, ch. 207, § 3; L. 1983, ch. 206, § 9; L. 1983, ch. 206, § 14; L. 1988, ch. 243, § 2; L. 1990, ch. 221, § 4; L. 1997, ch. 146, § 2; L. 2001, ch. 161, § 4; July 2019.

**65-1120**

**Grounds for disciplinary actions; proceedings; witnesses; costs; professional incompetency defined; criminal justice record information.** (a) Grounds for disciplinary actions. The board may deny, revoke, limit or suspend any license or authorization to practice nursing as a registered professional nurse, as a licensed practical nurse, as an advanced practice registered nurse or as a registered nurse anesthetist that is issued by the board or applied for under this act, or may require the licensee to attend a specific number of hours of continuing education in addition to any hours the licensee may already be required to attend or may publicly or privately censure a licensee or holder of a temporary permit or authorization, if the applicant, licensee or holder of a temporary permit or authorization is found after hearing:

- (1) To be guilty of fraud or deceit in practicing nursing or in procuring or attempting to procure a license to practice nursing;
- (2) to have been guilty of a felony or to have been guilty of a misdemeanor involving an illegal drug offense unless the applicant or licensee establishes sufficient rehabilitation to warrant the public trust, except that notwithstanding K.S.A. 74-120, and amendments thereto, no license or authorization to practice nursing as a licensed professional nurse, as a licensed practical nurse, as an advanced practice registered nurse or registered nurse anesthetist shall be granted to a person with a felony conviction for a crime against persons as specified in article 34 of chapter 21 of the Kansas Statutes Annotated, prior to their repeal, or article 54 of chapter 21 of the Kansas Statutes Annotated, or K.S.A. 2019 Supp. 21-6104, 21-6325, 21-6326 or 21-6418, and amendments thereto;
- (3) has been convicted or found guilty or has entered into an agreed disposition of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
- (4) to have committed an act of professional incompetency as defined in subsection (e);
- (5) to be unable to practice with skill and safety due to current abuse of drugs or alcohol;
- (6) to be a person who has been adjudged in need of a guardian or conservator, or both, under the act for obtaining a guardian or conservator, or both, and who has not been restored to capacity under that act;
- (7) to be guilty of unprofessional conduct as defined by rules and regulations of the board;
- (8) to have willfully or repeatedly violated the provisions of the Kansas nurse practice act or any rules and regulations adopted pursuant to that act, including K.S.A. 65-1114 and 65-1122, and amendments thereto;
- (9) to have a license to practice nursing as a registered nurse or as a practical nurse denied, revoked, limited or suspended, or to be publicly or privately censured, by a licensing authority of another state, agency of the United States government, territory of the United States or country or to have other disciplinary action taken against the applicant or licensee by a licensing authority of another state, agency of the United States government, territory of the United States or country. A certified copy of the record or order of public or private censure, denial, suspension, limitation, revocation or other disciplinary action of the licensing authority of another state, agency of the United States government,



territory of the United States or country shall constitute prima facie evidence of such a fact for purposes of this paragraph (9); or

(10) to have assisted suicide in violation of K.S.A. 21-3406, prior to its repeal, or K.S.A. 2019 Supp. 21-5407, and amendments thereto, as established by any of the following:

(A) A copy of the record of criminal conviction or plea of guilty for a felony in violation of K.S.A. 21-3406, prior to its repeal, or K.S.A. 2019 Supp. 21-5407, and amendments thereto.

(B) A copy of the record of a judgment of contempt of court for violating an injunction issued under K.S.A. 2019 Supp. 60-4404, and amendments thereto.

(C) A copy of the record of a judgment assessing damages under K.S.A. 2019 Supp. 60-4405, and amendments thereto.

(b) Proceedings. Upon filing of a sworn complaint with the board charging a person with having been guilty of any of the unlawful practices specified in subsection (a), two or more members of the board shall investigate the charges, or the board may designate and authorize an employee or employees of the board to conduct an investigation. After investigation, the board may institute charges. If an investigation, in the opinion of the board, reveals reasonable grounds for believing the applicant or licensee is guilty of the charges, the board shall fix a time and place for proceedings, which shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

(c) Witnesses. No person shall be excused from testifying in any proceedings before the board under this act or in any civil proceedings under this act before a court of competent jurisdiction on the ground that such testimony may incriminate the person testifying, but such testimony shall not be used against the person for the prosecution of any crime under the laws of this state except the crime of perjury as defined in K.S.A. 2019 Supp. 21-5903, and amendments thereto.

(d) Costs. If final agency action of the board in a proceeding under this section is adverse to the applicant or licensee, the costs of the board's proceedings shall be charged to the applicant or licensee as in ordinary civil actions in the district court, but if the board is the unsuccessful party, the costs shall be paid by the board. Witness fees and costs may be taxed by the board according to the statutes relating to procedure in the district court. All costs accrued by the board, when it is the successful party, and which the attorney general certifies cannot be collected from the applicant or licensee shall be paid from the board of nursing fee fund. All moneys collected following board proceedings shall be credited in full to the board of nursing fee fund.

(e) Professional incompetency defined. As used in this section, "professional incompetency" means:

(1) One or more instances involving failure to adhere to the applicable standard of care to a degree which constitutes gross negligence, as determined by the board;

(2) repeated instances involving failure to adhere to the applicable standard of care to a degree which constitutes ordinary negligence, as determined by the board; or

(3) a pattern of practice or other behavior which demonstrates a manifest incapacity or incompetence to practice nursing.

(f) Criminal justice information. The board upon request shall receive from the Kansas bureau of investigation such criminal history record information relating to arrests and criminal convictions as necessary for the purpose of determining initial and continuing qualifications of licensees of and applicants for licensure by the board.

History: L. 1949, ch. 331, § 9; L. 1963, ch. 314, § 6; L. 1972, ch. 231, § 10; L. 1975, ch. 316, § 7; L. 1978, ch. 240, § 6; L. 1981, ch. 245, § 1; L. 1983, ch. 206, § 10; L. 1985, ch. 88, § 6; L. 1986, ch. 233, § 4; L. 1990, ch. 221, § 5; L. 1993, ch. 194, § 1; L. 1995, ch. 97, § 2; L. 1997, ch. 158, § 4; L. 1998, ch. 142, § 8; L. 2011, ch. 30, § 236; L. 2011, ch. 114, § 42; L. 2018, ch. 42, § 5; July 1, 2019.

**65-1120a Reinstatement of revoked licenses; burden of proof; board of nursing report to legislature.** (a) A person whose license has been revoked may apply for reinstatement of the license after the expiration of three years from the effective date of the revocation. Application for reinstatement shall be on a form approved by the board and shall be accompanied by a reinstatement fee established by the board under K.S.A. 65-1118, and amendments thereto. The burden of proof by clear and convincing evidence shall be on the applicant to show sufficient rehabilitation to justify reinstatement of the license. If the board determines a license should not be reinstated, the person shall not be eligible to reapply for reinstatement for three years from the effective date of the denial. All proceedings conducted on an application for reinstatement shall be in accordance with the provisions of the Kansas administrative procedure act and shall be reviewable in accordance with the Kansas judicial review act. The board, on its own motion, may stay the effectiveness of an order of revocation of license.

(b) On or before January 8, 2018, and on or before the first day of the regular session of the Kansas legislature each year thereafter, the board of nursing shall submit a written report to the senate standing committee on public health and welfare and the house of representatives standing committee on health and human services that includes on an anonymous but individual and itemized basis: The number of individuals who applied for reinstatement of a revoked license during the immediately preceding calendar year; the amount of moneys charged to each such applicant; the number of such reinstatement applications that were granted and denied; and the basis given to deny any such reinstatement application.

(c) This section shall be part of and supplemental to the Kansas nurse practice act.

History: L. 2017, ch. 31, § 2; July 1.

**65-1121a** **Judicial review of board's actions.** (a) Any agency action of the board of nursing pursuant to the Kansas nurse practice act is subject to review in accordance with the Kansas judicial review act.

(b) This section shall be part of and supplemental to the Kansas nurse practice act.

History: L. 1986, ch. 318, § 145; L. 2010, ch. 17, § 128; July 1.

**65-1122 Misdemeanors; penalties.** It is a violation of law for any person, firm, corporation or association to:

- (a) Sell or fraudulently obtain or furnish any nursing diploma, license or record or aid or abet therein;
- (b) practice professional nursing, practical nursing or practice as an advanced practice registered nurse, unless duly licensed to do so;
- (c) use in connection with such person's name any designation implying that such person is a licensed professional nurse, a licensed practical nurse or an advanced practice registered nurse unless duly licensed to practice under the provisions of the Kansas nurse practice act, and such license is then in full force;
- (d) practice professional nursing, practical nursing or as an advanced practice registered nurse during the time a license issued under the provisions of the Kansas nurse practice act shall have expired or shall have been suspended or revoked;
- (e) represent that a school for nursing is approved for educating either professional nurses or practical nurses, unless such school has been duly approved by the board and such approval is then in full force;
- (f) violate any provisions of the Kansas nurse practice act or rules and regulations adopted pursuant to that act; or
- (g) represent that a provider of continuing nursing education is approved by the board for educating either professional nurses or practical nurses, unless the provider of continuing nursing education has been approved by the board and the approval is in full force.

Any person who violates this section is guilty of a class B misdemeanor, except that, upon conviction of a second or subsequent violation of this section, such person is guilty of a class A misdemeanor.

History: L. 1949, ch. 331, § 11; L. 1963, ch. 314, § 7; L. 1975, ch. 316, § 9; L. 1978, ch. 240, § 8; L. 1983, ch. 206, § 12; L. 1993, ch. 194, § 2; L. 2001, ch. 161, § 5; L. 2011, ch. 114, § 43; Jan. 1, 2012.

**65-1123 Injunctions.** When it appears to the board that any person is violating any of the provisions of this act or that any person, firm, corporation, institution or association is employing (except as permitted under K.S.A. 65-1124 and amendments thereto) a person to perform professional nursing or practical nursing in Kansas, who is not licensed under this act, the board may in its own name bring an action in a court of competent jurisdiction for an injunction against such violation or such employing, and the proper courts of this state may enjoin any person, firm or corporation, institution or association from violation of this act or such employing without regard to whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted.

History: L. 1949, ch. 331, § 12; L. 1963, ch. 314, § 8; L. 1975, ch. 316, § 10; July 1.

**65-1124 Acts which are not prohibited.** No provisions 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.

History: L. 1949, ch. 331, § 13; L. 1963, ch. 314, § 9; L. 1975, ch. 316, § 11; L. 1978, ch. 241, § 1; L. 1983, ch. 207, § 4; L. 1983, ch. 208, § 3; L. 1987, ch. 234, § 1; L. 1989, ch. 191, § 3; L. 1990, ch. 222, § 1; L. 1992, ch. 134, § 1; L. 1994, ch. 149, § 3; L. 1995, ch. 97, § 3; L. 1997, ch. 158, § 5; L. 2000, ch. 113, § 1; L. 2007, ch. 102, § 1; L. 2012, ch. 91, § 41; July 1.



**65-1126**     **Invalidity of part.** If any provision of this act or the application to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are declared to be severable.

History: L. 1949, ch. 331, § 15; June 30.

65-1127

**Reporting of malpractice incidents and other information; immunity from liability in civil actions for reporting, communicating and investigating certain information concerning alleged malpractice incidents and other information; conditions.**

(a) A licensee shall report to the board of nursing any information the licensee may have relating to alleged incidents of malpractice or the qualifications, fitness or character of a person licensed to practice professional nursing or licensed to practice practical nursing, including persons holding a multi-state license under the nurse licensure compact. No person reporting to the board of nursing under oath and in good faith any information such person may have relating to alleged incidents of malpractice or the qualifications, fitness or character of a person licensed to practice professional nursing or licensed to practice practical nursing shall be subject to a civil action for damages as a result of reporting such information.

(b) Any state, regional or local association of registered professional nurses or licensed practical nurses and the individual members of any committee thereof, which in good faith investigates or communicates information pertaining to the alleged incidents of malpractice or the qualifications, fitness or character of any licensee or registrant to the board of nursing or to any committee or agent thereof, shall be immune from liability in any civil action, that is based upon such information or transmittal of information if the investigation and communication was made in good faith and did not represent as true any matter not reasonably believed to be true.

History: L. 1976, ch. 261, § 4; L. 2018, ch. 42, § 6; July 1, 2019.

**65-1129**      **Rules and regulations.** The board shall adopt and promulgate rules and regulations as are necessary to carry out the provisions of this act [\*].

History: L. 1978, ch. 240, § 9; July 1.

\* This act means 65-1113, 65-1114, 65-1117, 65-1119, 65-1120, 65-1121, 65-1122 and 65-1128.

**65-1135**

**Complaint or information relating to complaint confidential; exceptions.** (a) Any complaint or report, record or other information relating to the investigation of a complaint about a person licensed by the board which is received, obtained or maintained by the board is confidential and shall not be disclosed by the board or its employees in a manner which identified or enables identification of the person who is the subject or source of such information except:

- (1) In a disciplinary proceeding conducted by the board pursuant to law or in an appeal of the order of the board entered in such proceeding, or to any party to such proceeding or appeal or such party's attorney;
- (2) to the proper licensing or disciplinary authority of another jurisdiction, if any disciplinary action authorized by K.S.A. 65-1120 and amendments thereto has at any time been taken against the licensee or the board has at any time denied a license certificate or authorization to the person; or
- (3) to the person who is the subject of the information, but the board may require disclosure in such a manner as to prevent identification of any other person who is the subject or source of the information.

(b) This section shall be part of and supplemental to the Kansas nurse practice act.

History: L. 1993, ch. 194, § 8; July 1.

65-1136

**Intravenous fluid therapy; qualifications of licensed practical nurses to administer; definitions; rules and regulations; advisory committee established; prohibitions; exceptions.** (a) As used in this section:

- (1) "Provider" means a person who is approved by the board to administer an examination and to offer an intravenous fluid therapy course which has been approved by the board.
  - (2) "Person" means an individual, organization, agency, institution or other legal entity.
  - (3) "Examination" means an intravenous fluid therapy competency examination approved by the board.
  - (4) "Supervision" means provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.
- (b) A licensed practical nurse may perform a limited scope of intravenous fluid therapy under the supervision of a registered professional nurse.
- (c) A licensed practical nurse may perform an expanded scope of intravenous fluid therapy under the supervision of a registered professional nurse, if the licensed practical nurse:
- (1) Successfully completes an intravenous fluid therapy course given by a provider and passes an intravenous fluid therapy examination administered by a provider; or
  - (2) has had one-year clinical experience, has performed intravenous fluid therapy prior to July 1, 1995, and has successfully passed an examination; or
  - (3) has successfully completed an intravenous fluid therapy course and passed an intravenous fluid therapy examination not administered by a provider and, upon application to the board for review and approval of such course and examination, the board has determined that such course and examination meets or exceeds the standards required under this act for an approved course and approved examination; or
  - (4) prior to July 1, 2001, qualified under paragraph (3) of this subsection (c), as such subsection existed immediately prior to July 1, 2001, to perform an expanded scope of intravenous fluid therapy.
- (d) The board may adopt rules and regulations:
- (1) Which define the limited and expanded scope of practice of intravenous fluid therapy which may be performed by a licensed practical nurse under the supervision of a registered professional nurse;
  - (2) which restricts specific intravenous fluid therapy practices;

(3) which prescribe standards for an intravenous fluid therapy course and examination required of a provider;

(4) which govern provider record requirements;

(5) which prescribe the procedure to approve, condition, limit and withdraw approval as a provider; and

(6) which further implement the provisions of this section.

(e) An advisory committee of not less than two board members and five nonboard members shall be established by the board to advise and assist the board in implementing this section as determined by the board. The advisory committee shall meet at least annually. Members of the advisory committee shall receive amounts provided for in subsection (e) of K.S.A. 75-3223 and amendments thereto for each day of actual attendance at any meeting of the advisory committee or any subcommittee meeting of the advisory committee authorized by the board.

(f) No licensed practical nurse shall perform intravenous fluid therapy unless qualified to perform intravenous fluid therapy under this section and rules and regulations adopted by the board.

(g) Nothing in this section shall be construed to prohibit the performance of intravenous fluid therapy by a registered professional nurse.

(h) Nothing in this section shall be construed to prohibit performance of intravenous fluid therapy by a licensed practical nurse when performed by delegation of a person licensed to practice medicine and surgery or dentistry.

(i) This section shall be part of and supplemental to the Kansas nurse practice act.

History: L. 1994, ch. 218, § 1; L. 2000, ch. 113, § 3; L. 2001, ch. 161, § 7; July 1.

**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.

History: L. 1995, ch. 97, § 7; July 1.

**65-1166 Nurse licensure compact.** This section shall be known and may be cited as the nurse licensure compact.

Nurse Licensure Compact

ARTICLE IFINDINGS AND DECLARATION OF PURPOSE

(a) The legislature of the state of Kansas finds that:

- (1) The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;
- (2) violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;
- (3) the expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;
- (4) new practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;
- (5) the current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant for both nurses and states; and
- (6) uniformity of nurse licensure requirements among the states promotes public safety and public health benefits.

(b) The general purposes of this compact are to:

- (1) Facilitate the states' responsibility to protect the public's health and safety;
- (2) ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
- (3) facilitate the exchange of information among party states in the areas of nurse regulation, investigation and adverse actions;
- (4) promote compliance with the laws governing the practice of nursing in each jurisdiction;
- (5) invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party-state licenses;
- (6) decrease redundancies in the consideration and issuance of nurse licenses; and
- (7) provide opportunities for interstate practice by nurses who meet uniform licensure requirements.



## ARTICLE I DEFINITIONS

As used in this compact:

- (a) "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against a nurse, including actions against an individual's license or multistate licensure privilege, such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a nurse's authorization to practice, including issuance of a cease and desist action.
- (b) "Alternative program" means a nondisciplinary monitoring program approved by a licensing board.
- (c) "Commission" means the interstate commission of nurse licensure compact administrators.
- (d) "Coordinated licensure information system" means an integrated process for collecting, storing and sharing information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.
- (e) "Current significant investigative information" means:
  - (1) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
  - (2) investigative information that indicates that the nurse represents an immediate threat to public health and safety, regardless of whether the nurse has been notified and had an opportunity to respond.
- (f) "Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board.
- (g) "Home state" means the party state that is the nurse's primary state of residence.
- (h) "Licensing board" means a party state's regulatory body responsible for issuing nurse licenses.
- (i) "LPN/VN" means a licensed practical/vocational nurse.
- (j) "Multistate license" means a license to practice as a registered or a licensed practical/vocational nurse (LPN/VN) issued by a home state licensing board that authorizes the licensed nurse to practice in all party states under a multistate licensure privilege.
- (k) "Multistate licensure privilege" means a legal authorization associated with a multistate license permitting the practice of nursing as either a registered nurse (RN) or LPN/VN in a remote state.
- (l) "Nurse" means RN or LPN/VN, as those terms are defined by each party state's practice laws.

- (m) "Party state" means any state that has adopted this compact.
- (n) "Remote state" means a party state, other than the home state.
- (o) "RN" means a registered nurse.
- (p) "Single-state license" means a nurse license issued by a party state that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other party state.
- (q) "State" means a state, territory or possession of the United States and the District of Columbia.
- (r) "State practice laws" means a party state's laws, rules and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. State practice laws do not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

#### ARTICLE III GENERAL PROVISIONS AND JURISDICTION

- (a) A multistate license to practice registered or licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a nurse to practice as an RN or as an LPN/VN, under a multistate licensure privilege, in each party state.
- (b) A state must implement procedures for considering the criminal history records of applicants for an initial multistate license or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the federal bureau of investigation and the agency responsible for retaining that state's criminal records.
- (c) Each party state shall require the following for an applicant to obtain or retain a multistate license in the home state:
  - (1) Has met the home state's qualifications for licensure or renewal of licensure, as well as all other applicable state laws;
  - (2) (A) has graduated or is eligible to graduate from a licensing board-approved RN or LPN/VN prelicensure education program; or  
(B) has graduated from a foreign RN or LPN/VN prelicensure education program that: (i) Has been approved by the authorized accrediting body in the applicable country; and (ii) has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program;

- (3) has, if a graduate of a foreign prelicensure education program, not taught in English or, if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing and listening;
  - (4) has successfully passed an NCLEX-RN or NCLEX-PN examination or recognized predecessor, as applicable;
  - (5) is eligible for or holds an active unencumbered license;
  - (6) has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the federal bureau of investigation and the Kansas bureau of investigation;
  - (7) has not been convicted or found guilty or has entered into an agreed disposition of a felony offense under applicable state or federal criminal law;
  - (8) has not been convicted or found guilty or has entered into an agreed disposition of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
  - (9) is not currently enrolled in an alternative program;
  - (10) is subject to self-disclosure requirements regarding current participation in an alternative program; and
  - (11) has a valid United States social security number.
- (d) All party states shall be authorized, in accordance with existing state due process law, to take adverse action against a nurse's multistate licensure privilege, such as revocation, suspension, probation or any other action that affects a nurse's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.
- (e) A nurse practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege will subject a nurse to the jurisdiction of the licensing board, the courts and the laws of the party state in which the client is located at the time service is provided.
- (f) Individuals not residing in a party state shall continue to be able to apply for a party state's single-state license as provided under the laws of each party state. However, the single-state license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state. Nothing in this compact shall affect the requirements established by a party state for the issuance of a single-state license.

(g) Any nurse holding a home state multistate license on the effective date of this compact may retain and renew the multistate license issued by the nurse's then-current home state, provided that:

(1) A nurse who changes such nurse's primary state of residence after this compact's effective date must meet all applicable article III(c) requirements to obtain a multistate license from a new home state.

(2) A nurse who fails to satisfy the multistate licensure requirements in article III(c) due to a disqualifying event occurring after this compact's effective date shall be ineligible to retain or renew a multistate license, and the nurse's multistate license shall be revoked or deactivated in accordance with applicable rules adopted by the commission.

#### ARTICLE IV APPLICATIONS FOR LICENSURE IN A PARTY STATE

(a) Upon application for a multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant and whether the applicant is currently participating in an alternative program.

(b) A nurse may hold a multistate license, issued by the home state, in only one party state at a time.

(c) If a nurse changes primary state of residence by moving between two party states, the nurse must apply for licensure in the new home state, and the multistate license issued by the prior home state will be deactivated in accordance with applicable rules adopted by the commission.

(1) The nurse may apply for licensure in advance of a change in primary state of residence.

(2) A multistate license shall not be issued by the new home state until the nurse provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate license from the new home state.

(d) If a nurse changes primary state of residence by moving from a party state to a nonparty state, the multistate license issued by the prior home state will convert to a single-state license, valid only in the former home state.

#### ARTICLE V ADDITIONAL AUTHORITIES INVESTED IN PARTY-STATE LICENSING BOARDS

(a) In addition to the other powers conferred by state law, a licensing board shall have the authority to:

(1) Take adverse action against a nurse's multistate licensure privilege to practice within that party state:

(A) Only the home state shall have the power to take adverse action against a nurse's license issued by the home state; and

- (B) for purposes of taking adverse action, the home-state licensing board shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action;
- (2) issue cease and desist orders or impose an encumbrance on a nurse's authority to practice within that party state;
  - (3) complete any pending investigations of a nurse who changes primary state of residence during the course of such investigations. The licensing board shall also have the authority to take appropriate actions and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions;
  - (4) issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, as well as the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses or evidence are located;
  - (5) obtain and submit, for each nurse licensure applicant, fingerprint or other biometric-based information to the federal bureau of investigation for criminal background checks, receive the results of the federal bureau of investigation record search on criminal background checks and use the results in making licensure decisions;
  - (6) if otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse; and
  - (7) take adverse action based on the factual findings of the remote state, provided that the licensing board follows its own procedures for taking such adverse action.
- (b) If adverse action is taken by the home state against a nurse's multistate license, the nurse's multistate licensure privilege to practice in all other party states shall be deactivated until all encumbrances have been removed from the multistate license. All home-state disciplinary orders that impose adverse action against a nurse's multistate license shall include a statement that the nurse's multistate licensure privilege is deactivated in all party states during the pendency of the order.
- (c) Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action. The home-state licensing board shall deactivate the multistate licensure privilege under the multistate license of any nurse for the duration of the nurse's participation in an alternative program.

## ARTICLE VICOORDINATED LICENSURE INFORMATION SYSTEM AND EXCHANGE OF INFORMATION

- (a) All party states shall participate in a coordinated licensure information system of all licensed RNs and LPNs/VNs. This system will include information on the licensure and disciplinary history of each nurse, as submitted by party states, to assist in the coordination of nurse licensure and enforcement efforts.
- (b) The commission, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection and exchange of information under this compact.
- (c) All licensing boards shall promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications, with the reasons for such denials, and nurse participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic or confidential under state law.
- (d) Current significant investigative information and participation in nonpublic or confidential alternative programs shall be transmitted through the coordinated licensure information system only to party-state licensing boards.
- (e) Notwithstanding any other provision of law, all party-state licensing boards contributing information to the coordinated licensure information system may designate information, which may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.
- (f) Any personally identifiable information obtained from the coordinated licensure information system by a party-state licensing board shall not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.
- (g) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.
- (h) The compact administrator of each party state shall furnish a uniform data set to the compact administrator of each other party state, which shall include, at a minimum:
- (1) Identifying information;
  - (2) licensure data;
  - (3) information related to alternative program participation; and

(4) other information that may facilitate the administration of this compact, as determined by commission rules.

(i) The compact administrator of a party state shall provide all investigative documents and information requested by another party state.

#### ARTICLE VII ESTABLISHMENT OF THE INTERSTATE COMMISSION OF NURSE LICENSURE COMPACT ADMINISTRATORS

(a) The party states hereby create and establish a joint public entity known as the interstate commission of nurse licensure compact administrators.

(1) The commission is an instrumentality of the party states.

(2) Venue is proper, and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(3) Nothing in this compact shall be construed to be a waiver of sovereign immunity.

(b) Membership, voting and meetings:

(1) Each party-state shall have and be limited to one administrator. The head of the state licensing board or designee shall be the administrator of this compact for each party state. Any administrator may be removed or suspended from office as provided by the laws of the state from which the administrator is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the party state in which the vacancy exists.

(2) Each administrator shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication.

(3) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the commission.

(4) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in article VIII of this compact.

(5) The commission may convene in a closed, nonpublic meeting if the commission must discuss:

(A) Noncompliance of a party state with its obligations under this compact;

- (B) the employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;
  - (C) current, threatened or reasonably anticipated litigation;
  - (D) negotiation of contracts for the purchase or sale of goods, services or real estate;
  - (E) accusing any person of a crime or formally censuring any person;
  - (F) disclosure of trade secrets or commercial or financial information that is privileged or confidential;
  - (G) disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
  - (H) disclosure of investigatory records compiled for law enforcement purposes;
  - (I) disclosure of information related to any reports prepared by or on behalf of the commission for the purpose of investigation of compliance with this compact; or
  - (J) matters specifically exempted from disclosure by federal or state statute.
- (6) If a meeting, or portion of a meeting, is closed pursuant to this provision, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.
- (c) The commission shall, by a majority vote of the administrators, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this compact, including, but not limited to:
- (1) Establishing the fiscal year of the commission;
  - (2) providing reasonable standards and procedures:
    - (A) For the establishment and meetings of other committees; and
    - (B) governing any general or specific delegation of any authority or function of the commission;
  - (3) providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings



by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed;

(4) establishing the titles, duties and authority and reasonable procedures for the election of the officers of the commission;

(5) providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the commission; and

(6) providing a mechanism for winding up the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of this compact after the payment or reserving of all of its debts and obligations.

(d) The commission shall publish its bylaws and rules, and any amendments thereto, in a convenient form on the website of the commission.

(e) The commission shall maintain its financial records in accordance with the bylaws.

(f) The commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.

(g) The commission shall have the following powers:

(1) To promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all party states;

(2) to bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any licensing board to sue or be sued under applicable law shall not be affected;

(3) to purchase and maintain insurance and bonds;

(4) to borrow, accept or contract for services of personnel, including, but not limited to, employees of a party state or nonprofit organizations;

(5) to cooperate with other organizations that administer state compacts related to the regulation of nursing, including, but not limited to, sharing administrative or staff expenses, office space or other resources;

(6) to hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this compact, and to establish the commission's

personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;

(7) to accept any and all appropriate donations, grants and gifts of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same, provided that at all times the commission shall avoid any appearance of impropriety or conflict of interest;

(8) to lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, whether real, personal or mixed, provided that at all times the commission shall avoid any appearance of impropriety;

(9) to sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property, whether real, personal or mixed;

(10) to establish a budget and make expenditures;

(11) to borrow money;

(12) to appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, and consumer representatives, and other such interested persons;

(13) to provide and receive information from, and to cooperate with, law enforcement agencies;

(14) to adopt and use an official seal; and

(15) to perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of nurse licensure and practice.

(h) Financing of the commission:

(1) The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities;

(2) the commission may also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule that is binding upon all party states;

(3) the commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the commission pledge the credit of any of the party states, except by and with the authority of such party state; and

(4) the commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be

audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the commission.

(i) Qualified immunity, defense and indemnification:

(1) The administrators, officers, executive director, employees and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties or responsibilities, provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury or liability caused by the intentional, willful or wanton misconduct of that person.

(2) The commission shall defend any administrator, officer, executive director, employee or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from that person's intentional, willful or wanton misconduct and provided further that nothing herein shall be construed to prohibit that person from retaining such person's own counsel.

(3) The commission shall indemnify and hold harmless any administrator, officer, executive director, employee or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional, willful or wanton misconduct of that person.

#### ARTICLE VIII RULEMAKING

(a) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as provisions of this compact.

(b) Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

(c) Prior to promulgation and adoption of a final rule or rules by the commission, and at least 60 days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) On the website of the commission; and

(2) on the website of each licensing board or the publication in which each state would otherwise publish proposed rules.

(d) The notice of proposed rulemaking shall include:

(1) The proposed time, date and location of the meeting in which the rule will be considered and voted upon;

(2) the text of the proposed rule or amendment, and the reason for the proposed rule;

(3) a request for comments on the proposed rule from any interested person; and

(4) the manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

(e) Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

(f) The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.

(g) The commission shall publish the place, time and date of the scheduled public hearing.

(1) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing. All hearings will be recorded, and a copy will be made available upon request.

(2) Nothing in this article shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this article.

(h) If no one appears at the public hearing, the commission may proceed with promulgation of the proposed rule.

(i) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.

(j) The commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

(k) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment or hearing, provided that the usual rulemaking procedures provided in this compact and in this article shall be retroactively applied to the rule as soon as reasonably possible, and in no event later than 90 days after the effective date of the

rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

- (1) Meet an imminent threat to public health, safety or welfare;
- (2) prevent a loss of commission or party state funds; or
- (3) meet a deadline for the promulgation of an administrative rule that is required by federal law or rule.

(1) The commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

#### ARTICLE IX OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

(a) Oversight:

(1) Each party state shall enforce this compact and take all actions necessary and appropriate to effectuate this compact's purposes and intent.

(2) The commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities or actions of the commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the commission shall render a judgment or order void as to the commission, this compact or promulgated rules.

(b) Default, technical assistance and termination:

(1) If the commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

(A) Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default or any other action to be taken by the commission; and

(B) provide remedial training and specific technical assistance regarding the default.

(2) If a state in default fails to cure the default, the defaulting state's membership in this compact may be terminated upon an affirmative vote of a majority of the administrators, and all rights, privileges and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the

default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(3) Termination of membership in this compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor of the defaulting state and to the executive officer of the defaulting state's licensing board and each of the party states.

(4) A state whose membership in this compact has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

(5) The commission shall not bear any costs related to a state that is found to be in default or whose membership in this compact has been terminated unless agreed upon in writing between the commission and the defaulting state.

(6) The defaulting state may appeal the action of the commission by petitioning the U.S. District Court for the District of Columbia or the federal district in which the commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

(c) Dispute resolution:

(1) Upon request by a party state, the commission shall attempt to resolve disputes related to the compact that arise among party states and between party and non-party-states.

(2) The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.

(3) In the event the commission cannot resolve disputes among party states arising under this compact:

(A) The party states may submit the issues in dispute to an arbitration panel, which will be comprised of individuals appointed by the compact administrator in each of the affected party states and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute.

(B) The decision of a majority of the arbitrators shall be final and binding.

(d) Enforcement:

(1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

(2) By majority vote, the commission may initiate legal action in the U.S. District Court for the District of Columbia or the federal district in which the commission has its principal offices against a

party state that is in default to enforce compliance with the provisions of this compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

(3) The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

#### ARTICLE XEFFECTIVE DATE, WITHDRAWAL AND AMENDMENT

(a) This compact shall become effective and binding on the earlier of the date of legislative enactment of this compact into law by no less than 26 states or December 31, 2018. All party states to this compact that also were parties to the prior nurse licensure compact superseded by this compact, prior compact, shall be deemed to have withdrawn from such prior compact within six months after the effective date of this compact.

(b) Each party state to this compact shall continue to recognize a nurse's multistate licensure privilege to practice in that party state issued under the prior compact until such party state has withdrawn from the prior compact.

(c) Any party state may withdraw from this compact by enacting a statute repealing the same. A party state's withdrawal shall not take effect until six months after enactment of the repealing statute.

(d) A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.

(e) Nothing contained in this compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this compact.

(f) This compact may be amended by the party states. No amendment to this compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

(g) Representatives of non-party states to this compact shall be invited to participate in the activities of the commission, on a nonvoting basis, prior to the adoption of this compact by all states.

#### ARTICLE XICONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable, and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any party state or of the United States, or if the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held to be contrary to the constitution of any party state, this

compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

History: L. 2018, ch. 42, § 1; July 1, 2019.



# Rules and Regulations

## Approval of Schools of Nursing

**60-1-102**

**Approval procedure.** Each institution wanting to establish a nursing program shall meet the following requirements:

- (a) Notify the board and provide any information that the board requires to establish satisfactory proof that the institution will maintain the standards and curriculum of an approved nursing program;
- (b) submit the name and qualifications of the nursing program administrator for approval by the board;
- (c) employ a qualified nursing program administrator;
- (d) employ a second faculty member;
- (e) have financial resources for faculty, other necessary personnel, equipment, supplies, counseling, and other services;
- (f) have adequate clinical and educational facilities to meet student learning outcomes;
- (g) provide general education courses required for admission to the nursing program;
- (h) submit an application with a detailed proposed three-year budget, curriculum plan, list of prospective faculty, organizational chart, organizing curricular framework, program outcomes, student and faculty policies, program evaluation plan, and contractual agreements for clinical facilities at least six months before enrollment of students; and
- (i) be approved before the admission of any students.

This regulation shall be effective on and after January 1, 2022. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective Jan. 1, 1966; amended Jan. 1, 1973; amended, E-74-29, July 1, 1974; modified, L. 1975, ch. 302, § 1, May 1, 1975; amended April 26, 1993; amended January 1, 2022.)

**60-1-103**

**Discontinuing a school of nursing.** Each school terminating its program shall submit for approval to the board the school's plan for its currently enrolled students and the school's plan for disposition of records. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective Jan. 1, 1966; amended, E-74-29, July 1, 1974; amended May 1, 1975; amended April 26, 1993; amended Nov. 7, 2008.)

**Definitions.** Each of the following terms, as used in the board’s regulations except articles 5, 6 and 17, shall have the meaning specified in this regulation:

(a) “Affiliating agency” means an agency that cooperates with the nursing program to provide facilities and clinical resources for selected student experiences.

(b) “Approval” means the status granted by the board to a nursing program that provides evidence of both of the following:

(1) The nursing program is operating on a sound educational basis that is consistent with the educational requirements as specified in the nurse practice act and the board’s regulations.

(2) The nursing program has no deficiencies that would adversely affect student learning outcomes.

(c) “Articulation” means the process by which a registered professional nurse, licensed practical nurse, or mental health technician who is enrolled in a nursing program is given credit for previous education in nursing or mental health technology.

(d) “Bilevel program” means a nursing program that has one application process, with faculty teaching practical nurse (PN) and registered nurse (RN) content from the first day of the nursing program. The student can opt out of the RN program, which is known as the PN exit option, take the national council license examination-practical nursing (NCLEX-PN), and become licensed as a PN; or the student can matriculate through the entire nursing program, take the national council license examination-registered nurse (NCLEX-RN), and become licensed as an RN.

(e) “Capstone course” means an experiential nursing course for students to demonstrate integration of knowledge and professional nursing supervised by a preceptor during the final semester of the professional nursing program.

(f) “Clinical learning experience” means an active process in which the student participates in nursing activities while being guided by a member of the faculty.

(g) “Clinical observational experience” means the process in which the student views health care interventions but does not participate in the interventions.

Affiliating agency personnel shall be responsible for patient care. However, a student may use any of the five senses while with the patient for the sole purpose of observing as the agency professional assesses and provides care to the patient. The instructor shall not be required to be present, but the students shall be included in the faculty-student ratio.

(h) “Community-based health care” means health care provided outside of hospitals and long-term care facilities, including public health departments, ambulatory health clinics, prenatal and well-baby clinics, hospice agencies, doctors' offices, industrial settings, homeless shelters, nursing centers, home health agencies, and patients' homes.

(i) “Conditional approval” means the status that the board imposes on an approved nursing program for a limited time to comply after finding evidence that the nursing program no longer meets educational requirements as specified in the nurse practice act or the board’s regulations. When placed on conditional approval, the nursing program may be directed by the board to limit or cease admissions.

(j) “Contractual agreement” means a written contract signed by the legal

representatives for the nursing program and the affiliating agency.

(k) "Criteria for unscheduled survey" means indications that the nursing program no longer meets the requirements in the nurse practice act or the board's regulations.

(l) "Debriefing" means an activity that follows a simulation experience and is led by a facilitator. Participants' reflective thinking is encouraged and feedback is provided regarding the participants' performance while various aspects of the completed simulation are discussed. Participants are encouraged to explore emotions and question, reflect, and provide feedback to one another in order to facilitate the transfer of learning to future situations.

(m) "Faculty degree plan" means the plan for a course of study leading to a degree appropriate for a teaching position.

(n) "Faculty hire exception" means that a nursing program is allowed by the board to hire, on a limited-time basis and in accordance with K.A.R. 60-2-103, an instructor who does not meet the faculty qualifications if no qualified individuals are available.

(o) "Generic student" means one who enters at the beginning of a prelicensure nursing program and plans to complete the entire curriculum.

(p) "Initial approval" means the approval period from the first admission of nursing students to the nursing program through the first full implementation of the curriculum and graduation.

(q) "Loss of approval" means the status that results when the board withdraws its approval of a nursing program.

(r) "National nursing accreditation agency" means the accreditation commission for education in nursing, the commission for nursing education accreditation, or the commission on collegiate nursing education.

(s) "Nursing program administrator" means an individual with successful experience in administration or teaching and with a graduate degree in nursing. However, an individual with successful experience in administration or teaching whose graduate degree is not in nursing and was conferred on or before July 1, 1999 shall be acceptable. This individual has the primary responsibility and dedicated time for effective and continuous oversight of a nursing program, including the following:

(1) Verification that the nursing program complies with the nursing act and the board's regulations;

(2) assurance that nursing program and educational outcomes are met;

(3) assessment of and recommendations for material, human, and clinical resources for effective nursing program implementation;

(4) collaboration with faculty for continuous nursing program improvement; and

(5) responsibility for the development and implementation of the nursing program.

(t) "Nursing program" means practical nursing program or professional nursing program, or both.

(u) "One-plus-one program" means a nursing program that includes two application processes, one for the practical nurse (PN) program and one for the registered nurse (RN) program. The first level has only PN content, and the student must obtain a PN license before continuing in the RN program.

(v) "Online or distance learning" means the acquisition of knowledge and skills

through information and instruction provided by means of a variety of technologies.

(w) "PN exit option" means in the bilevel programs that there is one application process for the PN and RN programs. Therefore, a PN exit option allows students to opt out of the RN program at a designated point in the curriculum. At this point, these students apply for licensure and take the NCLEX-PN.

(x) "Practical nursing program" means a course of study leading to a certificate and preparing an individual for licensure as a practical nurse.

(y) "Preceptor" means a registered professional nurse supervising a student in the clinical setting who is not employed as nursing faculty. The preceptor provides oversight of each student's patients and gives feedback to the student and clinical instructor. The nursing program faculty shall not be required to be in the affiliating agency's facilities but shall be immediately available.

(z) "Professional nursing program" means a course of study preparing an individual for licensure as a registered professional nurse. This term shall include baccalaureate degree programs and associate degree programs.

(1) A "baccalaureate degree program" shall lead to a baccalaureate degree with a major in nursing.

(2) An "associate degree program" shall lead to an associate of science or applied science degree, each with a major in nursing.

(aa) "Program evaluation plan" means a nursing program's written systematic methodology or plan for measuring and analyzing student learning outcomes and program outcomes against defined standards and timelines to determine effectiveness and provide for ongoing nursing program improvement.

(bb) "Refresher course" means an educational program for nurses whose licenses are inactive or have lapsed for more than five years.

(cc) "Review course" means an education offering used to prepare students for the licensing examination.

(dd) "Satellite program" means an existing, approved nursing program that is offered at a location geographically separate from the parent nursing program. The students may spend a portion or all of their time at the satellite location. The curricula in all locations shall be the same, and the credential shall be given by the parent institution.

(ee) A "school of nursing" means a nursing program. This term may include any of the following:

- (1) A college;
- (2) a school;
- (3) a division;
- (4) a department;
- (5) an academic unit; or
- (6) a program.

(ff) "Simulation" means a teaching strategy utilizing technology to replace or amplify clinical situations with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.

(gg) "Survey or site visit" means an in-person assessment of all components of a nursing program to validate information submitted by the nursing program or to follow up on the board's determination that there is consistent evidence reflecting deficiencies in meeting the requirements.

(hh) "Student learning outcomes" means the achievement of expected knowledge, skills, and attributes demonstrated by students at course and program levels. Student learning outcomes are measured in classroom and experiential settings and are reported in individual and aggregate formats, including retention and graduation rates, performance on licensure and certification examinations, and employment rates.

(ii) "Transfer student" means one who is permitted to apply nursing courses completed at another institution to a nursing program of study.

This regulation shall be effective on and after January 1, 2022. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended Nov. 7, 2008; amended January 1, 2022.)

## Requirements for Approved Nursing Programs

60-2-101

**Requirements for initial approval.** (a) Administration and organization.

(1) Each institution wanting to offer a nursing program shall be a legally constituted body. The controlling body shall be responsible for general policy and shall provide for the financial support of the nursing program.

(2) A nursing program administrator shall have oversight of the nursing program.

(3) The nursing program shall be accredited, be part of an institution that is accredited, or be in the process of being accredited by an agency that is approved by the United States department of education.

(b) Application. Each proposed nursing program shall submit an initial application at least 60 days before a scheduled board meeting. The application shall include the following:

(1) The course of study and credential to be conferred;

(2) the name and title of the administrator of the nursing program;

(3) the name of the controlling body;

(4) the name and title of the administrator of the controlling body;

(5) all sources of financial support;

(6) a proposed curriculum, as specified in K.A.R. 60-2-104, with the total number of hours of both theoretical and clinical instruction;

(7) the number, qualifications, and assignments of faculty members;

(8) a proposed date of initial admission of students to the nursing program;

(9) the number of times students are to be admitted each year and the proposed number of students per admission;

(10) the admission requirements;

(11) a description of the clinical facilities;

(12) copies of the current school bulletin or catalog;

(13) the name of each hospital and affiliating agency providing facilities for clinical experience. Each hospital and affiliating agency shall be licensed, accredited, or approved by the appropriate licensing or certifying body;

(14) a contractual agreement or letter from each clinical facility stating that the clinical facility will provide clinical experiences for the nursing program's students; and

(15) for each applicant with any existing nursing programs, the following:

(A) The nursing program outcomes; and

(B) any nursing program outcomes not meeting the stated benchmark. If any outcomes are not meeting the stated benchmark, a new nursing program shall not be approved.

(c) Surveys. Each nursing program shall have a survey for initial approval by the board. A survey shall be conducted by the board to validate information submitted in the program's initial application before granting initial approval.

(1) During an initial survey, the nursing program administrator shall make available the following:

(A) The educational institution's administration, prospective faculty and students, clinical facility representatives, and support services personnel to discuss the nursing program;

(B) minutes of faculty meetings;

(C) faculty and student handbooks;

(D) policies and procedures;

(E) curriculum materials;

(F) a copy of the nursing program's budget;

(G) each contractual agreement; and

(H) a nursing program evaluation plan that addresses compliance with the nurse practice act and board regulations.

(2) The nursing program administrator or designated personnel shall take the survey team to inspect the nursing educational facilities, including satellite program facilities and library facilities.

(3) Upon completion of the survey, the nursing program administrator shall be asked to correct any inaccurate statements contained in the survey report, limiting comments to errors, unclear statements, and omissions.

(d) Approval. Each nursing program seeking approval shall perform the following:

(1) Submit a progress report that includes the following:

(A) Updated information on all areas identified in the initial application;

(B) the current number of admissions and enrollments;

(C) the current number of qualified faculty; and

(D) detailed course syllabi; and

(2) have a survey conducted by the board's survey team after the first graduation.

(e) Denial of approval. If a nursing program fails to meet the requirements of the board within a designated period of time, the nursing program shall be notified by the board's designee of the board's intent to deny approval.

This regulation shall be effective on and after January 1, 2022.

(Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective Jan. 1, 1966; amended Jan. 1, 1968; amended Jan. 1, 1972; amended Jan. 1, 1973; amended, E-74-29, July 1, 1974; modified L. 1975, Ch. 302, Sec. 2; modified, L. 1975, Ch. 396, Sec. 1, May 1, 1975; amended May 1, 1987; amended April 4, 1997; amended June 14, 2002; amended Jan. 24, 2003; amended Nov. 7, 2008; amended April 29, 2016; amended January 1, 2022.)



- Reapproval requirements.** (a) Based on the annual report, each nursing program shall be reviewed for approval annually by the board and pay the annual fee to the board specified in K.A.R. 60-4-103.
- (b) Each approval of a nursing program shall be valid for not more than 10 years. If the nursing program is accredited by a national nursing accreditation agency, the next survey visit may be made in coordination with a national nursing accreditation agency visit. Each nursing program without national nursing accreditation shall have a survey visit every five years.
- (c) An unannounced survey may be conducted at any time other than a scheduled survey visit if the board determines that there is evidence reflecting any deficiency in meeting the requirements or the board is determining whether or not any deficiency has been corrected by a nursing program on conditional approval.
- (d) Each deficiency sufficient to warrant action by the board shall include the deficiencies specified in subsections (e) through (h). Failure to correct any deficiency within the prescribed period may result in the board's placement of the nursing program on conditional approval or may result in loss of approval.
- (e) (1) If the first-time candidates in a nursing program have an annual pass rate on the licensure examination of less than 80 percent for one year, the nursing program shall receive a written notice of concern from the board.  
(2) The nursing program shall have three months after the date of the written notice of concern to submit a written report analyzing all aspects of the nursing program, identifying areas contributing to the pass rate and the nursing program's plan of action to improve the pass rate. The nursing program shall have one year after the date of the written notice to demonstrate evidence of implementing strategies to correct any deficiency to bring the pass rate up to at least the 80 percent criterion.
- (3) If the nursing program has an annual pass rate of less than 80 percent for two consecutive years, the nursing program may receive a survey for evaluation and recommendation and be placed on conditional approval. The nursing program administrator shall appear before the board and present an analysis of the measures taken and an analysis of the reasons for the nursing program's pass rate below 80 percent.
- (4) If the nursing program has an annual pass rate of less than 80 percent for three consecutive years for first-time candidates, the nursing program may be directed by the board to cease admissions.
- (f) A nursing program that is accredited by a national nursing accrediting agency and is subsequently placed on warning or whose accreditation by the national nursing accreditation agency is withdrawn shall be scheduled immediately for a survey visit.
- (g) Failure to meet the requirements of the education statutes and regulations shall result in action by the board.
- (h) Each complaint involving education statutes and regulations reported to board members or staff shall initiate an investigation by the board and may require a survey visit, depending on the seriousness and number of complaints.
- (i) The nursing program administrator shall make the following information available during each survey visit:  
(1) Data about the nursing program, including the following:

- (A) The number of students;
- (B) the legal body responsible for policy and support of the nursing program;
- (C) the organizational chart;
- (D) an audited fiscal report covering the previous two years, including a statement of income and expenditures;
- (2) the nursing program administrator's responsibilities;
- (3) for each faculty member and preceptor, the following information:
  - (A) Job descriptions;
  - (B) selection policies;
  - (C) orientation plan;
  - (D) faculty organization by-laws;
  - (E) number of full-time and part-time faculty and non-nursing faculty with academic credentials and assignments; and
  - (F) faculty-student clinical ratio;
  - (4) degree plan, if applicable;
  - (5) a copy of the current curriculum with the date of last revision;
  - (6) the testing process with test analysis and the written test procedure;
  - (7) a description of education facilities, including classrooms, offices, library, and computers;
  - (8) a list of clinical facilities;
  - (9) the number of students by classes; and
  - (10) the policies for students as listed in K.A.R. 60-2-107.
- (j) During each survey visit, the nursing program administrator shall make available the following:
  - (1) The educational institution's administration, faculty, support services personnel, and students;
  - (2) staff members of selected affiliating agencies;
  - (3) faculty minutes for at least the three previous years;
  - (4) faculty and student handbooks;
  - (5) student records;
  - (6) policies and procedures;
  - (7) curriculum materials;
  - (8) a copy of the nursing program's audited fiscal report covering the previous two years, including income and expenditures;
  - (9) contractual agreements;
  - (10) program evaluation plan and evidence of nursing program effectiveness, which shall address compliance with the nurse practice act and board regulations; and
  - (11) the school's current catalog.
- (k) The nursing program administrator or designated personnel shall take the survey visit team to the nursing educational facilities, including satellite program facilities, library facilities, and clinical agencies.
- (l) Upon completion of the survey visit, the nursing program administrator shall be given a copy of the survey report and asked to correct any inaccurate statements contained in the survey report, limiting comments to errors, unclear statements, and omissions.
- (m) If a nursing program fails to meet the requirements for approval within the designated period of time, the nursing program shall be provided notice stating

the deficiencies and the opportunity for a hearing if requested within 60 days from the date of service of the notice. If no hearing is requested timely, the nursing program shall be removed from the list of approved schools.

(n) The parent institution shall be responsible for securing and providing for the permanent custody and storage of records of all students and graduates.

This regulation shall be effective on and after January 1, 2022. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended Nov. 7, 2008; amended January 1, 2022.)

**Nursing program faculty and preceptor qualifications.** (a) Professional nursing programs.

(1) Each nurse faculty member shall be licensed as a registered professional nurse in Kansas.

(2) Each preceptor shall meet the following requirements:

(A) Be licensed as a registered professional nurse in the state in which the individual is currently practicing nursing; and

(B) complete a preceptor orientation that includes information about the pedagogical aspects of the student-preceptor relationship and course information.

(3) Each nursing program shall have a written plan that includes the method of selection of preceptors, the roles of the faculty members and preceptors, and the methods of contact between faculty members and preceptors during the preceptorship.

(4) Each nurse faculty member shall have academic preparation and experience as follows:

(A) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree. Each person who is hired as a nurse faculty member shall have a graduate degree in nursing, preferably in the clinical area being taught, except for any person whose graduate degree was conferred before July 1, 2001.

(B) Each nurse faculty member responsible for clinical instruction shall possess a graduate degree or provide to the board a faculty degree plan that projects completion of a graduate degree. Each person who is hired as a nurse faculty member responsible for clinical instruction shall meet one of the following requirements:

(i) Have a graduate degree in nursing, preferably in the clinical area being taught, except for any person whose graduate degree was conferred on or before July 1, 2001; or

(ii) provide to the board a faculty degree plan that projects completion of a graduate degree in nursing.

(b) Practical nursing programs.

(1) Each nurse faculty member shall be licensed as a registered professional nurse in Kansas.

(2) Each preceptor shall meet the following requirements:

(A) Be licensed as a registered professional nurse in the state in which the individual is currently practicing nursing; and

(B) complete a preceptor orientation that includes information about the pedagogical aspects of the student-preceptor relationship and course information.

(3) Each nursing program shall have a written plan that includes the method of selection of preceptors, the roles of the faculty members and preceptors, and the methods of contact between faculty members and preceptors during the preceptorship.

(4) Each nurse faculty member shall have academic preparation and experience as follows:

(A) Each nurse faculty member who is assigned the responsibility of a course shall hold a baccalaureate degree. Each person who is hired as a nurse faculty

member shall have a baccalaureate or higher degree in nursing, except for any person whose degree was conferred on or before July 1, 2001.

(B) Each nurse faculty member responsible for clinical instruction shall possess a baccalaureate degree or provide to the board a faculty degree plan that projects completion of a baccalaureate degree. Each person who is hired as a nurse faculty member responsible for clinical instruction shall meet one of the following requirements:

(i) Have a baccalaureate or higher degree in nursing, except for any person whose degree was conferred on or before July 1, 2001; or

(ii) provide to the board a faculty degree plan that projects completion of a baccalaureate or higher degree in nursing.

(c)(1) For each nursing program, each nursing program administrator shall submit to the board the following:

(A) A faculty qualification report for each faculty member newly employed.

Faculty with a continuing appointment shall have an appropriate degree;

(B) a faculty degree plan reflecting completion of the degree within six years for each instructor without the appropriate degree. Upon completion of the degree, a transcript showing completion of the nursing program shall be submitted to the board; and

(C) notification and a rationale for each faculty member who is not following the degree plan as submitted.

(2) The nursing program administrator may request a faculty hire exception to be approved by the board's professional staff, if faculty meeting the criteria specified in this regulation are not available, by providing documentation of the following:

(A) A lack of qualified applicants;

(B) a rationale for the need to hire the applicant;

(C) the applicant's qualifications; and

(D) a plan for faculty recruitment. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended Jan. 1, 2022; amended Oct. 20, 2023.)

**60-2-104**

**Curriculum requirements.** (a) The faculty in each nursing program shall develop a curriculum to meet program and student learning outcomes and meet the following requirements:

- (1) Identify the competencies of the graduate for the level of nursing practice;
- (2) determine the approach and content for learning experiences;
- (3) direct clinical instruction as an integral part of the program; and
- (4) provide for learning experiences of the depth and scope needed to fulfill the objectives or student learning outcomes for nursing courses.

(b) The curriculum in each nursing program shall include the following:

- (1) Content in the biological, physical, social, and behavioral sciences that provides a foundation for safe and effective nursing practice;
- (2) the art and science of nursing; and
- (3) didactic content and clinical experience to meet the objectives or student learning outcomes specified in subsection (c) or (d).

(c) Each professional nursing program shall provide instruction and clinical learning experience in the following areas:

- (1) The aspects of a safe, effective care environment, including the management of care, safety, and infection control;
- (2) health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease;
- (3) psychosocial integrity, including coping, adaptation, and psychosocial adaptation; and
- (4) physiological integrity, including basic care and comfort, pharmacology, parenteral therapies, reduction of risk potential, and physiological adaptation.

(d) Each practical nursing program shall provide instruction and clinical learning experience in the following areas:

- (1) The aspects of a safe, effective care environment, including the coordination of care, safety, and infection control;
- (2) health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease;
- (3) psychosocial integrity, including coping, adaptation, and psychosocial adaptation;
- (4) physiological integrity, including basic care and comfort, pharmacology, reduction of risk potential, and physiological adaptation; and
- (5) intravenous fluid therapy, including, at minimum, didactic, supervised laboratory or supervised clinical practice as specified in K.A.R. 60-16-104.

(e)

(1) Each practical nursing program shall have at least 15 credit hours in nursing courses or the equivalent in clock-hours.

(2) Each professional nursing program shall have at least 30 credit hours in the nursing major.

(f) The faculty in each nursing program shall develop and implement a program evaluation plan.

(g) Each nursing program shall submit major curriculum revisions for approval by the board at least 30 days before the board meetings. The nursing program shall have received board approval before implementation. Major curriculum revisions shall include the following:

(1) Any change in the plan of nursing curriculum organization involving philosophy, number of semesters of study, or the delivery method of nursing courses;

(2) any change in content requiring a change of clock-hours or credit hours in nursing courses; and

(3) any change in the number of students to be admitted to the nursing program.

(h) Each nursing program shall submit other curriculum revisions of a course's content, title, objectives, or outcomes to the board's education specialist for approval. The nursing program shall not implement revisions before receiving approval from the board's education specialist. The information specified in this subsection shall be submitted in writing with the annual report.

(i) The nurse administrator shall submit to the board office each change under subsection (g) or (h).

(j) Each nursing program shall have an articulation plan.

This regulation shall be effective on and after January 1, 2022. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended Nov. 7, 2008; amended January 1, 2022.)

**60-2-105**

- Clinical resources.** (a) Each contractual agreement shall be kept on file in the nursing program office.
- (b) Clinical learning experiences and sites shall be selected to provide learning opportunities necessary to achieve student learning outcomes.
- (c) The faculty of each nursing program shall be responsible for student learning outcomes and evaluation in the clinical area.
- (d) The nursing program shall provide verification that each affiliating agency used for clinical instruction has clinical facilities that are adequate for the number of students served in terms of space, equipment, and other necessary resources, including an adequate number of patients or clients necessary to meet the nursing program objectives or outcomes.
- (e) A maximum of a 1:10 faculty-to-student ratio shall be maintained during the clinical learning experience and the clinical observational experience.
- (f)
- (1) The objectives or student learning outcomes for each clinical observational experience shall reflect observation rather than participation in nursing interventions.
- (2) Affiliating agencies in which clinical observational experiences take place shall not be required to be staffed by registered nurses.
- (3) Clinical observational experiences shall constitute no more than 15 percent of the total hours for the clinical course.
- (4) Simulation experiences shall constitute no more than 50 percent of the total hours for the clinical course.
- (g) Clinical learning experiences with preceptors shall be no more than 20 percent of the total clinical hours of the nursing program. This prohibition shall not apply to the capstone course.
- (h) Each affiliating agency used for clinical instruction shall be staffed independently of student assignments.
- (i) The number of affiliating agencies used for clinical learning experiences and clinical observational experiences shall be adequate for meeting curriculum objectives and student learning outcomes. The nursing program faculty shall provide the affiliating agency staff with the organizing curriculum framework and objectives and student learning outcomes for clinical learning experiences and clinical observational experiences used.
- (j) A sufficient number and variety of patients representing all age groups shall be utilized to provide clinical learning experiences that meet curriculum objectives or outcomes. If more than one nursing program uses the same affiliating agency, the nursing programs shall document the availability of appropriate clinical learning experiences for all students.
- This regulation shall be effective on and after January 1, 2022. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended March 6, 2009; amended January 1, 2022.)



**60-2-106**

**Educational facilities.** (a) Classrooms, laboratories, and conference rooms shall be available when needed 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) Each nursing program shall provide the following:

(1) A physical facility that is safe and is conducive to learning;

(2) space for counseling students in private that is available and adequate in size and number;

(3) secure space for nursing student records; and

(4) current technological resources and student support services for online or distance learning if online or distance learning is provided.

(c) The library resources, instructional media, and materials shall be of sufficient recency, pertinence, level of content, and quantity as indicated by the curriculum to meet the needs of nursing students and faculty and shall be available to online or distance learning students.

This regulation shall be effective on and after January 1, 2022. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended March 6, 2009; amended January 1, 2022.)

**60-2-107**

**Student policies.** (a) Each nursing program shall have clearly defined written student policies for the following:

- (1) Admission:
  - (A) Generic students;
  - (B) transfer students; and
  - (C) articulation;
- (2) oral and written English proficiency;
- (3) readmission;
- (4) progression criteria;
- (5) counseling and guidance;
- (6) the difference between the student role and the employee role;
- (7) representation on faculty governance;
- (8) graduation;
- (9) refund policies governing all fees and tuition paid by students; and
- (10) ethical practices for the performance of activities including recruitment, admission, and advertising.

(b) Each nursing program shall have a written policy providing information to all students regarding licensure disqualifications pursuant to K.S.A. 65-1120, and amendments thereto. The information shall be provided to each student before admission to the nursing program.

This regulation shall be effective on and after January 1, 2022. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective April 4, 1997; amended Nov. 7, 2008; amended January 1, 2022.)

**60-2-108**

**Reports.** (a) An annual report and all applicable fees shall be submitted to the board by each nursing program on or before June 30 of each year. Each report shall include the following:

- (1) Changes in the nursing program policies, organizing curriculum framework, objectives or outcomes, and major and other curriculum changes;
  - (2) faculty responsibilities for required and elective nursing courses;
  - (3) for each faculty member, the name, license number, academic credentials, employment date, and full-time or part-time status;
  - (4) for each preceptor, the name, license number, academic credentials, current clinical area of practice, and place where currently employed;
  - (5) the nurse administrator's teaching responsibilities;
  - (6) for each affiliating agency, the following information:
    - (A) The name;
    - (B) the location; and
    - (C) the student-faculty clinical ratio for the reporting period;
  - (7) statistics for generic, articulation, and transfer students, including the following:
    - (A) Admissions, readmissions, withdrawals, and graduations; and
    - (B) first-time pass rate for each of the last five years;
  - (8) faculty statistics, including hiring, retention, and separation;
  - (9) the budget spent for library and audiovisual acquisitions to support the nursing program for the most recent year;
  - (10) an audited fiscal report covering the previous two years, including a statement of income and expenditures;
  - (11) any complaints involving educational statutes and regulations;
  - (12) a response to the recommendations and requirements from the last annual report or last survey or site visit;
  - (13) any plans for the future, including proposed changes to the nursing program;
  - (14) a description of the practices used to safeguard the health and well-being of students;
  - (15) a copy of the school's current catalog;
  - (16) the total number of library holdings and number of holdings regarding nursing;
  - (17) a list of the theory courses and the clinical courses in the curriculum; and
  - (18) statistics for each clinical course, including the following:
    - (A) Total number of hours;
    - (B) total number of clinical observation experience hours;
    - (C) total number of precepted hours; and
    - (D) total number of simulation experience hours.
- (b) If the nursing program fails to meet the requirements of the board or to submit required reports within a designated period of time, the nursing program shall be notified and given the opportunity for a hearing regarding the board's intent to remove the nursing program from the list of approved nursing programs.

This regulation shall be effective on and after January 1, 2022. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended Nov. 7, 2008; amended January 1, 2022.)

## **Requirements for licensure and Standards of Practice**

### **60-3-101**

**Licensure.** (a) Licensure by examination. (1) Not later than 30 days before the examination date, each applicant for licensure by examination shall file with the board a completed application and tender the fee prescribed by K.A.R. 60-4-101. (2) The application shall be filed on a form adopted by the board. (3) Each applicant for nursing licensure shall take and pass the examination prepared by the national council of state boards of nursing.

(b) Licensure by endorsement. (1) Each applicant for licensure by endorsement shall file with the board a completed application and tender the fee prescribed by K.A.R. 60-4-101. The application shall be filed on a form adopted by the board. (2) Verification of a current Kansas license shall be provided to other state boards upon request and upon payment of the prescribed fee.

(c) Information regarding examinations. (1) The examination for licensure shall be administered at designated sites. (2) Each candidate shall present a validated admission card in order to be admitted to the examination center. (3) Any 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 board, the candidate shall be required to retake the examination in order to meet requirements for licensure, except that there shall be no examination fee charged to the applicant. (5) Individual examination results shall be released to the school from which the examinee graduated. (6) Any candidate requesting modifications to the examination procedures or materials because of a learning disability shall provide written documentation from the appropriate medical professional confirming the learning disability, an evaluation completed within the last five years by a learning 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 and shall pay an examination fee for each retest as established by K.A.R. 60-4-101. (Authorized by K.S.A. 65-1129; implementing K.S.A. 1997 Supp. 65-1115 and K.S.A. 1997 Supp. 65-1116; 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.)

**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.)

**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.)

**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.)

**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.)

**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.)

**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.)

**60-3-108**

**License expiration and renewal.** (a) Except as specified in subsection (b), all licenses for registered professional nurses and licensed practical nurses shall be renewed according to the following requirements:

(1) The expiration date of each license shall be the last day of the month in which the licensee's birthday occurs.

(2)(A) The renewal date for each licensee whose year of birth is an odd-numbered year shall be in each odd-numbered year.

(B) The renewal date for each licensee whose year of birth is an even-numbered year shall be in each even-numbered year.

(b) If a licensee would otherwise be required to renew the license within six months from the date on which the licensee qualified for the license, the expiration and renewal date shall be the last day of the month following the licensee's third birthday from the date of licensure or reinstatement. (Authorized by K.S.A. 65-1117 and K.S.A. 74-1106; implementing K.S.A. 65-1117; effective, E-77-8, March 19, 1976; effective Feb. 15, 1977; amended, E-79-8, March 16, 1978; amended May 1, 1979; amended July 29, 2005.)

**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. (Authorized by K.S.A. 65-1113; implementing K.S.A. 74-1106; effective May 1, 1985.)

**60-3-110**

**Unprofessional conduct.** Any of the following shall constitute "unprofessional conduct":

- (a) Performing acts beyond the authorized scope of the level of nursing for which the individual is licensed;
- (b) assuming duties and responsibilities within the practice of nursing without making or obtaining adequate preparation or maintaining competency;
- (c) failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard each patient;
- (d) inaccurately recording, falsifying, or altering any record of a patient or agency or of the board;
- (e) physical abuse, which shall be defined as any act or failure to act performed intentionally or carelessly that causes or is likely to cause harm to a patient. This term may include any of the following:
  - (1) The unreasonable use of any physical restraint, isolation, or medication that harms or is likely to harm a patient;
  - (2) the unreasonable use of any physical or chemical restraint, medication, or isolation as punishment, for convenience, in conflict with a physician's order or a policy and procedure of the facility or a state statute or regulation, or as a substitute for treatment, unless the use of the restraint, medication, or isolation is in furtherance of the health and safety of the patient;
  - (3) any threat, menacing conduct, or other nontherapeutic or inappropriate action that results in or might reasonably be expected to result in a patient's unnecessary fear or emotional or mental distress; or
  - (4) failure or omission to provide any goods or services that are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm;
- (f) commission of any act of sexual abuse, sexual misconduct, or sexual exploitation related to the licensee's practice;
- (g) verbal abuse, which shall be defined as any word or phrase spoken inappropriately to or in the presence of a patient that results in or might reasonably be expected to result in the patient's unnecessary fear, emotional distress, or mental distress;
- (h) delegating any activity that requires the unique skill and substantial specialized knowledge derived from the biological, physical, and behavioral sciences and judgment of the nurse to an unlicensed individual in violation of the Kansas nurse practice act or to the detriment of patient safety;
- (i) assigning the practice of nursing to a licensed individual in violation of the Kansas nurse practice act or to the detriment of patient safety;
- (j) violating the confidentiality of information or knowledge concerning any patient;
- (k) willfully or negligently failing to take appropriate action to safeguard a patient or the public from incompetent practice performed by a registered professional nurse or a licensed practical nurse. "Appropriate action" may include reporting to the board of nursing;
- (l) leaving an assignment that has been accepted, without notifying the appropriate authority and allowing reasonable time for replacement;
- (m) engaging in conduct related to licensed nursing practice that is likely to deceive, defraud, or harm the public;

- (n) diverting drugs, supplies, or property of any patient or agency;
- (o) exploitation, which shall be defined as misappropriating a patient's property or taking unfair advantage of a patient's physical or financial resources for the licensee's or another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false pretense, or false representation;
- (p) solicitation of professional patronage through the use of fraudulent or false advertisements, or profiting by the acts of those representing themselves to be agents of the licensee;
- (q) advertising nursing superiority or advertising the performance of nursing services in a superior manner;
- (r) failing to comply with any disciplinary order of the board;
- (s) failing to submit to a mental or physical examination or an alcohol or drug screen, or any combination of these, when so ordered by the board pursuant to K.S.A. 65-4924 and amendments thereto, that the individual is unable to practice nursing with reasonable skill and safety by reason of a physical or mental disability or condition, loss of motor skills or the use of alcohol, drugs, or controlled substances, or any combination of these;
- (t) failing to complete the requirements of the impaired provider program of the board;
- (u) failing to furnish the board, its investigators, or its representatives with any information legally requested by the board;
- (v) engaging in nursing practice while using a false or assumed name or while impersonating another person licensed by the board;
- (w) practicing without a license or while the license has lapsed;
- (x) allowing another person to use the licensee's license to practice nursing; or
- (y) knowingly aiding or abetting another in any act that is a violation of any health care licensing act. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2015 Supp. 65-1120; effective May 1, 1982; amended Sept. 27, 1993; amended Sept. 6, 1994; amended Oct. 25, 2002; amended April 29, 2016.)

**60-3-111**

**Inactive license.** (a) Before expiration of an active license, a registered professional nurse or licensed practical nurse may request to be put on inactive status.  
(b) The request shall be accompanied by the inactive license fee, as prescribed by K.A.R. 60-4-101.  
(c) Continuing nursing education shall not be required while on inactive status.  
(d) The licensee shall remain on inactive status until filing an application and meeting all the requirements for reinstatement. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2000 Supp. 65-1117 and 65-1118; effective April 26, 1993; amended Oct. 12, 2001.)



**60-3-112**

**Exempt license.** (a) An exempt license shall be granted only to a registered professional or practical nurse who meets these requirements:

(1) Is not regularly engaged in nursing practice in Kansas, but volunteers nursing services or is a charitable health care provider as defined by K.S.A. 75-6102 and amendments thereto; and

(2)(A) Has been licensed in Kansas for the five years previous to applying for an exempt license; or

(B) has been licensed in another jurisdiction for the five years previous to applying for an exempt license and meets all requirements for endorsement into Kansas.

(b) The expiration date of the exempt license shall be in accordance with K.A.R. 60-3-108.

(c) Each application for renewal of an exempt license shall be submitted upon a form furnished by the board and shall be accompanied by the fee in accordance with K.A.R. 60-4-101. (Authorized by and implementing K.S.A. 65-1115 and K.S.A. 65-1116; effective April 3, 1998; amended Oct. 25, 2002; amended July 29, 2005.)

**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.)

- Satisfactory completion of a refresher course approved by the board.** (a) Each refresher course shall provide didactic instruction and clinical learning as follows:
- (1) At least 120 clock-hours of didactic instruction; and
  - (2) at least 180 clock-hours of clinical learning, which shall be verified by the preceptor and refresher course administrator or by the refresher course faculty member, according to the following requirements:
    - (A) For the registered professional nurse refresher course, at least 110 of the required clock-hours in an acute care setting; and
    - (B) for the licensed practical nurse refresher course, all 180 clock-hours in an acute care or skilled nursing setting.
- (b) The didactic instruction and clinical learning content areas of the registered professional nurse refresher course shall be the following:
- (1) Safe, effective care environment, including management of care and safety and infection control;
  - (2) health promotion and maintenance;
  - (3) psychosocial integrity;
  - (4) physiological integrity, including basic care and comfort, pharmacological and parenteral therapies, reduction of risk potential, and physiological adaptation; and
  - (5) integrated content, including the nursing process, caring, communication, documentation, teaching, and learning.
- (c) The didactic instruction and clinical learning content areas of the licensed practical nurse refresher course shall be the following:
- (1) Safe and effective care environment, including coordinated care and safety and infection control;
  - (2) health promotion and maintenance;
  - (3) psychosocial integrity;
  - (4) physiological integrity, including basic care and comfort, pharmacological therapies, reduction of risk potential, and physiological adaptation; and
  - (5) integrated content, including the nursing process, caring, communication, documentation, teaching, and learning.
- (d)(1) Each refresher course student shall be supervised by the course faculty member or preceptor.
- (2) All clinical learning experiences shall be under the direct supervision of a registered professional nurse. Direct supervision shall mean that a registered professional nurse observes, directs, and evaluates the refresher course student's performance.
  - (3) The faculty member or preceptor shall be on site when the refresher course student is assigned responsibilities that include nursing skills and abilities in which the student has acquired proficiency and the care required is simple and routine.
  - (4) The faculty member or preceptor shall be on the premises when the refresher course student is assigned responsibilities that include nursing skills and abilities in which the student is gaining proficiency and the clients assigned to the student have severe or urgent conditions or are unstable, or both.
  - (5) Each student in a registered professional nurse refresher course shall demonstrate clinical skills appropriate for the scope of practice for the registered professional nurse.

(6) Each student in a licensed practical nurse refresher course shall demonstrate clinical skills appropriate for the scope of practice for the licensed practical nurse.

(7) Upon successful completion of the didactic portion of the refresher course, the unlicensed student shall submit an application for licensure in Kansas before beginning clinical learning. (Authorized by K.S.A. 65-1115, 65-1116, and 65-1129; implementing K.S.A. 65-1115 and 65-1116; effective Nov. 7, 2008.)

## Fees

**60-4-101**

**Payment of fees.** The following fees shall be charged by the board of nursing:

(a) Fees for professional nurses.

- (1) Application for single-state license by endorsement to Kansas \$100.00
- (2) Application for single-state license by examination \$100.00
- (3) Biennial renewal of single-state license \$85.00
- (4) Application for reinstatement of single-state license without temporary permit \$150.00
- (5) Application for reinstatement of single-state license with temporary permit \$150.00
- (6) Certified copy of Kansas license \$25.00
- (7) Inactive license \$10.00
- (8) Verification of licensure \$30.00
- (9) Application for exempt license \$50.00
- (10) Renewal of exempt license \$50.00
- (11) Application for multistate license by endorsement \$125.00
- (12) Application for multistate license by examination \$125.00
- (13) Biennial renewal of multistate license \$85.00
- (14) Application for reinstatement of multistate license \$150.00
- (15) Application for reinstatement of multistate license with temporary permit \$150.00

(b) Fees for practical nurses.

- (1) Application for single-state license by endorsement to Kansas \$75.00
- (2) Application for single-state license by examination \$75.00
- (3) Biennial renewal of single-state license \$85.00
- (4) Application for reinstatement of single-state license without temporary permit \$150.00
- (5) Application for reinstatement of single-state license with temporary permit \$150.00
- (6) Certified copy of Kansas license \$25.00
- (7) Inactive license \$10.00
- (8) Verification of licensure \$30.00
- (9) Application for exempt license \$50.00
- (10) Renewal of exempt license \$50.00
- (11) Application for multistate license by endorsement \$125.00
- (12) Application for multistate license by examination \$125.00
- (13) Biennial renewal of multistate license \$85.00
- (14) Application for reinstatement of multistate license \$150.00
- (15) Application for reinstatement of multistate license with temporary permit \$150.00

This regulation shall become effective on July 1, 2019. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1118; effective Jan. 1, 1966; amended Jan. 1, 1972; amended, E-74-29, July 1, 1974; modified, L. 1975, Ch. 302, Sec. 5, May 1, 1975; amended, E-77-8, March 19, 1976; amended Feb. 15, 1977; amended, E-79-8, March 16, 1978; amended May 1, 1979; amended May 1, 1980; amended May 1, 1983; amended March 9, 1992; amended May 17, 1993; amended May 9, 1994; amended Feb. 6, 1995; amended April 3, 1998; amended July 1, 2001; amended April 20, 2007; amended July 1, 2014; amended May 12, 2017; amended July 1, 2019.)

**60-4-103**

**Fees and travel expenses for school approval and approval of continuing education providers.**

(a) The fees for school approval and approval of continuing nursing education providers shall be the following:

- (1) Application for approval — schools of nursing \$1,000.00
- (2) Annual report of approval — schools of nursing \$200.00
- (3) Application for approval of continuing nursing education providers \$200.00
- (4) Annual report for continuing nursing education providers \$50.00
- (5) Approval of single continuing nursing education offerings \$100.00
- (6) Consultation by request, per day on site \$300.00

(b) All fees prescribed in subsection (a) shall be due at the time of application.

(c) The person, firm, corporation, or institution requesting the board's consultation services shall pay each consultant's travel expenses. (Authorized by K.S.A. 65-1129; implementing K.S.A. 65-1118a; effective, E-82-18, Sept. 30, 1981; effective May 1, 1982; amended Sept. 14, 1992; amended May 17, 1993; amended May 9, 1994; amended June 14, 2002; amended April 17, 2015.)

## Continuing Education for Nurses

- 60-9-105. Definitions.** Each of the following terms, as used in this article of the board's regulations, shall have the meaning specified in this regulation:
- (a) "Approval" means the act of determining that a providership application or course offering meets applicable standards based on review of either the total program or the individual offering.
  - (b) "Approved provider" means a person, organization, or institution that is approved by the board and is responsible for the development, administration, and evaluation of the continuing nursing education (CNE) program or offering.
  - (c) "Authorship" means a person's development of a manuscript for print or a professional paper for presentation. Each page of text that meets the definition of continuing nursing education (CNE), as defined in K.S.A. 65-1117 and amendments thereto, and is formatted according to the American psychological association's guidelines shall equal three contact hours.
    - (1) Authorship of a manuscript means a person's development of an original manuscript for a journal article or text accepted by a publisher for statewide or national distribution on a subject related to nursing or health care. Proof of acceptance from the editor or the published work shall be deemed verification of this type of credit. Credit shall be awarded only once per topic per renewal period.
    - (2) Authorship of a professional research paper means a person's completion of a nursing research project as principal investigator, co-investigator, or project director and presentation to other health professionals. A program brochure, course syllabus, or letter from the offering provider identifying the person as a presenter shall be deemed verification of this type of credit. Credit shall be awarded only once each renewal period.
  - (d) "Behavioral objectives" means the intended outcome of instruction stated as measurable learning behaviors.
  - (e) "Certificate" means a document that is proof of completion of an offering consisting of one or more contact hours.
  - (f) "CE transcript" means a document that is proof of completion of one or more CNE offerings. Each CE transcript shall be maintained by a CNE provider.
  - (g) "Classic reference" means a book published more than 10 years ago or a periodical published more than five years ago, either of which is the most current available source with a recognized value pertinent to the content of an offering.
  - (h) "Clinical hours" means planned learning experiences in a clinical setting. Three clinical hours equal one contact hour.
  - (i) "College course" means a class taken through a college or university, as described in K.S.A. 65-1119 and amendments thereto, and meeting the definition of CNE in K.S.A. 65-1117, and amendments thereto. One college credit hour equals 15 contact hours.
  - (j) "Computer-based instruction" means a learning application that provides computer control to solve an instructional problem or to facilitate an instructional opportunity.
  - (k) "Contact hour" means 50 total minutes of participation in a learning experience that meets the definition of CNE in K.S.A. 65-1117, and amendments thereto. Fractions of hours 30 minutes or greater to be computed towards a contact hour shall be accepted.
  - (l) "Distance learning" means the acquisition of knowledge and skills through information and instruction delivered by means of a variety of technologies.
  - (m) "Independent study" means a self-paced learning activity undertaken by the



participant in an unstructured setting under the guidance of and monitored by an approved provider. This term shall include self-study programs, distance learning, and authorship.

(n) "Individual offering approval" and "IOA" mean a request for approval of an education offering meeting the definition of CNE, pursuant to K.S.A. 65-1117 and amendments thereto, but not presented by an approved provider or other acceptable approving body, as described in K.S.A. 65-1119 and amendments thereto.

(o) "In-service education" and "on-the-job training" mean learning activities in the work setting designed to assist the individual in fulfilling job responsibilities. In-service education and on-the-job-training shall not be eligible for CNE credit.

(p) "Mergener formula" means a formula utilized to recognize the amount of continuing education credit provided by a program based upon the material utilized when measured against complexity, time, questions, and participant feedback.

(q) "Offering" means a single CNE learning experience designed to enhance knowledge, skills, and professionalism related to nursing. Each offering shall consist of at least 30 minutes to be computed towards a contact hour.

(r) "Orientation" means formal or informal instruction designed to acquaint employees with the institution and the position. Orientation shall not be considered CNE.

(s) "Refresher course" means a course of study providing review of basic preparation and current developments in nursing practice.

(t) "Total program evaluation" means a systematic process by which an approved provider analyzes outcomes of the overall CNE program in order to make subsequent decisions. (Authorized by and implementing K.S.A. 2021 Supp. 65-1117 and K.S.A. 65-1119; effective Sept. 2, 1991; amended March 9, 1992; amended April 26, 1993; amended April 3, 1998; amended April 20, 2001; amended Oct. 25, 2002; amended March 6, 2009; amended May 10, 2013; amended April 29, 2016; amended July 14, 2023.)

**60-9-106.**

**Continuing nursing education for license renewal.** (a) At the time of license renewal, any licensee may be required to submit proof of completion of 30 contact hours of approved continuing nursing education (CNE). This proof shall be documented as follows:

(1) For each approved CNE offering, a certificate or a transcript that clearly designates the number of hours of approved CNE that have been successfully completed, showing the following:

(A) Name of CNE offering;

(B) provider name or name of the accrediting organization;

(C) provider number or number of the accrediting organization, if applicable;

(D) offering date;

(E) number of contact hours awarded; and

(F) the licensee's name and license number as shown on the course roster; or

(2) an approved Kansas state board of nursing IOA, which shall include approval of college courses that meet the definition of continuing education in K.S.A. 65-1117, and amendments thereto.

(b) The required 30 contact hours of approved CNE shall have been completed during the most recent prior licensing period between the first date of the licensing period and the date that the licensee submits the renewal application as required in K.S.A. 65-1117, and amendments thereto, and K.A.R. 60-3-108. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

(c) Acceptable CNE may include any of the following:

(1) An offering presented by an approved provider or national organization whose focus is patient safety and improving nursing practice, including the following: American academy of nurse practitioners, American association of critical-care nurses, American midwifery certification board, American nurses association, American nurses credentialing center, emergency nurses association, national board of certification and recertification for nurse anesthetists, and pediatric nursing certification board;

(2) an offering as designated in K.S.A. 65-1119, and amendments thereto;

(3) an offering for which a licensee has submitted an IOA, which may include credit requested for a college course that meets the definition of continuing education in K.S.A. 65-1117, and amendments thereto. Before licensure renewal, the licensee may submit an application for an IOA to the board, accompanied by the following:

(A) A rationale statement that applies the meaning of continuing nursing education, as defined in K.S.A. 65-1113 (h) or continuing education, as specified in K.S.A. 65-1132

(a)(2) and amendments thereto;

(B) an agenda representing exact learning time in minutes;

(C) official documentation of successfully completed hours, which may include a certificate of completion or an official college transcript; and

(D) learning or behavior objectives describing learning outcomes;

(4) a maximum of 15 contact hours for the first-time preparation and presentation as an instructor of an approved offering to licensed nurses. Two contact hours of instructor credit shall be granted for each hour of presentation;

(5) an offering utilizing a board-approved curriculum developed by the American heart association, emergency nurses association, or Mandt, which may include the following:

(A) Advanced cardiac life support;

(B) emergency nursing pediatric course;

(C) pediatric advanced life support;

- (D) trauma nurse core course;
  - (E) neonatal resuscitation program; or
  - (F) Mandt program;
  - (6) independent study;
  - (7) distance learning offerings;
  - (8) a board-approved refresher course if required for licensure reinstatement as specified in K.A.R. 60-3-105 and K.A.R. 60-11-116;
  - (9) participation as a member of a nursing organization board of directors or the state board of nursing, including participation as a member of a committee reporting to the board. The maximum number of allowable contact hours shall be six and shall not exceed three contact hours each year. A letter from an officer of the board confirming the dates of participation shall be accepted as documentation of this type of CNE; or
  - (10) any college courses in science, psychology, sociology, or statistics that are prerequisites for a nursing degree.
- (d) Fractions of hours 30 minutes or greater to be computed towards a contact hour shall be accepted.
- (e) A maximum of 15 contact hours shall be accepted for renewal of certification in advanced cardiac life support (ACLS), pediatric advanced life support (PALS), or similar standardized recertification courses developed by the American heart association, emergency nurses association, or Mandt each licensing period.
- (f) Contact hours shall not be recognized by the board for any of the following:
- (1) Identical offerings completed within a renewal period;
  - (2) offerings containing the same content as that of courses that are part of basic preparation at the level of current licensure;
  - (3) in-service education, on-the-job training, orientation, and institution-specific courses;
  - (4) an incomplete or failed college course or any college course in literature and composition, public speaking, basic math, algebra, humanities, or other general education requirements unless the course meets the definition of CNE;
  - (5) offerings less than 30 minutes in length; or
  - (6) a board-approved refresher course for license renewal. (Authorized by and implementing K.S.A. 2021 Supp. 65-1117; effective Sept. 2, 1991; amended April 3, 1998; amended April 20, 2001; amended July 20, 2007; amended May 10, 2013; amended April 29, 2016; amended July 14, 2023.)

**60-9-107.**

**Approval of continuing nursing education.** (a) Each person, organization, or institution wanting to become an approved provider shall meet the following requirements:

(1) Long-term provider. A completed application for initial approval or five-year renewal for a long-term continuing nursing education (CNE) providership shall be submitted to the board at least 60 days before a scheduled board meeting.

(2) Single offering provider. The application for a single CNE offering shall be submitted to the board at least 30 days before the anticipated date of the first offering.

(b) Each applicant shall include the following information on the application:

(1)(A) The name and address of the organization; and

(B) the name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization;

(2) the name, education, and experience of the program coordinator responsible for CNE, as specified in subsection (c);

(3) written policies and procedures, including at least the following areas:

(A) Assessing the need and planning for CNE activities;

(B) fee assessment;

(C) advertisements, offering announcements, and certificates of completion. Published information and each certificate of completion shall contain the following statement:

"[Name of provider] is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours for [specify each applicable license type: APRN, RN, LPN, or LMHT] relicensure. Kansas State Board of Nursing provider number: \_\_\_\_\_";

(D) for long-term providers, the offering approval process as specified in subsection (d);

(E) awarding contact hours, as specified in subsection (e);

(F) verifying participation and successful completion of the offering, as specified in subsections (f) and (g);

(G) recordkeeping and record storage, as specified in subsection (h);

(H) notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days; and

(I) for long-term providers, a copy of the total program evaluation plan; and

(4) the proposed CNE offering, as specified in subsection (i).

(c)(1) Long-term provider. The program coordinator for CNE shall meet the following requirements:

(A) Be a licensed professional nurse;

(B) have three years of clinical experience;

(C) have one year of experience in developing and implementing nursing education; and

(D) have a baccalaureate degree in nursing, except those individuals exempted under K.S.A. 65-1119 and amendments thereto.

(2) Single offering provider. If the program coordinator is not a nurse, the applicant shall also include the name, education, and experience of the nurse consultant. The individual responsible for CNE or the nurse consultant shall meet the following requirements:

(A) Be licensed to practice nursing; and

(B) have three years of clinical experience.

(d) For long-term providers, the policies and procedures for the offering approval process shall include the following:

(1) A summary of the planning;

- (2) the behavioral objectives;
- (3) the content;
- (4) the instructor's education and experience, documenting knowledge and expertise in the content area;
- (5) a current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both. Classic references, if included, shall be limited to less than 25 percent of the bibliography; and
- (6) an offering evaluation that includes each participant's assessment of the following:
  - (A) The achievement of each objective; and
  - (B) the expertise of each individual presenter.
- (e) An approved provider may award any of the following:
  - (1) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for fractions of hours 30 minutes or greater to be computed towards a contact hour;
  - (2) instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding any standardized, prepared curriculum;
  - (3) independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results or determined by the Mergener formula; or
  - (4) clinical hours.
- (f)(1) Each provider shall maintain a daily roster to verify that each participant attended the offering. The roster shall contain the following information:
  - (A) The provider's name, address, provider number, and coordinator;
  - (B) the date and title of the offering, and the presenter or presenters; and
  - (C) the participant's name and license number, and the number of contact hours awarded.
- (2) Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:
  - (A) The provider's name, address, provider number, and coordinator;
  - (B) the participant's name and license number, and the number of contact hours awarded;
  - (C) the title of the offering;
  - (D) the date on which the offering was completed; and
  - (E) either the completion of a posttest or a return demonstration.
- (g)(1) A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the approved provider.
  - (2) Each certificate and each CE transcript shall be complete before distribution to the participant.
  - (3) Each certificate and each CE transcript shall contain the following information:
    - (A) The provider's name, address, and provider number;
    - (B) the title of the offering;
    - (C) the date or dates of attendance or completion;
    - (D) the number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded;
    - (E) the handwritten or electronic signature of the individual responsible for the

providership;

(F) the name and license number of the participant; and

(G) the following statement: “[Name of provider] is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours for [specify each applicable license type: APRN, RN, LPN or LMHT] relicensure. Kansas State Board of Nursing provider number \_\_\_\_\_ :”.

(h)(1) For each offering, the approved provider shall retain the following for two years:

(A) A summary of the planning;

(B) a copy of the offering announcement or brochure;

(C) the title and objectives;

(D) the offering agenda or, for independent study, pilot test results;

(E) a bibliography;

(F) a summary of the participants’ evaluations;

(G) each instructor’s education and experience; and

(H) documentation to verify completion of the offering, as specified in subsection (f).

(2) The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals.

(3) Each approved single offering CNE provider shall submit to the board a roster of the individuals who have completed an offering, within 15 working days of course completion.

(i)(1) Long-term provider application. The provider shall submit two proposed offerings, including the following:

(A) A summary of planning;

(B) a copy of the offering announcement or brochure;

(C) the title and behavioral objectives;

(D) the offering agenda or, for independent study, pilot test results;

(E) each instructor’s education and experience;

(F) a current bibliography, as specified in paragraph (d)(5); and

(G) the offering evaluation form.

(2) Single offering provider application. The provider shall submit the proposed offering, which shall include the information specified in paragraphs (i)(1)(A) through (G).

(j)(1) Long-term provider application. Each prospective coordinator who has submitted an application for a long-term CNE providership that has been reviewed once and found deficient, or has approval pending, shall submit all materials required by this regulation at least two weeks before the next board meeting. If the application does not meet all of the requirements or the prospective coordinator does not contact the board for an extension on or before this deadline, the application process shall be considered abandoned. A new application and fee shall be submitted if the prospective coordinator still wants a providership.

(2) Single offering approval application. If the application for a single offering has been reviewed and found deficient, or has approval pending, the CNE coordinator shall submit all materials required by this regulation before the date of offering. If the application does not meet the requirements before the offering deadline, the application shall be considered abandoned. There shall be no retroactive approval of single offerings.

(k)(1) Each approved long-term provider shall pay a fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board. The annual report shall contain the

following:

(A) An evaluation of all the components of the providership based on the total program evaluation plan;

(B) a statistical summary report; and

(C) for each of the first two years of the providership, a copy of the records for one offering as specified in paragraphs (h)(1)(A) through (H).

(2) If approved for the first time after January 1, a new long-term provider shall submit only the statistical summary report and shall not be required to submit the annual fee or evaluation based on the total program evaluation plan.

(l)(1) If the long-term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years.

(2) If a provider does not continue to meet the criteria for current approval established by regulation or if there is a material misrepresentation of any fact with the information submitted to the board by an approved provider, approval may be withdrawn or conditions relating to the providership may be applied by the board after giving the approved provider an opportunity to provide a written response.

(3) Any approved provider that has voluntarily relinquished the providership or has had the providership withdrawn by the board may reapply as a long-term provider. The application shall be submitted on forms supplied by the board and accompanied by the designated, nonrefundable fee as specified in K.A.R. 60-4-103(a)(3). (Authorized by and implementing K.S.A. 65-1119 and K.S.A. 65-1129; effective March 9, 1992; amended Sept. 27, 1993; amended April 3, 1998; amended Oct. 25, 2002; amended March 6, 2009; amended May 10, 2013; amended July 14, 2023.)

## Performance of Selected Nursing Procedures in School Settings

60-15-101

**Definitions and functions.** (a) Each registered professional nurse in a school setting shall be responsible for the nature and quality of all nursing care that a student is given under the direction of the nurse in the school setting. Assessment of the nursing needs, the plan of nursing action, implementation of the plan, and evaluation of the plan shall be considered essential components of professional nursing practice and shall be the responsibility of the registered professional nurse.

(b) In fulfilling nursing care responsibilities, any nurse may perform the following:

- (1) Serve as a health advocate for students receiving nursing care;
- (2) counsel and teach students, staff, families, and groups about health and illness;
- (3) promote health maintenance;
- (4) serve as health consultant and a resource to teachers, administrators, and other school staff who are providing students with health services during school attendance hours or extended program hours; and
- (5) utilize nursing theories, communication skills, and the teaching-learning process to function as part of the interdisciplinary evaluation team.

(c) The services of a registered professional nurse may be supplemented by the assignment of tasks to a licensed practical nurse or by the delegation of selected nursing tasks or procedures to unlicensed personnel under supervision by the registered professional nurse or licensed practical nurse.

(d) "Unlicensed person" means anyone not licensed as a registered professional nurse or licensed practical nurse.

(e) "Delegation" means authorization for an unlicensed person to perform selected nursing tasks or procedures in the school setting under the direction of a registered professional nurse.

(f) "Activities of daily living" means basic caretaking or specialized caretaking.

(g) "Basic caretaking" means the following tasks:

- (1) Bathing;
- (2) dressing;
- (3) grooming;
- (4) routine dental, hair, and skin care;
- (5) preparation of food for oral feeding;
- (6) exercise, excluding occupational therapy and physical therapy procedures;
- (7) toileting, including diapering and toilet training;
- (8) handwashing;
- (9) transferring; and
- (10) ambulation.

(h) "Specialized caretaking" means the following procedures:

- (1) Catheterization;
- (2) ostomy care;
- (3) preparation and administration of gastrostomy tube feedings;
- (4) care of skin with damaged integrity or potential for this damage;
- (5) medication administration;



- (6) taking vital signs;
- (7) blood glucose monitoring, which shall include taking glucometer readings and carbohydrate counting; and
- (8) performance of other nursing procedures as selected by the registered professional nurse.
- (i) "Anticipated health crisis" means that a student has a previously diagnosed condition that, under predictable circumstances, could lead to an imminent risk to the student's health.
- (j) "Investigational drug" means a drug under study by the United States food and drug administration to determine safety and efficacy in humans for a particular indication.
- (k) "Nursing judgment" means the exercise of knowledge and discretion derived from the biological, physical, and behavioral sciences that requires special education or curriculum.
- (l) "Extended program hours" means any program that occurs before or after school attendance hours and is hosted or controlled by the school.
- (m) "School attendance hours" means those hours of attendance as defined by the local educational agency or governing board.
- (n) "School setting" means any public or nonpublic school environment.
- (o) "Supervision" means the provision of guidance by a nurse as necessary to accomplish a nursing task or procedure, including initial direction of the task or procedure and periodic inspection of the actual act of accomplishing the task or procedure.
- (p) "Medication" means any drug required by the federal or state food, drug, and cosmetic acts to bear on its label the legend "Caution: Federal law prohibits dispensing without prescription," and any drugs labeled as investigational drugs or prescribed for investigational purposes.
- (q) "Task" means an assigned step of a nursing procedure.
- (r) "Procedure" means a series of steps followed in a regular, specific order that is part of a defined nursing practice. (Authorized by K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129; implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998; amended July 29, 2005; amended March 6, 2009.)

**60-15-102**

**Delegation procedures.** Each registered professional nurse shall maintain the primary responsibility for delegating tasks to unlicensed persons. The registered professional nurse, after evaluating a licensed practical nurse's competence and skill, may decide whether the licensed practical nurse under the direction of the registered professional nurse may delegate tasks to unlicensed persons in the school setting. Each nurse who delegates nursing tasks or procedures to a designated unlicensed person in the school setting shall meet the requirements specified in this regulation.

(a) Each registered professional nurse shall perform the following:

- (1) Assess each student's nursing care needs;
- (2) formulate a plan of care before delegating any nursing task or procedure to an unlicensed person; and
- (3) formulate a plan of nursing care for each student who has one or more long-term or chronic health conditions requiring nursing interventions.

(b) The selected nursing task or procedure to be delegated shall be one that a reasonable and prudent nurse would determine to be within the scope of sound nursing judgment and that can be performed properly and safely by an unlicensed person.

(c) Any designated unlicensed person may perform basic caretaking tasks or procedures as defined in K.A.R. 60-15-101 (g) without delegation. After assessment, a nurse may delegate specialized caretaking tasks or procedures as defined in K.A.R. 60-15-101 (h) to a designated unlicensed person.

(d) The selected nursing task or procedure shall be one that does not require the designated unlicensed person to exercise nursing judgment or intervention.

(e) If an anticipated health crisis that is identified in a nursing care plan occurs, the unlicensed person may provide immediate care for which instruction has been provided.

(f) The designated unlicensed person to whom the nursing task or procedure is delegated shall be adequately identified by name in writing for each delegated task or procedure.

(g) Each registered professional nurse shall orient and instruct unlicensed persons in the performance of the nursing task or procedure. The registered professional nurse shall document in writing the unlicensed person's demonstration of the competency necessary to perform the delegated task or procedure. The designated unlicensed person shall co-sign the documentation indicating the person's concurrence with this competency evaluation.

(h) Each registered professional nurse shall meet these requirements:

- (1) Be accountable and responsible for the delegated nursing task or procedure;
- (2) at least twice during the academic year, participate in joint evaluations of the services rendered;
- (3) record the services performed; and
- (4) adequately supervise the performance of the delegated nursing task or procedure in accordance with the requirements of K.A.R. 60-15-103. (Authorized by K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129; implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998; amended March 6, 2009.)

**60-15-103**

**Supervision of delegated tasks or procedures.** Each registered professional or licensed practical nurse shall supervise all nursing tasks or procedures delegated to a designated unlicensed person in the school setting in accordance with the following conditions.

(a) The registered professional nurse shall determine the degree of supervision required after an assessment of appropriate factors, including the following:

- (1) The health status and mental and physical stability of the student receiving the nursing care;
  - (2) the complexity of the task or procedure to be delegated;
  - (3) the training and competency of the unlicensed person to whom the task or procedure is to be delegated; and
  - (4) the proximity and availability of the registered professional nurse to the designated unlicensed person when the selected nursing task or procedure will be performed.
- (b) The supervising registered professional nurse may designate whether or not the nursing task or procedure is one that may be delegated or supervised by a licensed practical nurse.

(c) Each delegating registered professional nurse shall have a plan to provide nursing care when the delegating nurse is absent. (Authorized by and implementing K.S.A. 1997 Supp. 65-1124; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998.)

**60-15-104**

**Medication administration in a school setting.** Any registered professional nurse may delegate the procedure of medication administration in a school setting only in accordance with this article.

(a) Any registered professional nurse may delegate the procedure of medication administration in a school setting to unlicensed persons if both of the following conditions are met:

(1) The administration of the medication does not require dosage calculation. Measuring a prescribed amount of liquid medication, breaking a scored tablet for administration, or counting carbohydrates for the purpose of determining dosage for insulin administration shall not be considered calculation of the medication dosage.

(2) The nursing care plan requires administration by accepted methods of administration other than those listed in subsection (b).

(b) A registered professional nurse shall not delegate the procedure of medication administration in a school setting to unlicensed persons when administered by any of these means:

(1) By intravenous route;

(2) by intramuscular route, except when administered in an anticipated health crisis;

(3) through intermittent positive-pressure breathing machines; or

(4) through an established feeding tube that is not inserted directly into the abdomen.

(Authorized by K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129; implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998; amended July 29, 2005; amended March 6, 2009.)

## **Intravenous Fluid therapy for Licensed Practical Nurse**

**60-16-101**

**Definitions.** Each of the following terms, as used in this article of the board's regulations, shall have the meaning specified in this regulation:

- (a) "Administration of intravenous (IV) fluid therapy" means utilization of the nursing process to deliver the therapeutic infusion or injection of substances through the venous system.
- (b) "Admixing" means the addition of a diluent to a medication or a medication to an intravenous solution.
- (c) "Calculating" means mathematically determining the flow rate and medication dosages.
- (d) "Clock-hour" means 60 continuous minutes.
- (e) "Competency examination" means a written examination and demonstration of mastery of clinical components of IV fluid therapy.
- (f) "Discontinuing" means stopping the intravenous flow or removing the intravenous access device, or both, based on an authorized order or nursing assessment.
- (g) "Evaluating" means analyzing, on an ongoing basis, the monitored patient response to the prescribed IV fluid therapy.
- (h) "Initiating" means starting IV fluid therapy based on an authorized order by a licensed individual. Initiating shall include the following:
  - (1) Assessing the patient;
  - (2) selecting and preparing materials;
  - (3) calculating; and
  - (4) inserting and stabilizing the cannula.
- (i) "Intravenous push" means direct injection of medication into the venous circulation.
- (j) "IV" means intravenous.
- (k) "Maintaining" means adjusting the control device for continuance of the prescribed IV fluid therapy administration rate.
- (l) "Monitoring" means, on an ongoing basis, assessing, observing, and communicating each patient's response to prescribed IV fluid therapy. The infusion equipment, site, and flow rate shall be included in the monitoring process.
- (m) "Stand-alone," when used to describe a course, means an IV fluid therapy course offered by a provider that has been approved by the board to offer the course independently of an approved practical nursing program.
- (n) "Titration of medication" means an adjustment of the dosage of a medication to the amount required to bring about a given reaction in the individual receiving the medication. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended June 12, 1998; amended Oct. 29, 1999; amended June 14, 2002; amended Jan. 17, 2020.)

**60-16-102**

**Scope of practice for licensed practical nurse performing intravenous fluid therapy. (a)**

A licensed practical nurse under the supervision of a registered professional nurse may engage in a limited scope of intravenous fluid treatment, including the following:

- (1) Monitoring;
- (2) maintaining basic fluids;
- (3) discontinuing intravenous flow and an intravenous access device not exceeding three inches in length in peripheral sites only; and
- (4) changing dressings for intravenous access devices not exceeding three inches in length in peripheral sites only.

(b) Any licensed practical nurse who has met one of the requirements under K.S.A. 65-1136, and amendments thereto, may perform, in addition to the functions specified in subsection (a) of this regulation, the following procedures relating to the expanded administration of intravenous fluid therapy under the supervision of a registered professional nurse:

- (1) Calculating;
- (2) adding parenteral solutions to existing patent central and peripheral intravenous access devices or administration sets;
- (3) changing administration sets;
- (4) inserting intravenous access devices that meet these conditions:
  - (A) Do not exceed three inches in length; and
  - (B) are located in peripheral sites only;
- (5) adding designated premixed medications to existing patent central and peripheral intravenous access devices or administration sets either by continuous or intermittent methods;
- (6) maintaining the patency of central and peripheral intravenous access devices and administration sets with medications or solutions as allowed by policy of the facility;
- (7) changing dressings for central venous access devices;
- (8) administering continuous intravenous drip analgesics and antibiotics; and
- (9) performing the following procedures in any facility having continuous on-site registered professional nurse supervision:
  - (A) Admixing intravenous medications; and
  - (B) administering by direct intravenous push any drug in a drug category that is not specifically listed as a banned drug category in subsection (c), including analgesics, antibiotics, antiemetics, diuretics, and corticosteroids, as allowed by policy of the facility.

(c) A licensed practical nurse shall not perform any of the following:

- (1) Administer any of the following by intravenous route:
  - (A) Blood and blood products, including albumin;
  - (B) investigational medications;
  - (C) anesthetics, antianxiety agents, biological therapy, serums, hemostatics, immunosuppressants, muscle relaxants, human plasma fractions, oxytocics, sedatives, tocolytics, thrombolytics, anticonvulsants, cardiovascular preparations, antineoplastics agents, hematopoietics, autonomic drugs, and respiratory stimulants;
  - (D) intravenous fluid therapy in the home health setting, with the exception of the

approved scope of practice authorized in subsection (a); or  
(E) intravenous fluid therapy to any patient under the age of 12 or any patient weighing less than 80 pounds, with the exception of the approved scope of practice authorized in subsection (a);  
(2) initiate total parenteral nutrition or lipids;  
(3) titrate medications;  
(4) draw blood from a central intravenous access device;  
(5) remove a central intravenous access device or any intravenous access device exceeding three inches in length; or  
(6) access implantable ports for any purpose.  
(d) Licensed practical nurses qualified by the board before June 1, 2000 may perform those activities listed in subsection (a) and paragraph (b)(9)(A) regardless of their intravenous therapy course content on admixing.  
(e) This regulation shall limit the scope of practice for each licensed practical nurse only with respect to intravenous fluid therapy and shall not restrict a licensed practical nurse's authority to care for patients receiving this therapy. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended Dec. 13, 1996; amended June 12, 1998; amended Oct. 29, 1999; amended Jan. 24, 2003; amended May 18, 2012; amended Oct. 18, 2013.)

**60-16-103**

**Stand-alone course approval procedure; competency examinations; recordkeeping. (a)**

Each person wanting approval to offer a stand-alone course shall submit a proposal to the board.

The proposal shall contain the following:

- (1) The name and qualifications of the coordinator;
  - (2) the name and qualifications of each faculty member of the course;
  - (3) the mechanism through which the provider will determine that each licensed practical nurse seeking to take the course meets the admission requirements;
  - (4) a description of the educational and clinical facilities that will be utilized;
  - (5) the outlines of the classroom curriculum and the skills curriculum, including time segments. These curricula shall meet the requirements of K.A.R. 60-16-104(b);
  - (6) the methods of student evaluation that will be used, including a copy of the final written competency examination and the final skills competency examination; and
  - (7) if applicable, a request for continuing education approval meeting the following requirements:
    - (A) For each long-term provider, the stand-alone course provider number shall be printed on the certificates and the course roster, along with the long-term provider number; and
    - (B) for each single program provider, the single program application shall be completed.
- (b) To be eligible to enroll in a stand-alone course, the individual shall be a nurse with a current license.
- (c)(1) Each stand-alone course shall meet both of the following requirements:
  - (A) Consist of at least 30 clock-hours of instruction; and
  - (B) require at least eight clock-hours of supervised clinical or skills lab practice, which shall include at least one successful peripheral venous access procedure and the initiation of an intravenous infusion treatment modality.
- (2) Each stand-alone course, final written competency examination, and final clinical competency examination shall meet the board-approved curriculum requirements specified in K.A.R. 60-16-104(b) (1)-(23).
- (d)(1) Each stand-alone course coordinator shall meet the following requirements:
  - (A) Be licensed as a registered professional nurse;
  - (B) be responsible for the development and implementation of the course; and
  - (C) have experience in IV fluid therapy and knowledge of the IV fluid therapy standards.
- (2) Each primary faculty member shall meet the following requirements:
  - (A) Be currently licensed to practice as a registered professional nurse in Kansas;
  - (B) have clinical experience that includes IV fluid therapy within the past five years; and
  - (C) maintain competency in IV fluid therapy.
- (3) Each guest lecturer shall have professional preparation and qualifications for the specific subject in which that individual instructs.
- (e)(1) The facility in which skills practice and the competency examination are conducted shall allow the students and faculty access to the IV fluid therapy equipment and IV fluid therapy recipients and to the pertinent records for the purpose of documentation. Each classroom shall contain sufficient space, equipment, and teaching aids to meet the course objectives.



(2) There shall be a signed, written agreement between the provider and each affiliating health care facility that specifies the roles, responsibilities, and liabilities of each party. This written agreement shall not be required if the only health care facility to be used is that of the provider.

(f)(1) The stand-alone course coordinator shall perform the following:

(A) Ensure that the clinical record sheet is complete, including competencies and scores;  
(B) award a certificate to each licensed nurse documenting successful completion of both the final written competency examination and the final skills competency examination;

(C) submit to the board, within 15 days of course completion, a typed, alphabetized roster listing the name and license number of each individual who successfully completed the course and the date of completion. The coordinator shall ensure that each roster meets the following requirements:

(i) RN and LPN participants shall be listed on separate rosters; and

(ii) the roster shall include the provider name and address, the single or long-term provider number, the stand-alone course provider number, and the coordinator's signature; and

(D) maintain the records of each individual who has successfully completed the course for at least five years.

(g) Continuing education providers shall award at least 32 contact hours to each LPN who successfully completes the course according to K.A.R. 60-9-106. Continuing education providers shall award 20 contact hours, one time only, to each RN who successfully completes the course.

(h) After initial approval, each change in the stand-alone course shall be provided to the board for approval before the change is implemented.

(i)(1) Each stand-alone course provider shall submit to the board an annual report for the period of July 1 through June 30 of the respective year that includes the total number of licensees taking the course, the number passing the course, and the number of courses held.

(2) The single program providership shall be effective for two years and may be renewed by submitting the single offering provider application and by paying the fee specified in K.A.R. 60-4-103(a)(5). Each single program provider who chooses not to renew the providership shall notify the board in writing of the location at which the rosters and course materials will be accessible to the board for three years.

(3) Each long-term provider shall submit the materials outlined in subsection (a) with the five-year long-term provider renewal.

(j) If a course does not meet or continue to meet the requirements for approval established by the board or if there is a material misrepresentation of any fact with the information submitted to the board by a provider, approval may be withheld, made conditional, limited, or withdrawn by the board after giving the provider notice and an opportunity to be heard. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended June 14, 2002; amended July 29, 2005; amended May 18, 2012; amended Jan. 17, 2020.)

**60-16-104**

**Standards for course and program curriculum content.** (a) The purpose of the intravenous fluid therapy content and stand-alone course shall be to prepare practical nursing students or licensed practical nurses to perform safely and competently the activities as defined in K.A.R. 60-16-102. The course shall be based on the nursing process and current intravenous nursing standards of practice.

(1) Intravenous fluid therapy content provided as part of a practical nursing program's curriculum as specified in K.A.R. 60-2-104 or as a stand-alone course offered by an approved provider shall meet the requirements of this regulation.

(2) Each provider of a stand-alone course shall obtain approval from the board before offering an intravenous fluid therapy course as specified in K.A.R. 60-16-103.

(3) Each provider of a stand-alone course shall submit documentation of the use of the curriculum required in this regulation to the board.

(4) Each practical nursing program administrator wanting to implement the intravenous fluid therapy curriculum as required in this regulation shall submit a major curriculum change form as specified in K.A.R. 60-2-104(g).

(b) Each stand-alone course or practical nursing program curriculum in intravenous fluid therapy shall include instruction in the following topics:

(1) Definition of intravenous fluid therapy and indications as specified in K.A.R. 60-16-101;

(2) scope of practice as specified in K.A.R. 60-16-102;

(3) types of vascular-access delivery devices;

(4) age-related considerations;

(5) legal implications for intravenous fluid therapy;

(6) anatomy and physiology;

(7) fluid and electrolyte balance;

(8) infusion equipment used in intravenous fluid therapy;

(9) patient care;

(10) infusion therapies;

(11) parenteral solutions and indications;

(12) infection control and safety;

(13) site care and maintenance;

(14) vascular-access device selection and placement;

(15) insertion of peripheral short catheters;

(16) administration, maintenance, and monitoring of peripheral intravenous fluid therapy;

(17) infusion-related complications and nursing interventions;

(18) central and peripheral vascular devices;

(19) administration, maintenance, and monitoring of central intravenous fluid therapy;

(20) documentation;

(21) patient education;

(22) a testing component through which each student is able to demonstrate competency related to intravenous fluid therapy; and

(23) a means to verify that a student has successfully completed the stand-alone course or practical nursing program curriculum in intravenous fluid therapy as specified in this

regulation. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended Dec. 13, 1996; amended Oct. 29, 1999; amended April 20, 2001; amended June 14, 2002; amended July 29, 2005; amended May 18, 2012; amended Jan. 17, 2020.)

**60-16-105** (Authorized by and implementing L. 1994, Chap. 218, §1; effective Nov. 21, 1994; revoked July 30, 2010.)

## Advanced Practice Registered Nurse

### Statutes

- 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 postbasic 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 postbasic 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.

History: L. 1983, ch. 206, § 2; L. 1989, ch. 192, § 1; L. 1999, ch. 115, § 1; L. 2011, ch. 114, § 44; L. 2016, ch. 92, § 98; L. 2022, ch. 65, § 1; July 1.

**65-1131**

**Advanced practice registered nurse; licensure; fees; license with temporary permit; exempt license; inactive license.** (a) (1) Licensure. Upon application to the board by any professional nurse in this state and upon satisfaction of the standards and requirements established by the board under K.S.A. 65-1130, and amendments thereto, the board may issue a license to such applicant authorizing the applicant to perform the duties of an advanced practice registered nurse as defined by the board under K.S.A. 65-1130, and amendments thereto.

(2) The board may issue a license to practice nursing as an advanced practice registered nurse to an applicant who has been duly licensed or certified as an advanced practice registered nurse under the laws of another state or territory if, in the opinion of the board, the applicant meets the licensure qualifications required of an advanced practice registered nurse in this state. Verification of the applicant's licensure or certification status shall be required from the original state of licensure or certification.

(3) An application to the board for a license, a license with temporary permit, renewal of a license and reinstatement of a license shall be upon such form and contain such information as the board may require and shall be accompanied by a fee, to be established by rules and regulations adopted by the board, to assist in defraying the expenses in connection with the issuance of licenses as advanced practice registered nurses, in an amount fixed by the board under K.S.A. 65-1118, and amendments thereto.

(4) An application for initial licensure or endorsement will be held awaiting completion of meeting qualifications for a time period specified in rules and regulations.

(5) The executive administrator of the board shall remit all moneys received pursuant to this section to the state treasurer as provided by K.S.A. 74-1108, and amendments thereto.

(b) The board may grant a one-time temporary permit to practice as an advanced practice registered nurse for a period of not more than 180 days pending completion of the application for a license.

(c) Exempt license. The board may issue an exempt license to any advanced practice registered nurse as defined in rules and regulations who makes written application for such license on a form provided by the board, who remits a fee as established pursuant to K.S.A. 65-1118, and amendments thereto, and who is not regularly engaged in advanced practice registered nursing in Kansas but volunteers advanced practice registered nursing services or is a charitable healthcare provider as defined by K.S.A. 75-6102, and amendments thereto. Each exempt advanced practice registered nurse shall be subject to all provisions of the nurse practice act. Each exempt license may be renewed biennially subject to the provisions of this section. To convert an exempt license to an active license, the exempt advanced practice registered nurse shall meet all the requirements of subsection (a) or K.S.A. 65-1132, and amendments thereto. An advanced practice registered nurse who has been granted an exempt license pursuant to this subsection shall be exempt from the requirements of K.S.A. 40-3402 and 40-3404, and amendments thereto.

(d) Inactive license. The board may issue an inactive license to any advanced practice registered nurse as defined in rules and regulations who makes written application for such license on a form provided by the board, who remits a fee as established pursuant to K.S.A. 65-1118, and amendments thereto, and



who is not regularly engaged in advanced practice registered nursing in Kansas. The holder of an inactive license shall not be required to submit evidence of satisfactory completion of a program of continuing education required by K.S.A. 65-1117 and 65-1132, and amendments thereto. An inactive license shall not entitle the holder to engage in advanced practice registered nursing in this state. Each inactive license may be renewed subject to the provisions of this section. An inactive licensee may apply for a license to regularly engage in advanced practice registered nursing upon filing a written reinstatement application with the board. The application shall be on a form provided by the board and shall be accompanied by the license fee established pursuant to K.S.A. 65-1118, and amendments thereto. An applicant for a license to practice as an advanced practice registered nurse who has not been licensed to practice advanced practice registered nursing for five years preceding application shall be required to successfully complete a refresher course as defined by the board. The board shall by rules and regulations establish appropriate continuing education requirements for inactive licensees to become licensed to regularly engage in advanced practice registered nursing in this state. An advanced practice registered nurse who has been granted an inactive license pursuant to this subsection shall be exempt from the requirements of K.S.A. 40-3402 and 40-3404, and amendments thereto.

(e) The board shall have authority to adopt rules and regulations to carry out the provisions of this section.

History: L. 1983, ch. 206, § 3; L. 1992, ch. 135, § 3; L. 1997, ch. 158, § 6; L. 1999, ch. 84, § 3; L. 2011, ch. 114, § 45; L. 2017, ch. 35, § 5; July 1.

**65-1132**      **Renewal of license for advanced practice registered nurse; reinstatement of lapsed license.** (a) All licenses issued under the provisions of this act, whether initial or renewal, shall expire every two years. The expiration date shall be established by rules and regulations of the board. The board shall send a notice for renewal of a license to every advanced practice registered nurse at least 60 days prior to the expiration date of such person's license. Every person who desires to renew such license shall file with the board, on or before the date of expiration of such license:

- (1) A renewal application together with the prescribed biennial renewal fee;
- (2) evidence of completion of continuing education in the advanced practice registered nurse role, which has met the continuing education requirement for an advanced practice registered nurse as developed by the board or by a national organization whose certifying standards are approved by the board as equal to or greater than the corresponding standards established by the board. These continuing education credits approved by the board may be applied to satisfy the continuing education requirements established by the board for licensed professional nurses under K.S.A. 65-1117, and amendments thereto, if the board finds such continuing education credits are equivalent to those required by the board under K.S.A. 65-1117, and amendments thereto; and
- (3) proof of evidence of current licensure as a professional nurse.

Upon receipt of such application and payment of any applicable fee, and upon being satisfied that the applicant for renewal of a license meets the requirements established by the board under K.S.A. 65-1130, and amendments thereto, in effect at the time of initial qualification of the applicant, the board shall verify the accuracy of the application and grant a renewal license.

(b) Any person who fails to secure a renewal license prior to the expiration of the license may secure a reinstatement of such lapsed license by making application therefor on a form provided by the board, upon furnishing proof that the applicant is competent and qualified to act as an advanced practice registered nurse and upon satisfying all of the requirements for reinstatement including payment to the board of a reinstatement fee as established by the board.

History: L. 1983, ch. 206, § 4; L. 1993, ch. 194, § 14; L. 2007, ch. 99, § 2; L. 2011, ch. 114, § 46; Jan. 1, 2012.

65-1133

**Same; educational and training programs for advanced practice registered nurses; approval; survey; nationally accredited programs.** (a) An approved educational and training program for advanced practice registered nurses is a program conducted in Kansas which has been approved by the board as meeting the standards and the rules and regulations of the board. An institution desiring to conduct an educational and training program for advanced practice registered nurses shall apply to the board for approval and submit satisfactory proof that it is prepared to and will maintain the standards and the required curriculum for advanced practice registered nurses as prescribed by this act and by the rules and regulations of the board. Applications shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board. The approval of an educational program for advanced practice registered nurses shall not exceed 10 years after the granting of such approval by the board. An institution desiring to continue to conduct an approved educational program for advanced practice registered nurses shall apply to the board for the renewal of approval and submit satisfactory proof that it will maintain the standards and the required curriculum for advanced practice registered nurses as prescribed by this act and by the rules and regulations of the board. Applications for renewal of approval shall be made in writing on forms supplied by the board. Each program shall submit annually to the board an annual fee fixed by the board's rules and regulations to maintain the approved status.

(b) A program to qualify as an approved educational program for advanced practice registered nurses must be conducted in the state of Kansas, and the school conducting the program must apply to the board and submit evidence that: (1) It is prepared to carry out the curriculum prescribed by rules and regulations of the board; and (2) it is prepared to meet such other standards as shall be established by law and the rules and regulations of the board.

(c) The board shall prepare and maintain a list of programs which qualify as approved educational programs for advanced practice registered nurses whose graduates, if they have the other necessary qualifications provided in this act, shall be eligible to apply for licensure as advanced practice registered nurses. A survey of the institution or school applying for approval of an educational program for advanced practice registered nurses shall be made by an authorized employee of the board or members of the board, who shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements as prescribed by the board in its rules and regulations for approval are met, it shall so approve the program. The board shall resurvey approved programs on a periodic basis as determined by rules and regulations. If the board determines that any approved program is not maintaining the standards required by this act and by rules and regulations prescribed by the board, notice thereof in writing, specifying the failures of such program, shall be given. A program which fails to correct such conditions to the satisfaction of the board within a reasonable time shall be removed from the list of approved programs until such time as the program shall comply with such standards. All approved programs shall maintain accurate and current records showing in full the theoretical and practical courses given to each student.

(d) The board may accept nationally accredited advanced practice registered nurse programs as defined by rules [and] regulations adopted by the board in accordance with K.S.A. 65-1130, and amendments thereto:

(1) Advanced practice registered nurse programs which have received accreditation from a board recognized national nursing accreditation agency shall file evidence of initial accreditation with the

board, and thereafter shall file all reports from the accreditation agency and any notice of any change in school accreditation status.

(2) Advanced practice registered nurse programs holding approval based upon national accreditation are also responsible for complying with all other requirements as determined by rules and regulations of the board.

(3) The board may grant approval to an advanced practice registered nurse program with national accreditation for a continuing period not to exceed 10 years.

History: L. 1983, ch. 206, § 5; L. 2000, ch. 113, § 2; L. 2001, ch. 161, § 6; L. 2011, ch. 114, § 47; Jan. 1, 2012.

**65-1134**

**Citation of Kansas nurse practice act.** The acts contained in article 11 of chapter 65 of the Kansas Statutes Annotated and amendments thereto or made specifically supplemental thereto shall be construed together and may be cited as the Kansas nurse practice act.

History: L. 1983, ch. 206, § 1; L. 1993, ch. 194, § 3; July 1.

## Rules and Regulations

### Advanced Practice Registered Nurses (APRN)

**60-11-101**

**Definition of expanded role.** Each “advanced practice registered nurse” (APRN), as defined by K.S.A. 65-1113 and amendments thereto, shall function in an expanded role to provide primary, secondary, and tertiary health care in the APRN's role of advanced practice. Each APRN shall be authorized to make independent decisions about advanced practice nursing needs of families, patients, and clients and medical decisions. Each APRN shall be directly accountable and responsible to the consumer. (Authorized by and implementing K.S.A. 2021 Supp. 65-1113 and K.S.A. 65-1130, as amended by 2022 S Sub for HB 2279, sec. 1; effective May 1, 1984; amended March 31, 2000; amended Sept. 4, 2009; amended May 18, 2012; amended, T- 60-7-18-22, July 18, 2022; amended Oct. 14, 2022.)

**60-11-102**

**Roles of advanced practice registered nurses.** The four roles of advanced practice registered nurses licensed by the board of nursing shall be the following:

(a) Clinical nurse specialist;

(b) nurse anesthetist;

(c) nurse-midwife; and

(d) nurse practitioner. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended Sept. 4, 2009; amended May 18, 2012.)

**60-11-103****Licensure and educational requirements for advanced practice registered nurses. (a)**

Licensure as an advanced practice registered nurse. Each applicant for licensure as an advanced practice registered nurse shall meet the following requirements:

- (1) File with the board a completed application on a form adopted by the board and pay the application fee prescribed by K.A.R. 60-11-119;
  - (2) be fingerprinted and submit to a state and national criminal history record check;
  - (3) submit proof of APRN certification in the applicant's specific role and population focus granted by a national certifying organization that is 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 for initial licensure applications submitted on and after July 1, 2023;
  - (4) submit proof of malpractice insurance coverage if the applicant renders professional clinical services as an APRN, unless the advanced practice registered nurse meets one of the exceptions listed in K.S.A. 65-1130 as amended by 2022 S Sub for HB 2279, sec. 1, and amendments thereto; and
  - (5) within 180 days after the board's receipt of the application, submit proof that all qualifications for licensure, as specified in K.S.A. 65-1130 and K.S.A. 65-1131 and amendments thereto, have been met. If the applicant does not meet this requirement, the application shall be deemed abandoned and closed.
- (b) Licensure in the roles of clinical nurse specialist, nurse anesthetist, nurse-midwife, and nurse practitioner. To be issued a license as an advanced practice registered nurse in any of the roles of advanced practice, as identified in K.A.R. 60-11-102, each applicant shall meet at least one of the following requirements:

- (1) Complete a formal, post-basic nursing education program located or offered in Kansas that has been approved by the board and prepares the nurse to function in the advanced role for which application is made;
- (2) complete a formal, post-basic nursing education program that is not located or offered in Kansas but is determined by the board to meet the standards for program approval established by K.A.R. 60-17-101 through 60-17-108;
- (3) have completed a formal, post-basic nursing education program that is no longer in existence but is determined by the board to meet standards at least as stringent as those required for program approval by the board at the time of graduation;
- (4) hold a current license to practice as an advanced practice registered nurse in the role for which application is made and demonstrate to the board's satisfaction that both of the following requirements are met:
  - (A) The license was issued by a nursing licensing authority of another jurisdiction; and
  - (B)(i) The licensee completed a program meeting standards equal to or greater than those established by K.A.R. 60-17-101 through 60-17-108; or
  - (ii) the applicant has met the requirements for licensure pursuant to K.S.A. 48-3406, and amendments thereto; or
- (5) complete a formal educational program of post-basic study and clinical experience that can be demonstrated by the applicant to have sufficiently prepared the applicant for practice in the role of advanced practice for which application is made. The applicant shall show that the curriculum of the program is consistent with public health and safety policy and that the program prepared individuals to perform acts generally recognized by



the nursing profession as capable of being performed by persons with post-basic education in nursing.

(c) Licensure in the roles of clinical nurse specialist and nurse practitioner. Each applicant for a license as an advanced practice registered nurse in a role other than anesthesia or midwifery shall meet one of the following requirements:

- (1) Have met one of the requirements of subsection (b) before July 1, 1994;
- (2) if none of the requirements in subsection (b) were met before July 1, 1994, meet one of the requirements of subsection (b) and hold a baccalaureate or higher degree in nursing; or
- (3) if none of the requirements in subsection (b) were met before July 1, 2002, meet one of the requirements of subsection (b) and hold a master's or higher degree in a clinical area of nursing.

(d) Licensure in the role of nurse anesthetist. Each applicant for a license as an advanced practice registered nurse in the role of anesthesia shall meet one of the following requirements:

- (1) Have met one of the requirements of subsection (b) before July 1, 2002; or
- (2) if none of the requirements in subsection (b) were met before July 1, 2002, meet one of the requirements of subsection (b) and hold a master's degree or a higher degree in nurse anesthesia or a related field.

(e) Licensure in the role of nurse-midwife. Each applicant for a license as an advanced practice registered nurse in the role of midwifery shall meet one of the following requirements:

- (1) Have met one of the requirements of subsection (b) before July 1, 2000;
- (2) if none of the requirements in subsection (b) were met before July 1, 2000, meet one of the requirements of subsection (b) and hold a baccalaureate degree in nursing; or
- (3) if none of the requirements in subsection (b) were met before January 1, 2010, meet one of the requirements of subsection (b) and hold a master's degree or a higher degree in nursing, midwifery, or a related field.

(f) National nursing organization certification for licensure. National nursing organizations with certification standards that meet the standard specified in paragraph (a)(3) shall be identified by the board, and a current list of national nursing organizations with certification standards approved by the board shall be maintained by the board. Any licensee may request that a certification program be considered by the board for approval and, if approved, included by the board on its list of national nursing organizations with approved certification standards.

(g) Advanced pharmacology education requirement. Each applicant who completes an advanced practice registered nurse program after January 1, 1997 shall have completed three college hours in advanced pharmacology or the equivalent.

(h) Advanced pathophysiology and advanced health assessment education requirement. Each applicant who completes an advanced practice registered nurse program after January 1, 2001 in a role other than anesthesia or midwifery shall have completed three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent.

(i) Advanced pathophysiology and advanced health assessment education requirement after July 1, 2009. Each applicant who completes an advanced practice registered nurse program after July 1, 2009 shall have completed three college hours in advanced

pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent.

(j) Refresher course requirement. In spite of the provisions of subsections (b) through (i), each applicant for a license as an advanced practice registered nurse who has not gained 1,000 hours of advanced nursing practice during the five years preceding the date of application shall be required to successfully complete a refresher course as defined by the board.

(k) 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.

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

(1) The applicant shall demonstrate scope of practice as defined in K.S.A. 65-1130 and amendments thereto, K.A.R. 60-11-104, K.A.R. 60-11-104a, K.A.R. 60-11-105, and K.A.R. 60-11-106.

(2) "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.

(m) Temporary emergency licensure. Each applicant for a temporary emergency license shall submit an application on a form adopted by the board to practice advanced 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 five years of the application date.

(2) For licensure as an advanced practice registered nurse, the applicant is currently licensed or has been licensed as an advanced practice registered nurse by a state licensing board within five years of the application date, passed a course in cardiopulmonary resuscitation (CPR) for humans, has a current CPR certificate, and has the skills required to practice advanced practice nursing during the state of emergency declared by the legislature. (Authorized by K.S.A. 65-1130, as amended by 2022 S Sub for HB 2279, sec. 1, K.S.A. 65-1131, and K.S.A. 2021 Supp. 48-3406; implementing K.S.A. 2021 Supp. 65-1118, K.S.A. 65-1130, as amended by 2022 S Sub for HB\_2279, sec. 1, K.S.A. 65-1131, K.S.A. 2021 Supp. 48-3406, K.S.A. 2021 Supp. 74-1106, and K.S.A. 74-1112; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended, T-60-11-14-90, Nov. 14, 1990; amended, T-60-3-14-91, March 14, 1991; amended Sept. 2, 1991; amended March 9, 1992; amended Sept. 14, 1992; amended April 26, 1993; amended Sept. 6, 1994; amended Jan. 3, 1997; amended March 31, 2000; amended Sept. 4, 2009; amended May 18, 2012; amended, T-60-1-26-22, Jan. 26, 2022; amended May 6, 2022; amended, T-60-6-30-22, July 1, 2022; amended Oct. 14, 2022.)

**60-11-104****Functions of the advanced practice registered nurse in the role of nurse practitioner.**

Each advanced practice registered nurse in the role of nurse practitioner shall function in an advanced role at a specialized level, through the application of advanced knowledge and skills and shall be authorized to perform the following:

- (a) Provide health promotion and maintenance, disease prevention, and independent nursing diagnosis, as defined in K.S.A. 65-1113 and amendments thereto, and treatment, as defined in K.S.A. 65-1113 and amendments thereto, of acute and chronic diseases;
- (b) develop and manage the medical plan of care for patients or clients;
- (c) provide health care services for which the nurse practitioner is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;
- (d) provide health care for individuals by managing health problems encountered by patients and clients; and
- (e) provide innovation in evidence-based nursing practice based upon 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. (Authorized by and implementing K.S.A. 2021 Supp. 65-1113 and K.S.A. 65-1130, as amended by 2022 S Sub for HB 2279, sec. 1; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended Sept. 4, 2009; amended May 18, 2012; amended, T- 60-7-18-22, July 18, 2022; amended Oct. 14, 2022.)

**60-11-104a**

**Prescription orders.** (a) Any advanced practice registered nurse may perform the following:

- (1) Prescribe durable medical equipment;
- (2) prescribe, procure, and administer any drug consistent with the licensee's specific role and population focus, except any drug that is intended to cause an abortion; and
- (3) prescribe, procure, or administer any drug that is a controlled substance in accordance with the uniform controlled substances act as specified in K.S.A. 65-4101, and amendments thereto.

Each prescription order in written form shall meet the following requirements:

- (1) Include the name, address, and telephone number of the practice location of the advanced practice registered nurse;
- (2) be signed by the advanced practice registered nurse with the letters A.P.R.N.; and
- (3) contain the D.E.A. registration number issued to the advanced practice registered nurse when a controlled substance, as defined in K.S.A. 65-4101 and amendments thereto, is prescribed.

(c) Nothing in this regulation shall be construed to prohibit any registered nurse or licensed practical nurse or advanced practice registered nurse from conveying a prescription order orally or administering a drug if acting under the lawful direction of a person licensed to practice either medicine and surgery or dentistry or licensed as an advanced practice registered nurse.

(d) When used in this regulation, terms shall be construed to have the meanings specified in K.S.A. 65-1626, and amendments thereto. (Authorized by and implementing K.S.A. 65-1130, as amended by 2022 S Sub for HB 2279, sec. 1; effective, T-60-9-12-88, Sept. 12, 1988; effective Feb. 13, 1989; amended May 7, 1990; amended Jan. 3, 1995; amended March 31, 2000; amended May 18, 2012; amended, T- 60-6-30-22, July 1, 2022; amended Oct. 14, 2022.)

**60-11-105**      **Functions of the advanced practice registered nurse in the role of nurse-midwife.** Each advanced practice registered nurse in the role of nurse-midwife shall function in an advanced role through the application of advanced skills and knowledge of women's health care through the life span and shall be authorized to perform the following:

- (a) Provide independent nursing diagnosis, as defined in K.S.A. 65-1113 and amendments thereto, and treatment, as defined in K.S.A. 65-1113 and amendments thereto;
- (b) develop and manage the medical plan of care for patients or clients;
- (c) provide health care services for which the nurse-midwife is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;
- (d) in a manner consistent with subsection (c), provide health care for women, focusing on gynecological needs, pregnancy, childbirth, the postpartum period, care of the newborn, and family planning, including indicated partner evaluation, treatment, and referral for infertility and sexually transmitted diseases; and
- (e) provide innovation in evidence-based nursing practice based upon 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. (Authorized by and implementing K.S.A. 2021 Supp. 65-1113 and K.S.A. 65-1130, as amended by 2022 S Sub for HB 2279, sec. 1; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended Sept. 4, 2009; amended May 18, 2012; amended, T-60-7-18-22, July 18, 2022; amended Oct. 14, 2022.)

**60-11-106**

**Functions of the advanced practice registered nurse; nurse anesthetist.** The functions that may be performed by any advanced practice registered nurse functioning in the advanced role of registered nurse anesthetist shall be those functions defined in K.S.A. 65-1158, and amendments thereto. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch.114, sec. 44; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended March 31, 2000; amended May 18, 2012.)

**60-11-107****Functions of the advanced practice registered nurse in the role of clinical nurse specialist.**

Each advanced practice registered nurse in the role of clinical nurse specialist shall function in an advanced role to provide evidence-based nursing practice within a specialty area focused on specific patients or clients, populations, settings, and types of care. Each clinical nurse specialist shall be authorized to perform the following:

- (a) Provide independent nursing diagnosis, as defined in K.S.A. 65-1113 and amendments thereto, and treatment, as defined in K.S.A. 65-1113 and amendments thereto;
- (b) develop and manage the medical plan of care for patients or clients;
- (c) provide health care services for which the clinical nurse specialist is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;
- (d) provide care for specific patients or clients or specific populations, or both, utilizing a broad base of advanced scientific knowledge, nursing theory, and skills in assessing, planning, implementing, and evaluating health and nursing care; and
- (e) provide innovation in evidence-based nursing practice based upon 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. (Authorized by and implementing K.S.A. 2021 Supp. 65-1113 and K.S.A. 65-1130, as amended by 2022 S Sub for HB 2279, sec. 1; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended Sept. 4, 2009; amended May 18, 2012; amended, T- 60-7-18-22, July 18, 2022; amended Oct. 14, 2022.)

**60-11-108**

(Authorized by and implementing K.S.A. 65-1133; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended Aug. 6, 1990; amended Sept. 27, 1993; amended Sept. 6, 1994; amended Feb. 16, 1996; revoked March 31, 2000.)



**60-11-113**

**License renewal.** (a) Advanced practice registered nurse licenses shall be renewed on the same biennial cycle as the cycle for the registered professional nurse licensure renewal, as specified in K.A.R. 60-3-108.

(b) On and after January 1, 2013, each individual renewing a license shall have completed the required 30 contact hours of approved continuing nursing education (CNE) related to the advanced practice registered nurse role during the most recent prior license period. Proof of completion of 30 contact hours of approved CNE in the advanced practice nurse role may be requested by the board. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

(c) The number of contact hours assigned to any offering that includes a recognized standard curriculum shall be determined by the board.

(d) Any individual attending any offering not previously approved by the board may submit an application for an individual offering approval (IOA). Credit may be given for offerings that the licensee demonstrates as having a relationship to the practice of the advanced practice registered nursing role. Each separate offering shall be approved before the individual submits the license renewal application.

(e) Approval shall not be granted for identical offerings completed within the same license renewal period.

(f) Any individual renewing a license may accumulate 15 contact hours of the required CNE from instructor credit. Each presenter shall receive instructor credit only once for the preparation and presentation of each course. The provider shall issue a certificate listing the number of contact hours earned and clearly identifying the hours as instructor credit.

(g) Fractions of contact hours may be accepted for offerings over 30 minutes.

(h) All CNE accumulated for APRN license renewal shall also be applicable to the renewal of the registered professional nurse license.

(i) Any APRN whose initial licensure is before July 1, 2023 may submit evidence of APRN certification to the board upon license renewal.

(j) An APRN shall provide proof of malpractice insurance coverage when renewing the license if the APRN renders professional clinical services, unless the advanced practice registered nurse meets one of the exceptions listed in K.S.A. 65-1130 as amended by 2022 S Sub for HB 2279, sec. 1, and amendments thereto. (Authorized by K.S.A. 2021 Supp. 65-1117, K.S.A. 65-1129, and K.S.A. 65-1130, as amended by 2022 S Sub for HB 2279, sec. 1; implementing K.S.A. 2021 Supp. 65-1117, K.S.A. 65-1130, as amended by 2022 S Sub for HB 2279, sec. 1, and K.S.A. 65-1132; effective Sept. 2, 1991; amended May 9, 1994; amended July 29, 2005; amended May 18, 2012; amended, T-60-6-30-22, July 1, 2022; amended Oct. 14, 2022.)

**60-11-116**

**Reinstatement of inactive or lapsed license.** (a) Each nurse anesthetist whose Kansas APRN license is inactive or has lapsed and who wants to obtain a reinstatement of APRN licensure shall meet the same requirements as those in K.A.R. 60-13-110.

(b) Any nurse practitioner, clinical nurse specialist, or nurse-midwife whose Kansas APRN license is inactive or has lapsed may, within five years of its expiration date, reinstate the license by submitting proof that the applicant has met either of the following requirements:

(1) Obtained 30 hours of continuing nursing education related to the advanced practice registered nurse role within the preceding two-year period; or

(2) been licensed in another jurisdiction and, while licensed in that jurisdiction, has accumulated 1,000 hours of advanced practice registered nurse practice within the preceding five-year period.

(c) Any nurse practitioner, clinical nurse specialist, or nurse-midwife whose Kansas APRN license is inactive or has lapsed for more than five years beyond its expiration date may reinstate the license by submitting evidence of having attained either of the following:

(1) A total of 1,000 hours of advanced practice registered nurse practice in another jurisdiction within the preceding five-year period and 30 hours of continuing nursing education related to the advanced practice registered nurse role; or

(2) completion of a refresher course approved by the board. (Authorized by K.S.A. 2019 Supp. 65-1117 and K.S.A. 65-1129; implementing K.S.A. 2019 Supp. 65-1117 and K.S.A. 65-1132; effective Sept. 2, 1991; amended March 22, 2002; amended May 18, 2012; amended Aug. 21, 2020.)

**60-11-118**

**Temporary permit to practice.** (a) A temporary permit to practice as an advanced practice registered nurse may be issued by the board for a period of not more than 180 days to an applicant for licensure as an advanced practice registered nurse who meets the following requirements:

(1) Was previously licensed in this state; and

(2) is enrolled in a refresher course required by the board for reinstatement of a license that has lapsed for more than five years.

(b) A one-time temporary permit to practice as an advanced practice registered nurse may be issued by the board for a period of not more than 180 days pending completion of the application for a license. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2010 Supp. 65-1132, as amended by L. 2011, ch. 114, sec. 45; effective Sept. 2, 1991; amended April 26, 1993; amended May 18, 2012.

**60-11-119**

**Payment of fees.** Payment of fees for advanced practice registered nurses shall be as follows:

- (a) Initial application for license \$50.00
- (b) Biennial renewal of license \$55.00
- (c) Application for reinstatement of license without temporary permit \$75.00
- (d) Application for license with temporary permit \$100.00
- (e) Application for exempt license \$50.00
- (f) Renewal of exempt license \$50.00
- (g) Inactive license \$20.00
- (h) Renewal of inactive license \$20.00

(Authorized by K.S.A. 65-1129 and K.S.A. 65-1131; implementing K.S.A. 2019 Supp. 65-1118 and 65-1131; effective Sept. 2, 1991; amended May 17, 1993; amended Feb. 6, 1995; amended April 3, 1998; amended July 1, 2001; amended April 20, 2007; amended May 18, 2012; amended July 1, 2014; amended Aug. 21, 2020.)

**60-11-120**

**Expiration dates of licenses; applications.** The expiration dates of all licenses and applications shall be in accordance with K.A.R. 60-3-107 and 60-3-108. (Authorized by and implementing K.S.A. 65-1131, as amended by L. 2011, ch. 114, sec. 45, and K.S.A. 2010 Supp. 65-1132, as amended by L. 2011, ch. 114, sec. 46; effective April 3, 1998; amended July 29, 2005; amended May 18, 2012.)

**60-11-121**

**Exempt license.** (a) An exempt license shall be granted only to an advanced practice registered nurse who meets these requirements:

(1) Is not regularly engaged as an advanced practice registered nurse in Kansas, but volunteers advanced practice registered nurse services or is a charitable health care provider, as defined by K.S.A. 75-6102 and amendments thereto; and

(2) (A) Has been licensed in Kansas for the five years previous to applying for an exempt license; or

(B) has been licensed, authorized, or certified in another jurisdiction for the five years previous to applying for an exempt license and meets all requirements for endorsement into Kansas.

(b) The expiration date of the exempt license shall be in accordance with K.A.R. 60-3-108.

(c) Each application for renewal of an exempt license shall be submitted upon a form furnished by the board and shall be accompanied by the fee in accordance with K.A.R. 60-11-119. (Authorized by and implementing K.S.A. 65-1131, as amended by L. 2011, ch. 114, sec. 45; effective April 3, 1998; amended Oct. 25, 2002; amended July 29, 2005; amended May 18, 2012.)

## Advanced Nursing Education Program

60-17-101

**Definitions.** (a) An "advanced nursing education program" may be housed within a part of any of the following organizational units within an academic institution:

- (1) A college;
- (2) a school;
- (3) a division;
- (4) a department; or
- (5) an academic unit.

(b) "Affiliating agency" means an agency that cooperates with the advanced nursing education program to provide clinical facilities and resources for selected student experiences.

(c) "Clinical learning" means an active process in which the student participates in advanced nursing activities while being guided by a member of the faculty.

(d) "Contractual agreement" means a written contract or letter signed by the legal representatives of the advanced nursing education program and the affiliating agency.

(e) "Preceptor" means an advanced practice registered nurse or a physician who provides clinical supervision for advanced practice registered nurse students as a part of nursing courses taken during the advanced nursing education program.

(f) "Satellite program" means an existing, accredited advanced nursing education program provided at a location geographically separate from the parent program. The students may spend a portion or all of their time at the satellite location. The curricula in all locations shall be the same, and each credential shall be conferred by the parent institution.

(g) "Transfer student" means an individual who is permitted to apply advanced nursing courses completed at another institution to a different advanced nursing education program. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended May 18, 2012.)

**60-17-102**

**Requirements for initial approval.** (a) Each hospital and agency serving as an affiliating agency and providing facilities for clinical experience shall be licensed or accredited by the appropriate credentialing groups.

(b) (1) The advanced nursing education program or the institution of which it is a part shall be a legally constituted body. The controlling body shall be responsible for general policy and shall provide the financial support for the advanced nursing education program.

(2) Authority and responsibility for administering the advanced nursing education program shall be vested in the nurse administrator of the advanced nursing education program.

(c) Each new advanced nursing education program shall submit, at least 60 days before a scheduled board meeting, an initial application, which shall include all of the following:

(1) The course of study and credential to be conferred;

(2) the name and title of the nurse administrator of the advanced nursing education program;

(3) the name of the controlling body;

(4) the name and title of the administrator for the controlling body;

(5) the organizational chart;

(6) all sources of financial support, including a three-year budget;

(7) a proposed curriculum, indicating the total number of hours of both theoretical and clinical instruction;

(8) the program objectives or outcomes;

(9) the number, qualifications, and assignments of faculty;

(10) the faculty policies;

(11) the admission requirements;

(12) a copy of the current school bulletin or catalog;

(13) a description of clinical facilities and client census data;

(14) contractual agreements by affiliating agencies for clinical facilities, signed at least three months before the first date on which students may enroll;

(15) the program evaluation plan; and

(16) a proposed date of initial admission of students to the program.

(d) Each advanced nursing education program shall be surveyed for approval by the board, with the exception of nurse anesthesia programs, as determined by K.A.R. 60-13-103.

(1) During a survey, the nurse administrator of the program shall make available all of the following:

(A) Administrators, prospective faculty and students, affiliating agencies, representatives, preceptors, and support services personnel to discuss the advanced nursing education program;

(B) minutes of faculty meetings;

(C) faculty and student handbooks;

(D) policies and procedures;

(E) curriculum materials;

(F) a copy of the advanced nursing education program's budget; and



(G) affiliating agency contractual agreements.

(2) The nurse administrator of the advanced nursing education program or designated personnel shall take the survey team to inspect the nursing educational facilities, including satellite program facilities and library facilities.

(3) Upon completion of the survey, the nurse administrator shall be asked to correct any inaccurate statements contained in the survey report, limiting these comments to errors, unclear statements, or omissions.

(e) Each institution contemplating the establishment of an advanced nursing education program shall be surveyed and accredited by the board before the admission of students.

(f) If an advanced nursing education program fails to meet the requirements of the board within a designated period of time, the program shall be notified by the board's designee of the board's intent to deny approval. (Authorized by and implementing K.S.A. 2015 Supp. 65-1133; effective March 31, 2000; amended April 20, 2007; amended April 29, 2016.)

**60-17-103**

**Reapproval requirements.** (a) Based on the annual report required by K.A.R. 60-17-109, each advanced nursing education program shall be reviewed for reapproval by the board every two years.

(b) Each advanced nursing education program shall be resurveyed every five to 10 years.

(1) A survey may be conducted if there is consistent evidence indicating deficiencies in meeting requirements.

(2) A survey of each nurse anesthesia program shall be conducted as required by K.A.R. 60-13-103(d)(4).

(3) If the program is accredited by a national nursing accreditation agency, the resurvey visit may be made in coordination with a national nursing accreditation agency visit. Each program without national nursing accreditation shall be resurveyed every five years.

(c) The nurse administrator of each advanced nursing education program shall make available all of the following information during a survey:

(1) Data about the program, including the following:

(A) The number of students;

(B) the legal body responsible for establishing program policies and for support of the program;

(C) an organizational chart; and

(D) a description of the budgetary process;

(2) a description of the nurse administrator's responsibilities;

(3) information about the faculty and preceptors, including the following:

(A) A description of the responsibilities of each position;

(B) the selection policies;

(C) the orientation plan;

(D) faculty organization by-laws; and

(E) the number of full-time and part-time faculty and nonnursing faculty with academic credentials and assignments;

(4) the faculty degree plan;

(5) a copy of the current curriculum with the date of last revision;

(6) a description of education facilities, including classrooms, offices, library, and computers;

(7) a list of clinical facilities;

(8) the number of students enrolled; and

(9) policies for students as listed in K.A.R. 60-2-107.

(d) During a survey, the nurse administrator of the advanced nursing education program shall make available all of the following:

(1) Educational institution administrators, faculty, support services personnel, preceptors, and students;

(2) staff at selected clinical facilities;

(3) faculty minutes for at least the previous three years;

(4) faculty and student handbooks;

(5) student records;

(6) policies and procedures;

(7) curriculum materials;

(8) a copy of the advanced nursing education program's budget; and

(9) affiliating agency contractual agreements.

(e) The nurse administrator of the advanced nursing education program or designated personnel shall take the survey team to the nursing educational facilities, including satellite program facilities, library facilities, and affiliating or clinical facilities.

(f) Upon completion of the survey, the nurse administrator shall correct any inaccurate statements contained in the survey report, limiting these comments to errors, unclear statements, or omissions.

(g) If an advanced nursing education program fails to meet requirements of the board within a designated period of time, the program shall be notified by the board's designee of the board's intent to deny reapproval. This notification shall be made pursuant to K.S.A. 77-512, and amendments thereto, and shall inform the program of its right to a hearing pursuant to the Kansas administrative procedures act. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000; amended April 20, 2007.)

**Faculty and preceptor qualifications.** (a) Each nurse faculty member shall be licensed as a registered professional nurse in Kansas.

(b) Each preceptor shall be licensed in the state in which the preceptor is currently practicing. Each preceptor shall complete a preceptor orientation that includes information about the pedagogical aspects of the student-preceptor relationship.

(c) For advanced nursing education programs in the role of nurse anesthesia, each nurse faculty member shall have the following academic preparation and experience:

(1) The nurse administrator who is responsible for the development and implementation of the advanced nursing education program shall have had experience in administration or teaching and shall have a graduate degree.

(2) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree.

(3) Each nurse faculty member responsible for clinical instruction shall possess a license as an advanced practice registered nurse and a graduate degree.

(d) For advanced nursing education programs in any role other than nurse anesthesia, each nurse faculty member shall have the following academic preparation and experience:

(1) The nurse administrator who is responsible for the development and implementation of the advanced nursing education program shall have had experience in administration or teaching and shall have a graduate degree in nursing.

(2) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree. Each person who is hired as a nurse faculty member shall have a graduate degree in nursing, except for any person whose graduate degree was conferred before July 1, 2005.

(3) Each nurse faculty member responsible for coordinating clinical instruction shall possess a license as an advanced practice registered nurse in the role for which clinical instruction is provided and shall have a graduate degree. Each person who is hired as a nurse faculty member shall have a graduate degree in nursing, except for any person whose graduate degree was conferred before July 1, 2005.

(4) Each preceptor or adjunct faculty shall be licensed as an advanced practice registered nurse or shall be licensed as a physician in the state in which the individual is currently practicing. Each preceptor shall complete a preceptor orientation including information about the pedagogical aspects of the student-preceptor relationship.

(e) The nonnursing faculty of each advanced nursing education program shall have graduate degrees in the area of expertise.

(f) The nurse administrator of each advanced nursing education program shall submit to the board a faculty qualification report for each faculty member who is newly employed by the program. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended April 20, 2007; amended May 18, 2012.)

**60-17-105**

**Curriculum requirements.** (a) The faculty in each advanced nursing education program shall fulfill these requirements:

- (1) Identify the competencies of the graduate for each role of advanced nursing practice for which the program provides instruction;
- (2) determine the approach and content for learning experiences;
- (3) direct clinical instruction as an integral part of the program; and
- (4) provide for learning experiences of the depth and scope needed to fulfill the objectives or outcomes of advanced nursing courses.

(b) The curriculum in each advanced nursing education program shall include all of the following:

- (1) Role alignment related to the distinction between practice as a registered professional nurse and the advanced role of an advanced practice registered nurse as specified in K.A.R. 60-11-101;
  - (2) theoretical instruction in the role or roles of advanced nursing practice for which the program provides instruction;
  - (3) the health care delivery system;
  - (4) the ethical and legal implications of advanced nursing practice;
  - (5) three college hours in advanced pharmacology or the equivalent;
  - (6) three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent for licensure as an advanced practice registered nurse in a role other than nurse anesthesia and nurse midwifery;
  - (7) if completing an advanced practice registered nurse program after July 1, 2009, three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent; and
  - (8) clinical instruction in the area of specialization, which shall include the following:
    - (A) Performance of or ordering diagnostic procedures;
    - (B) evaluation of diagnostic and assessment findings; and
    - (C) the prescription of medications and other treatment modalities for client conditions.
- (c) (1) Each program shall consist of at least 45 semester credit hours or the academic equivalent. As used in this regulation, "academic equivalent" shall mean the prorated proportionate credit for formal academic coursework if that coursework is completed on the basis of trimester or quarter hours rather than semester hours.
- (2) The clinical component shall consist of at least 260 hours of clinical learning. After January 1, 2003, the clinical component shall consist of at least 500 hours of clinical learning. After July 1, 2009, the clinical component shall consist of at least 500 hours of clinical learning in each clinical track, or the program shall provide documentation of the overlap if any clinical track consists of less than 500 clinical hours.
- (d) Each nurse administrator shall meet the following requirements:
- (1) Develop and implement a written plan for program evaluation; and
  - (2) submit any major revision to the curriculum of advanced nursing courses for board approval at least 30 days before a meeting of the board. The following shall be considered major revisions to the curriculum:
    - (A) Any significant change in the plan of curriculum organization; and
    - (B) any change in content.

(e) Each nurse administrator shall submit all revisions that are not major revisions, as defined in paragraph (d)(2), to the board or the board's designee for approval.  
(Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended April 20, 2007; amended May 18, 2012.)

**60-17-106**

**Clinical resources.** (a) Each advanced nursing education program shall have appropriate written contractual agreements with each affiliating agency. Each signed contract shall be kept on file in the advanced nursing education program office.

(b) Clinical learning experiences and sites shall be selected to provide learning opportunities necessary to achieve the advanced nursing education program objectives or outcomes.

(c) Faculty shall facilitate and evaluate student learning experiences in the clinical area.

(d) Preceptors shall be responsible for assessing performance in the clinical setting.

(e) The advanced nursing education program shall provide verification that each agency used for clinical instruction has clinical facilities that are adequate for the number of students served in terms of space, equipment, and other necessary resources, including an adequate number of patients or clients necessary to meet the program objectives or outcomes.

(f) The advanced nursing education program shall contract with an adequate number of appropriate affiliating agencies so that there will be appropriate clinical experiences to meet curriculum objectives or outcomes. The advanced nursing education program faculty shall provide the affiliating agency staff with the organizing curriculum framework and either the objectives or outcomes for that clinical learning experience. A sufficient number and variety of patients representing appropriate age groups shall be available to provide learning experiences to meet curriculum objectives or outcomes. If more than one advanced nursing education program uses the same affiliating agency, each advanced nursing education program shall document the availability of appropriate learning experiences for all of its students. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000.)

**60-17-107**

**Educational facilities.** (a) Classrooms, laboratories, and conference rooms shall be available at the time needed 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) The advanced nursing education program shall provide all of the following:

- (1) A physical facility that is safe and conducive to learning;
- (2) space that is available and adequate in size, amount, and type to provide faculty with privacy in counseling students;
- (3) secured space for nursing student records; and
- (4) student support services for distance learning if distance learning is provided.

(c) Library holdings, instructional media, and materials shall be of sufficient recency, pertinence, level of content, and quantity as indicated by the curriculum to meet the needs of nursing students and faculty and shall be available to distance learning students. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000; amended April 20, 2007.)



**60-17-108**

**Student policies.** Each advanced nursing education program shall have clearly defined written policies for all of the following:

- (a) Admission, including a requirement that each student in the program must have a current license to practice as a registered professional nurse in the United States or any of its territories;
- (b) transfer students;
- (c) readmission;
- (d) counseling and guidance;
- (e) progression criteria;
- (f) student representation in faculty governance; and
- (g) graduation. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000; amended April 20, 2007.)

**60-17-109**

**Reports.** (a) Each advanced nursing education program shall submit an annual report to the board on or before June 15 of each year, which shall include all of the following data:

- (1) Any changes in program policies, the organizing framework for the curriculum, and program objectives or outcomes;
- (2) a description of faculty responsibilities for required advanced nursing courses;
- (3) the name, license number, academic credentials, employment date, and full or part-time status of each member of the program faculty;
- (4) the name, license number, academic credentials, professional experience, and place of practice for each preceptor;
- (5) a description of the nurse administrator's teaching responsibilities;
- (6) the name and address of each affiliating agency;
- (7) student enrollment, retention, and graduation statistics;
- (8) faculty hiring, retention, and separation statistics;
- (9) the total number of library holdings and the number of holdings regarding nursing;
- (10) for the most recent year, either a list of new library and audiovisual acquisitions or the budget spent on library and audiovisual acquisitions;
- (11) a response to the recommendations and requirements identified by the board based on the program's last annual report or the last survey visit; and
- (12) any proposed changes to the program.

(b) If the advanced nursing education program fails to meet requirements of the board or to submit required reports within a designated period of time, the program shall be removed from the list of accredited nursing education programs after it has received notice and has been given an opportunity to be heard. These proceedings shall be conducted in accordance with the provisions of K.S.A. 77-512 and amendments thereto. (Authorized by and implementing K.S.A. 65-1133; effective March 31, 2000.)

**60-17-110**

**Discontinuing an advanced practice registered nurse program.** Each school terminating its program shall submit, for board approval, the school's plan for its currently enrolled students and for disposition of its records. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended April 20, 2007; amended May 18, 2012.)

**Requirements for advanced practice registered nurse refresher course.** (a) (1) Each refresher course that prepares advanced practice registered nurses (APRNs) who have not been actively engaged in advanced nursing practice for more than five years shall be accredited by the board.

(2) If a formal refresher course is not available, an individualized course may be designed for a nurse. Each individualized course shall be accredited by the education specialist.

(b) Each refresher course student shall meet both of the following conditions:

(1) Be licensed currently as a Kansas registered professional nurse; and

(2) have been licensed as an advanced practice registered nurse in Kansas or another state or have completed the education required to be licensed as an advanced practice registered nurse in Kansas.

(c) Continuing nursing education contact hours may be awarded for completion of APRN refresher courses. A contact hour shall equal a 50-minute hour of instruction.

(d) The objectives and outcomes of the refresher course shall be stated in behavioral terms and shall describe the expected competencies of the applicant.

(e) Each instructor for an APRN refresher course shall be licensed as an APRN and shall show evidence of recent professional education and competency in teaching.

(f) Each provider that has been accredited by the board to offer an APRN refresher course shall provide the following classroom and clinical experiences, based on the length of time that the student has not been actively engaged in advanced nursing practice:

(1) For students who have not engaged in advanced nursing practice for more than five years, but less than or equal to 10 years, 150 didactic hours and 350 clinical hours; and

(2) for students who have not engaged in advanced nursing practice for more than 10 years, 200 didactic hours and 500 clinical hours.

(g) The content, methods of instruction, and learning experiences shall be consistent with the objectives and outcomes of the course.

(h) Each refresher course for the roles of nurse practitioner, clinical nurse specialist, and nurse-midwife shall contain the following content:

(1) Didactic:

(A) Role alignment related to recent changes in the area of advanced nursing practice;

(B) the ethical and legal implications of advanced nursing practice;

(C) the health care delivery system;

(D) diagnostic procedures for the area of specialization; and

(E) prescribing medications for the area of specialization; and

(2) clinical:

(A) Conducting diagnostic procedures for the area of specialization;

(B) prescribing medications for the area of specialization;

(C) evaluating the physical and psychosocial health status of a client;

(D) obtaining a comprehensive health history;

(E) conducting physical examinations using basic examination techniques, diagnostic instruments, and laboratory procedures;

(F) planning, implementing, and evaluating care;

- (G) consulting with clients and members of the health care team;
- (H) managing the medical plan of care prescribed based on protocols or guidelines;
- (I) initiating and maintaining records, documents, and other reports;
- (J) developing teaching plans; and
- (K) counseling individuals, families, and groups on the following issues:
  - (i) Health;
  - (ii) illness; and
  - (iii) the promotion of health maintenance.
- (i) Each student in nurse-midwife refresher training shall also have clinical hours in the management of the expanding family throughout pregnancy, labor, delivery, postdelivery care, and gynecological care.
- (j) The provider of each refresher course shall provide official evidence of completion to each individual who successfully completes the refresher course. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44, and K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended July 29, 2005; amended May 18, 2012.)

## Registered Nurse Anesthetist

### Statutes

**65-1151** **Definitions.** As used in K.S.A. 65-1151 to 65-1164, inclusive and amendments thereto:

- (a) "Registered nurse anesthetist" means a licensed professional nurse who is authorized to practice as a registered nurse anesthetist.
- (b) "Board" means the board of nursing.
- (c) "Local anesthetic" means infiltration anesthesia or anesthesia produced by direct infiltration of local anesthetic solution into the operative site.
- (d) "Regional anesthesia" means the use of local anesthetic solutions to produce loss of sensation in circumscribed areas.
- (e) "General anesthesia" means one that is complete and affecting the entire body with the loss of consciousness.
- (f) "Active anesthesia practice" means clinical practice and anesthesia related administration, educational and research activities.

History: L. 1986, ch. 183, § 1; L. 1996, ch. 179, § 1; July 1.

65-1152

**Qualifications for authorization to practice as a registered nurse anesthetist; approval of schools of nurse anesthesia, criteria.** (a) In order to obtain authorization from the board of nursing to practice as a registered nurse anesthetist an individual shall meet the following requirements:

- (1) Be licensed to practice professional nursing under the Kansas nurse practice act;
  - (2) has successfully completed a course of study in nurse anesthesia in a school of nurse anesthesia approved by the board;
  - (3) has successfully completed an examination approved by the board or has been certified by a national organization whose certifying standards are approved by the board as equal to or greater than the corresponding standards established under this act for obtaining authorization to practice as a registered nurse anesthetist; and
  - (4) be required to successfully complete a refresher course as defined in rules and regulations of the board if the individual has not been in active anesthesia practice for five years preceding the application.
- (b) Approval of schools of nurse anesthesia shall be based on approval standards specified in K.S.A. 65-1133 and amendments thereto.
- (c) Schools of nurse anesthesia approved by the board under this section shall offer, a masters level degree program in nurse anesthesia.
- (d) For the purposes of determining whether an individual meets the requirements of item (2) of subsection (a), the board by rules and regulations shall establish criteria for determining whether a particular school of nurse anesthesia maintains standards which are at least equal to schools of nurse anesthesia which are approved by the board.

History: L. 1986, ch. 183, § 2; L. 1988, ch. 243, § 3; L. 1988, ch. 244, § 1; L. 1988, ch. 245, § 3; L. 1993, ch. 194, § 15; L. 1996, ch. 179, § 2; L. 1997, ch. 158, § 7; L. 2001, ch. 161, § 8; July 1.

**65-1153**     **Temporary authorization to practice.** The board may grant a temporary authorization to practice nurse anesthesia as a registered nurse anesthetist: (a) For a period of not more than one year to graduates of a school of nurse anesthesia approved by the board pending results of the initial examination; or

(b) for the needed amount of time to complete the clinical portion of a refresher course; or

(c) for a period not to exceed 120 days.

History: L. 1986, ch. 183, § 3; L. 1992, ch. 135, § 4; L. 1996, ch. 179, § 3; L. 2000, ch. 113, § 4; L. 2001, ch. 161, § 9; July 1



**65-1154**

**Application; fees; deposit of moneys.** Upon application to the board by any licensed professional nurse in this state and upon satisfaction of the standards and requirements established under this act and K.S.A. 65-1130, and amendments thereto, the board shall grant an authorization to the applicant to perform the duties of a registered nurse anesthetist and be licensed as an advanced practice registered nurse. An application to the board for an authorization, for an authorization with temporary authorization, for biennial renewal of authorization, for reinstatement of authorization and for reinstatement of authorization with temporary authorization shall be upon such form and contain such information as the board may require and shall be accompanied by a fee to assist in defraying the expenses in connection with the administration of the provisions of this act. The fee shall be fixed by rules and regulations adopted by the board in an amount fixed by the board under K.S.A. 65-1118, and amendments thereto. There shall be no fee assessed for the initial, renewal or reinstatement of the advanced practice registered nurse license as long as the registered nurse anesthetist maintains authorization. The executive administrator of the board shall remit all moneys received to the state treasurer as provided by K.S.A. 74-1108, and amendments thereto.

History: L. 1986, ch. 183, § 4; L. 1992, ch. 135, § 5; L. 1996, ch. 179, § 4; L. 2011, ch. 114, § 48; Jan. 1, 2012.

**65-1155**

**Expiration of authorizations to practice; renewal; lapsed authorization; reinstatement fee.** (a) All authorizations to practice under this act, whether initial or renewal, shall expire every two years. The biennial authorizations to practice as a registered nurse anesthetist shall expire at the same time as the license to practice as a registered nurse. The board shall send a notice for renewal of the authorization to practice to every registered nurse anesthetist at least 60 days prior to the expiration date of such person's authorization to practice. To renew such authorization to practice the registered nurse anesthetist shall file with the board, before the date of expiration of such authorization to practice, a renewal application together with the prescribed biennial renewal fee. Upon satisfaction of the requirements of subsection (a) of K.S.A. 65-1159, and amendments thereto, the board shall grant the renewal of an authorization to practice as a registered nurse anesthetist to the applicant.

(b) Any person who fails to secure the renewal of an authorization to practice prior to the expiration of the authorization may secure a reinstatement of such lapsed authorization by making application on a form provided by the board. Such reinstatement shall be granted upon receipt of proof that the applicant is competent and qualified to act as a registered nurse anesthetist, has satisfied all of the requirements and has paid the board a reinstatement fee as established by the board by rules and regulations in accordance with K.S.A. 65-1118, and amendments thereto.

History: L. 1986, ch. 183, § 5; L. 1988, ch. 242, § 3; L. 1993, ch. 194, § 16; L. 2007, ch. 99, § 3; July 1.

**65-1158**

**Duties of registered nurse anesthetists.** (a) Upon the order of a physician or dentist requesting anesthesia or analgesia care, each registered nurse anesthetist shall be authorized to:

- (1) Conduct a pre- and post-anesthesia and pre- and post-analgesia visit and assessment with appropriate documentation;
- (2) develop a general plan of anesthesia care with the physician or dentist;
- (3) select the method for administration of anesthesia or analgesia;
- (4) select or administer appropriate medications and anesthetic agents during the peri-anesthetic or peri-analgesic period;
- (5) order necessary medications and tests in the peri-anesthetic or peri-analgesic period;
- (6) induce and maintain anesthesia or analgesia at the required levels;
- (7) support life functions during the peri-anesthetic or peri-analgesic period;
- (8) recognize and take appropriate action with respect to patient responses during the peri-anesthetic or peri-analgesic period;
- (9) manage the patient's emergence from anesthesia or analgesia; and
- (10) participate in the life support of the patient.

(b) Each registered nurse anesthetist may participate in periodic and joint evaluation of services rendered, including, but not limited to, chart reviews, case reviews, patient evaluation and outcome of case statistics.

(c) A registered nurse anesthetist shall perform duties and functions in an interdependent role as a member of a physician or dentist directed health care team.

History: L. 1986, ch. 183, § 8; L. 1988, ch. 242, § 4; L. 1996, ch. 179, § 5; L. 2010, ch. 33, § 1; July 1.

**65-1159**

**Qualifications of applicant for renewal of an authorization to practice; continuing education. (a)**

The applicant for renewal of an authorization to practice as a registered nurse anesthetist shall:

- (1) Have met the continuing education requirements for a registered nurse anesthetist as developed by the board or by a national organization whose certifying standards are approved by the board as equal to or greater than the corresponding standards established under this act;
- (2) be currently licensed as a professional nurse; and
- (3) have paid all applicable fees provided for in this act as fixed by rules and regulations of the board.

(b) Continuing education credits approved by the board for purposes of this subsection may be applied to satisfy the continuing education requirements established by the board for licensed professional nurses under K.S.A. 65-1117 and amendments thereto if the board finds such continuing education credits are equivalent to those required by the board under K.S.A. 65-1117 and amendments thereto.

History: L. 1986, ch. 183, § 9; L. 1996, ch. 179, § 6; July 1.

**65-1162**

**Unlawful acts.** (a) Except as otherwise provided in K.S.A. 65-1151 to 65-1163, inclusive, and amendments thereto any licensed professional nurse or licensed practical nurse who engages in the administration of general or regional anesthesia without being authorized by the board to practice as a registered nurse anesthetist is guilty of a class A misdemeanor.

(b) Any person, corporation, association or other entity, except as otherwise provided in K.S.A. 65-1151 to 65-1163, inclusive, and amendments thereto who engages in any of the following activities is guilty of a misdemeanor:

- (1) Employing or offering to employ any person as a registered nurse anesthetist with knowledge that such person is not authorized by the board to practice as a registered nurse anesthetist;
- (2) fraudulently seeking, obtaining or furnishing documents indicating that a person is authorized by the board to practice as a registered nurse anesthetist when such person is not so authorized, or aiding and abetting such activities;
- (3) using in connection with one's name the title registered nurse anesthetist, the abbreviation R.N.A., or any other designation tending to imply that such person is authorized by the board to practice as a registered nurse anesthetist when such person is not authorized by the board to practice as a registered nurse anesthetist; or
- (4) violation of the Kansas nurse practice act or rules and regulations adopted pursuant thereto.

(c) Any person who violates subsection (b) of this section is guilty of a class B misdemeanor except that upon conviction of a second or subsequent violation of this section, the person is guilty of a class A misdemeanor.

History: L. 1986, ch. 183, § 12; L. 1993, ch. 194, § 4; July 1.

**65-1163 Application of act.** Nothing in this act shall:

- (a) Prohibit administration of a drug by a duly licensed professional nurse, licensed practical nurse or other duly authorized person for the alleviation of pain, including administration of local anesthetics;
- (b) apply to the practice of anesthesia by a person licensed to practice medicine and surgery, a licensed dentist or a licensed podiatrist;
- (c) prohibit the practice of nurse anesthesia by students enrolled in approved courses of study in the administration of anesthesia or analgesic as a part of such course of study;
- (d) apply to the administration of a pudendal block by a person who holds a valid license as an advanced practice registered nurse in the role of nurse-midwife;
- (e) apply to the administration by a licensed professional nurse of an anesthetic, other than general anesthesia, for a dental operation under the direct supervision of a licensed dentist or for a dental operation under the direct supervision of a person licensed to practice medicine and surgery;
- (f) prohibit the practice by any registered nurse anesthetist who is employed by the United States government or in any bureau, division or agency thereof, while in the discharge of official duties; or
- (g) prohibit a registered professional nurse from administering general anesthetic agents to a patient on ventilator maintenance in critical care units when under the direction of a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

History: L. 1986, ch. 183, § 13; L. 1988, ch. 246, § 15; L. 1996, ch. 179, § 7; L. 2001, ch. 161, § 10; L. 2011, ch. 114, § 49; Jan. 1, 2012.

**65-1164**     **Rules and regulations.** The board of nursing may adopt rules and regulations as necessary to administer the provisions of K.S.A. 65-1151 to 65-1163, inclusive, and amendments thereto.  
History:   L. 1987, ch. 234, § 3; July 1

## Rules and Regulations

**60-13-101**

**Payment of fees.** Payment of fees for registered nurse anesthetists shall be as follows:

- (a) Initial application for authorization as a registered nurse anesthetist \$75.00
- (b) Biennial renewal of authorization as a registered nurse anesthetist \$55.00
- (c) Application for reinstatement of authorization as a registered nurse anesthetist without temporary permit \$60.00
- (d) Application for reinstatement of authorization with temporary permit as a registered nurse anesthetist \$70.00
- (e) Initial application with temporary authorization to practice as a registered nurse anesthetist \$110.00
- (f) Certified copy of authorization to practice as a registered nurse anesthetist \$20.00

This regulation shall be effective on and after July 1, 2014. (Authorized by K.S.A. 65-1129 and 65-1164; implementing K.S.A. 2013 Supp. 65-1118, 65-1154, 65-1155; effective, T-87-38, Nov. 19, 1986; effective May 1, 1987; amended May 17, 1993; amended Feb. 6, 1995; amended July 1, 2001; amended July 1, 2014.)



**60-13-102**

**Approval procedure.** (a) Each institution planning to offer a program in registered nurse anesthesia shall:

(1) notify the board of nursing and supply such information as the board of nursing may request;

(2) employ a qualified nurse anesthetist administrator. The name and qualifications of the administrator of the program shall be submitted to the board of nursing; and

(3) employ a second faculty member.

(b) In addition to the requirements in paragraph (a), each program for registered nurse anesthetists established after July 1, 1988 within the state of Kansas, shall be at the masters level. Upon successful completion of the program requirements, the school shall award the student a masters degree.

(c)(1) Written notification of the board's decision to approve or disapprove the program shall be sent to the institution. The program shall be approved by the board of nursing prior to the admission of students.

(2) Discontinuing a school of nurse anesthesia. Each school terminating its program shall submit a plan to the board for approval. The plan shall provide for students currently enrolled to complete their program and for the disposition of school records.

(3) Out of state programs. Out of state programs preparing registered nurse anesthetists may be approved after board of nursing review. (Authorized by K.S.A. 1986 Supp. 64-1160(b), L. 1987, Ch. 234, Sec. 3; implementing K.S.A. 1986 Supp. 65-1152(b); effective, T-88-48, Dec. 46, 1987; effective May 1, 1988.)

**60-13-103**

**School approval requirements.** (a) In order for a school of nurse anesthesia to be approved by the board of nursing, consideration shall be given as to whether the school meets the requirements in standards I, II, III, IV, and V and the appendix in the "standards for accreditation of nurse anesthesia educational programs," as revised by the council on accreditation of nurse anesthesia educational programs in January 2006 and effective March 1, 2006. These portions are hereby adopted by reference.

(b) An up-to-date list of approved programs shall be prepared and kept by the board.

(c) A program shall not be approved without the formal action of the board.

(d) (1) A program review shall be conducted by the board at least once every five years, or in conjunction with the council on accreditation review cycles.

(2) The school shall submit to the board of nursing for review a copy of a self-study report documenting compliance with the established standards.

(3) Additional information may be requested by the board of nursing to assess the school's compliance with standards.

(4) An on-site visit to the school of nurse anesthesia may be conducted by the board of nursing if there is reason to believe that the program is in violation of the established standards or if the program is placed on public probation by the council on accreditation. (Authorized by K.S.A. 65-1164; implementing K.S.A. 65-1152; effective, T-88-48, Dec. 16, 1987; effective May 1, 1988; amended March 22, 2002; amended March 6, 2009.)

**60-13-104**

**Exam approval.** The content outline of the examination administered by the council on certification of nurse anesthetists shall be reviewed and approved annually by the board of nursing. (Authorized by K.S.A. 65-1164; implementing K.S.A. 65-1152; effective, T-88-48, Dec. 16, 1987; effective May 1, 1988; amended March 6, 2009.)

**60-13-110**

**Reinstatement of inactive or lapsed authorization.** (a) Any nurse anesthetist whose Kansas authorization is inactive or has lapsed may, within five years of its expiration date, reinstate the authorization by submitting proof that the applicant has met either of the following requirements:

- (1) Obtained 30 hours of continuing nursing education related to nurse anesthesia within the preceding two-year period; or
- (2) been authorized in another jurisdiction and, while authorized in that jurisdiction, has accumulated 1,000 hours of nurse anesthesia practice within the preceding five-year period.

(b) Any nurse anesthetist whose Kansas authorization is inactive or has been lapsed for more than five years beyond its expiration date may reinstate the authorization by submitting evidence of having attained either of the following:

- (1) A total of 1,000 hours of nurse anesthesia practice in another jurisdiction within the preceding five-year period and 30 hours of continuing nursing education related to nurse anesthesia within the preceding two-year period; or
- (2) satisfactory completion of a refresher course approved by the board. (Authorized by K.S.A. 65-1164; implementing K.S.A. 65-1155; effective Sept. 2, 1991; amended May 9, 1994; amended March 22, 2002; amended Aug 21, 2020.)

**60-13-111**

**Continuing education definitions.** Continuing education terms shall have the meanings in K.A.R. 60-9-105. (Authorized by K.S.A. 1990 Supp. 65-1164; implementing K.S.A. 1990 Supp. 65-1159; effective Sept. 2, 1991.)

**60-13-112**

**License renewal.** (a) Each license to practice as a registered nurse anesthetist (RNA) in Kansas shall be subject to the same biennial expiration dates as those specified in K.A.R 60-3-108 for the registered professional nurse license in Kansas.

(b) Each individual renewing a license shall have completed the required 30 contact hours of approved continuing nursing education (CNE) related to nurse anesthesia during the most recent prior licensure period. Proof of completion of 30 contact hours of approved CNE in the nurse anesthesia role may be requested by the board. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

(c) The number of contact hours assigned to any offering that includes a recognized standard curriculum shall be determined by the board.

(d) Any individual attending any offering not previously approved by the board may submit an application for an individual offering approval (IOA). Credit may be given for offerings that the licensee demonstrates as having a relationship to the practice of nurse anesthesia. Each separate offering shall be approved before the individual submits the license renewal application.

(e) Approval shall not be granted for identical offerings completed within the same license renewal period.

(f) Any individual renewing a license may accumulate 15 contact hours of the required CNE from instructor credit. Each presenter shall receive instructor credit only once for the preparation and presentation of each course. The provider shall issue a certificate listing the number of contact hours earned and clearly identifying the hours as instructor credit.

(g) Fractions of contact hours may be accepted for offerings over 30 minutes.

(h) All CNE accumulated for RNA license renewal shall also be applicable to the renewal of the registered professional nurse license. (Authorized by K.S.A. 65-1164; implementing K.S.A. 65-1159; effective Sept. 2, 1991; amended Feb. 16, 1996; amended Oct. 12, 2001; amended July 29, 2005; amended May 18, 2012.)

**60-13-113**

**Approval of registered nurse anesthetist continuing education.** Approval of registered nurse anesthetist continuing education shall follow the rules of K.A.R. 60-9-107. (Authorized by K.S.A. 1989 Supp. 65-1164; implementing K.S.A. 1989 Supp. 65-1159; effective March 9, 1992.)

## Licensed Mental Health Technician Act

**65-4201**     **Citation of act.** This act may be cited as the mental health technician's licensure act.  
History: L. 1973, ch. 308, § 1; July 1, 1974.



**65-4202**     **Definitions.** As used in this act: (a) "Board" means the board of nursing.

(b) The "practice of mental health technology" means the performance, under the direction of a physician licensed to practice medicine and surgery or registered professional nurse, of services in caring for and treatment of the mentally ill, emotionally disturbed, or people with intellectual disability for compensation or personal profit that:

(1) Involve participation and provision of input into the development of person-centered treatment plans and therapeutic procedures for individuals or groups of individuals specified in subsection (b) requiring interpersonal and technical skills in the observations and recognition of symptoms and reactions of such individuals, the accurate recording of such symptoms and reactions and the carrying out of treatments and medications as prescribed by a licensed physician or a mid-level practitioner as defined in K.S.A. 65-1626, and amendments thereto;

(2) require an application of techniques and procedures that involve understanding of cause and effect and the safeguarding of life and health of the individual and others; and

(3) require the performance of duties that are necessary to facilitate habitation and rehabilitation of the individual or are necessary in the physical, therapeutic and psychiatric care of the individual and require close work with persons licensed to practice medicine and surgery, psychiatrists, psychologists, rehabilitation therapists, social workers, registered nurses, and other professional personnel.

(c) A "licensed mental health technician" means a person who lawfully practices mental health technology as defined in this act.

(d) An "approved course in mental health technology" means a program of training and study including a basic curriculum that shall be prescribed and approved by the board in accordance with the standards prescribed herein, the successful completion of which shall be required before licensure as a mental health technician, except as hereinafter provided.

History: L. 1973, ch. 308, § 2; L. 1988, ch. 259, § 1; L. 1992, ch. 151, § 3; L. 1999, ch. 115, § 17; L. 2012, ch. 91, § 44; L. 2017, ch. 34, § 22; L. 2017, ch. 100, § 4; July 1.

**65-4203**

**Licensure of mental health technicians; application; qualifications; examination; refresher course; temporary permits; exempt license; rules and regulations.** (a) Qualification. An applicant for a license to practice as a mental health technician shall:

- (1) Have graduated from a high school accredited by the appropriate legal accrediting agency or have obtained the equivalent of a high school education, as determined by the state department of education;
- (2) have satisfactorily completed an approved course of mental health technology; and
- (3) file with the board a written application for a license.

(b) The board may issue a license to an applicant to practice as a mental health technician who has:

- (1) Met the qualifications set forth in subsection (a);
- (2) passed a written examination in mental health technology as prescribed by the board; and
- (3) no disqualifying factors under K.S.A. 65-4209, and amendments thereto.

(c) Licensure examination within 24 months of graduation. (1) Persons who do not take the licensure examination within 24 months after graduation shall petition the board for permission prior to taking the licensure examination. The board may require the applicant to submit and complete a plan of study prior to taking the licensure examination.

(2) Persons who are unsuccessful in passing the licensure examination within 24 months after graduation shall petition the board for permission prior to subsequent attempts. The board may require the applicant to submit and complete a plan of study prior to taking the licensure examination a subsequent time. The study plan shall contain subjects related to deficiencies identified on the failed examination profiles.

(d) An application for initial licensure will be held awaiting completion of meeting qualifications for a time period specified in rules and regulations.

(e) Refresher course. Notwithstanding the provisions of subsection (a), an applicant for a license to practice as a mental health technician who has not been licensed to practice as a mental health technician for five years preceding application shall be required to successfully complete a refresher course as defined by the board in rules and regulations.

(f) The board may issue a one-time temporary permit to practice as a mental health technician for a period not to exceed 120 days when a reinstatement application has been made.

(g) Exempt license. The board may issue an exempt license to any licensee as defined in rules and regulations who makes written application for such license on a form provided by the board, who remits a fee as established pursuant to K.S.A. 65-4208, and amendments thereto, and who is not regularly engaged in mental health technician practice in Kansas but volunteers mental health technician service or is a charitable health care provider as defined by K.S.A. 75-6102, and amendments thereto. Each

exempt licensee shall be subject to all provisions of the mental health technician act, except as otherwise provided in this subsection (e). Each exempt license may be renewed biennially subject to the provisions of this section. The holder of the exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing education for renewal. To convert an exempt license to an active license, the exempt licensee shall meet all the requirements of subsection (b) or K.S.A. 65-4205, and amendments thereto. The board shall have authority to write rules and regulations to carry out the provisions of this section.

(h) The board may adopt rules and regulations as necessary to administer the mental health technician's licensure act.

History: L. 1973, ch. 308, § 3; L. 1975, ch. 333, § 1; L. 1983, ch. 207, § 5; L. 1987, ch. 247, § 1; L. 1992, ch. 151, § 4; L. 1993, ch. 194, § 17; L. 1995, ch. 97, § 4; L. 1997, ch. 158, § 8; L. 1999, ch. 84, § 4; L. 2001, ch. 161, § 11; L. 2017, ch. 31, § 4; July 1.

**65-4204**     **Title and abbreviations.** Any person so licensed as a mental health technician in this state shall have the right to use the title "licensed mental health technician" and the abbreviation "L.M.H.T.," and it shall be unlawful for any person not licensed as herein provided to assume or use such title or abbreviation.

History:   L. 1973, ch. 308, § 4; July 1, 1974.

65-4205

**Renewal of license; application; fees; continuing education; renewal of lapsed license; notification of change in name or address or criminal conviction.** (a) The board shall send a notice for renewal of license to all licensed mental health technicians at least 60 days prior to the expiration date of December 31. Every mental health technician who desires to renew a license shall file with the board, on or before December 31 of even-numbered years, a renewal application together with the prescribed renewal fee. Every licensee who is no longer engaged in the active practice of mental health technology may so state by affidavit and submit such affidavit with the renewal application. An inactive license may be requested along with payment of a fee as determined by rules and regulations of the board.

Except for the first renewal for a license that expires within 30 months following licensure examination or for renewal of a license that expires within the first nine months following licensure by reinstatement or endorsement, every licensee with an active mental health technology license shall submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the board. The board by duly adopted rules and regulations shall establish the requirements for such program of continuing education. Continuing education means learning experiences intended to build upon the educational and experiential bases of the licensed mental health technician for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.

Upon receipt of such application and evidence of satisfactory completion of the required program of continuing education and upon being satisfied that the applicant meets the requirements set forth in K.S.A. 65-4203, and amendments thereto, in effect at the time of initial licensure of the applicant, the board shall verify the accuracy of the application and grant a renewal license.

(b) Any licensee who fails to secure a renewal license within the time specified may secure a reinstatement of such lapsed license by making verified application therefor on a form prescribed by the board together with the prescribed reinstatement fee and, satisfactory evidence as required by the board that the applicant is presently competent and qualified to perform the responsibilities of a mental health technician and of satisfying all the requirements for reinstatement. A reinstatement application for licensure will be held awaiting completion of such documentation as may be required, but such application shall not be held for a period of time in excess of that specified in rules and regulations.

(c) (1) Each licensee shall notify the board in writing of (A) a change in name or address within 30 days of the change or (B) a conviction of any felony or misdemeanor, that is specified in rules and regulations adopted by the board, within 30 days from the date the conviction becomes final.

(2) As used in this subsection, "conviction" means a final conviction without regard to whether the sentence was suspended or probation granted after such conviction. Also, for the purposes of this subsection, a forfeiture of bail, bond or collateral deposited to secure a defendant's appearance in court, which forfeiture has not been vacated, shall be equivalent to a conviction. Failure to so notify the board shall not constitute a defense in an action relating to failure to renew a license, nor shall it constitute a defense in any other proceeding.

History: L. 1973, ch. 308, § 5; L. 1983, ch. 207, § 6; L. 1993, ch. 194, § 18; L. 1995, ch. 97, § 5; L. 1997, ch. 146, § 3; L. 2007, ch. 99, § 4; July 1.

65-4206

**Approved courses of mental health technology; standards; qualifications; providers of continuing education offerings.**

(a) An approved course of mental health technology is one which has been approved by the board as meeting the standards of this act and the rules and regulations of the board. The course, at a minimum, shall be of six months duration in which the institution shall provide for 18 weeks of schooling, one-half devoted to classroom instruction and one-half to clinical experience and shall include the study of:

- (1) Basic nursing concepts;
- (2) psychiatric therapeutic treatment; and
- (3) human growth, development and behavioral sciences.

(b) An institution which intends to offer a course on mental health technology shall apply to the board for approval and submit evidence that the institution is prepared to and will maintain the standards and curriculum as prescribed by this act and the rules and regulations of the board. The application shall be made in writing upon a form prescribed by the board with the application fee fixed by the board by rules and regulations.

(c) The approval of a school of mental health technology shall expire five years after the granting of such approval by the board. An institution desiring to continue to conduct a course of mental health technology shall apply to the board for the renewal of approval and submit satisfactory proof that the institution will maintain the standards and the basic mental health technology curriculum as prescribed by this act and the rules and regulations of the board. Applications for renewal of approval shall be made in writing on forms supplied by the board. Each institution offering a course of mental health technology shall submit annually to the board an annual fee fixed by the board by rules and regulations to maintain approval status.

(d) Providers of continuing education. (1) To qualify as an approved provider of continuing education offerings, persons, organizations or institutions proposing to provide such continuing education offerings shall apply to the board for approval and submit evidence that the applicant is prepared to meet the standards and requirements established by the rules and regulations of the board for such continuing education offerings. Initial applications shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board.

(2) A long-term provider means a person, organization or institution that is responsible for the development, administration and evaluation of continuing education programs and offerings. Qualification as a long-term approved provider of continuing education offerings shall expire five years after the granting of such approval by the board. An approved long-term provider of continuing education offerings shall submit annually to the board the annual fee established by rules and regulations, along with an annual report for the previous fiscal year. Applications for renewal as an approved long-term provider of continuing education offerings shall be made in writing on forms supplied by the board.

(3) Qualification as an approved provider of a single continuing education offering, which may be offered once or multiple times, shall expire two years after the granting of such approval by the board. Approved single continuing education providers shall not be subject to an annual fee or annual report.

(4) In accordance with rules and regulations adopted by the board, the board may approve individual educational offerings for continuing education which shall not be subject to approval under other subsections of this section.

(5) The board shall accept offerings as approved continuing education presented by: Colleges that are approved by a state or the national department of education and providers approved by other state boards of nursing, the national league for nursing, the national federation of licensed practical nurses, the American nurses credentialing center or other such national organizations as listed in rules and regulations adopted by the board.

History: L. 1973, ch. 308, § 6; L. 1992, ch. 151, § 5; L. 1997, ch. 146, § 4; May 8.

65-4207

**List of approved courses; survey of proposed course and institution; resurvey; notice to deficient institution; removal from list; records.** (a) The board shall prepare and maintain a master list of approved courses on mental health technology: (1) Which qualify graduates thereof, if they have the other necessary qualifications provided for in this act, to be eligible to apply for a license as a mental health technician; and (2) which meet the requirements of the board for qualification under a continuing education program for licensed mental health technicians.

(b) A survey of the proposed course and of the institution applying for accreditation of the course on mental health technology shall be made by an authorized employee of the board or members of the board who shall submit a written report concerning such study. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about such course and institution. In entering such contracts the authority to approve such courses shall remain solely with the board.

(c) If, in the opinion of the board, the requirements as prescribed in its rules and regulations for approved courses of mental health technology are met, it shall approve the application and course and post evidence of such approval upon the master list. From time to time, as deemed necessary, the board shall cause to be made a resurvey of approved courses and shall have written reports of such resurvey submitted. If the board determines that any previously approved course is not maintaining the content required by this act and by the rules and regulations prescribed, a notice thereof shall be given immediately to the institution specifying the nature and extent of the deficiency. A failure to correct such condition or conditions to the satisfaction of the board within one year following the notice shall cause the course to be removed from the master list of approved courses on mental health technology. Personnel conducting approved courses shall maintain accurate and current records showing in full the theoretical and practical instruction given to all students.

History: L. 1973, ch. 308, § 7; L. 1983, ch. 207, § 9; L. 1988, ch. 243, § 11; July 1.



**65-4208**

**Fees.** (a) The board shall collect in advance the fees provided for in this act, the amount of which shall be fixed by the board by rules and regulations, but not to exceed:

(1) Mental health technician programs:

Annual renewal of program approval \$110

Survey of a new program \$220

Application for approval of continuing education providers \$200

Annual fee for continuing education providers \$75

(2) Mental health technicians:

Application for license \$50

Application for renewal of license \$60

Application for reinstatement \$70

Application for reinstatement of license with temporary permit \$75

Certified copy of license \$12

Duplicate of license \$12

Inactive license \$20

Verification of current Kansas license to other states \$11

Application for exempt license \$50

Application for biennial renewal of exempt license \$50

(b) The board shall require that fees for an examination prescribed by the board be paid directly to the examination service providing the examination by the person taking the examination.

(c) The board shall accept for payment of fees under this section personal checks, certified checks, cashier's checks, money orders or credit cards. The board may designate other methods of payment, but shall not refuse payment in the form of a personal check. The board may impose additional fees and recover any costs incurred by reason of payments made by personal checks with insufficient funds and payments made by credit cards.

History: L. 1973, ch. 308, § 8; L. 1980, ch. 188, § 3; L. 1983, ch. 207, § 7; L. 1988, ch. 260, § 1; L. 1992, ch. 135, § 6; L. 1997, ch. 158, § 9; L. 1999, ch. 84, § 6; L. 2017, ch. 31, § 5; July 1.

65-4209

**Grounds for disciplinary actions; proceedings; witnesses; costs; professional incompetency defined; criminal history record information.** (a) The board may deny, revoke, limit or suspend any license to practice as a mental health technician issued or applied for in accordance with the provisions of this act, may publicly or privately censure a licensee or may otherwise discipline a licensee upon proof that the licensee:

- (1) Is guilty of fraud or deceit in procuring or attempting to procure a license to practice mental health technology;
  - (2) is unable to practice with reasonable skill and safety due to current abuse of drugs or alcohol;
  - (3) to be a person who has been adjudged in need of a guardian or conservator, or both, under the act for obtaining a guardian or conservator, or both, and who has not been restored to capacity under that act;
  - (4) is incompetent or grossly negligent in carrying out the functions of a mental health technician;
  - (5) has committed unprofessional conduct as defined by rules and regulations of the board;
  - (6) has been convicted of a felony or has been convicted of a misdemeanor involving an illegal drug offense, unless the applicant or licensee establishes sufficient rehabilitation to warrant the public trust, except that notwithstanding K.S.A. 74-120, and amendments thereto, no license, certificate of qualification or authorization to practice as a licensed mental health technician shall be granted to a person with a felony conviction for a crime against persons as specified in article 34 of chapter 21 of the Kansas Statutes Annotated, prior to their repeal, or article 54 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2019 Supp. 21-6104, 21-6325, 21-6326 or 21-6418, and amendments thereto;
  - (7) has committed an act of professional incompetency as defined in subsection (e);
  - (8) to have willfully or repeatedly violated the provisions of the mental health technician's licensure act or rules and regulations adopted under that act and amendments thereto; or
  - (9) to have a license to practice mental health technology denied, revoked, limited or suspended, or to be publicly or privately censured, by a licensing authority of another state, agency of the United States government, territory of the United States or country or to have other disciplinary action taken against the applicant or licensee by a licensing authority of another state, agency of the United States government, territory of the United States or country. A certified copy of the record or order of public or private censure, denial, suspension, limitation, revocation or other disciplinary action of the licensing authority of another state, agency of the United States government, territory of the United States or country shall constitute prima facie evidence of such a fact for purposes of this paragraph (9).
- (b) Upon filing a sworn complaint with the board charging a person with having been guilty of any of the unlawful practices specified in subsection (a), two or more members of the board shall investigate the charges, or the board may designate and authorize an employee or employees of the board to conduct an investigation. After investigation, the board may institute charges. If an investigation, in the opinion of the board, reveals reasonable grounds to believe the applicant or licensee is guilty of the

charges, the board shall fix a time and place for proceedings, which shall be conducted in accordance with the Kansas administrative procedure act.

(c) No person shall be excused from testifying in any proceedings before the board under the mental health technician's licensure act or in any civil proceedings under such act before a court of competent jurisdiction on the ground that the testimony may incriminate the person testifying, but such testimony shall not be used against the person for the prosecution of any crime under the laws of this state except the crime of perjury as defined in K.S.A. 2019 Supp. 21-5903, and amendments thereto.

(d) If final agency action of the board in a proceeding under this section is adverse to the applicant or licensee, the costs of the board's proceedings shall be charged to the applicant or licensee as in ordinary civil actions in the district court, but if the board is the unsuccessful party, the costs shall be paid by the board. Witness fees and costs may be taxed by the board according to the statutes relating to procedure in the district court. All costs accrued by the board, when it is the successful party, and which the attorney general certifies cannot be collected from the applicant or licensee shall be paid from the board of nursing fee fund. All moneys collected following board proceedings shall be credited in full to the board of nursing fee fund.

(e) As used in this section, "professional incompetency" means:

(1) One or more instances involving failure to adhere to the applicable standard of care to a degree which constitutes gross negligence, as determined by the board;

(2) repeated instances involving failure to adhere to the applicable standard of care to a degree which constitutes ordinary negligence, as determined by the board; or

(3) a pattern of practice or other behavior which demonstrates a manifest incapacity or incompetence to practice mental health technology.

(f) The board upon request shall receive from the Kansas bureau of investigation such criminal history record information relating to criminal convictions as necessary for the purpose of determining initial and continuing qualifications of licensees of and applicants for licensure by the board.

(g) All proceedings under this section shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

History: L. 1973, ch. 308, § 9; L. 1983, ch. 207, § 8; L. 1984, ch. 313, § 129; L. 1987, ch. 247, § 2; L. 1993, ch. 194, § 5; L. 1995, ch. 97, § 6; L. 1997, ch. 158, § 10; L. 2011, ch. 30, § 245; July 1.

**65-4210**

**Disciplinary proceedings; complaint; notice and hearing.** (a) If a sworn complaint is filed with the board by any person charging a mental health technician with having been guilty of any of the actions specified as a ground for disciplinary action, the board shall fix a time and place for hearing and shall cause a copy of the charges, together with a notice of the time and place fixed for the hearing, to be personally served on the accused mental health technician, in the manner provided by the provisions of the Kansas administrative procedure act.

(b) The hearing shall be conducted in accordance with the provisions of the Kansas administrative procedure act. If the accused mental health technician is found guilty of the charges, or any of them, the board may withhold, revoke, or suspend an existing license, or otherwise discipline a licensee as provided in this act. A revoked or suspended license may be reissued thereafter by the board in its discretion.

(c) Any meeting of the board may be adjourned or continued by an affirmative vote of a majority of the board members present at the hearing or meeting.

History: L. 1973, ch. 308, § 10; L. 1983, ch. 216, § 2; L. 1984, ch. 313, § 130; July 1, 1985.

**65-4211**     **Judicial review.** (a) Any person aggrieved by a decision of the board, and affected thereby, shall be entitled to judicial review in accordance with the provisions of the Kansas judicial review act.

(b) Any party may have review of the final judgment or decision of the district court by appeal to the supreme court pursuant to the Kansas judicial review act.

History: L. 1973, ch. 308, § 11; L. 1984, ch. 313, § 131; L. 2010, ch. 17, § 159; July 1.

**65-4212**

**Exclusions.** The provisions of this act shall not be construed as prohibiting: (a) Gratuitous care of the mentally ill, emotionally disturbed or people with intellectual disability by friends or members of the family;

(b) the practice of mental health technology by students enrolled in approved courses of mental health technology;

(c) the practice of mental health technology by graduates of an approved course in mental health technology who are practicing as mental health technicians pending the results of the first licensing examination scheduled by the board following graduation;

(d) practice by short-term trainees exploring the practice of mental health technology as a prospective vocation;

(e) service conducted in accordance with the practice of the tenets of any religious denomination in which persons of good faith rely solely upon spiritual means or prayer in the exercise of their religion to prevent or cure disease;

(f) the practice of any legally qualified mental health technician of this state or another who is employed by the United States government of [or] any bureau, division or agency thereof, while in the discharge of official duties;

(g) temporary assistance in the therapeutic care of individuals where adequate medical, nursing, and/or other supervision is provided;

(h) subsidiary workers in hospitals or related institutions from assisting in the nursing care of individuals where adequate medical and nursing supervision is provided; and

(i) the employment of psychiatric aides who have received at least three months instruction in an approved basic aide training program and who work under the supervision of licensed personnel.

History: L. 1973, ch. 308, § 12; L. 1976, ch. 281, § 1; L. 2012, ch. 91, § 45; L. 2017, ch. 31, § 6; July 1.

**65-4213**     **Injunctions.** When it appears to the board that any person is violating any of the provisions of this act or that any person, firm, corporation, institution or association is employing one not licensed under this act, the board may bring an action in a court of competent jurisdiction for an injunction against such violation without regard to whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted.

History: L. 1973, ch. 308, § 13; July 1, 1974

**65-4214 Violations; penalties.** (a) It is a violation of law for any person, including any corporation, association, partnership to:

- (1) Fraudulently obtain, sell, transfer, or furnish any mental health technician diploma, license, renewal of license or record, or aid or abet another therein;
- (2) advertise, represent, or hold oneself out in any manner as a mental health technician or to practice as a mental health technician without having a license to so practice issued under the mental health technician's licensure act, except as provided in K.S.A. 65-4212 and amendments thereto;
- (3) use in connection with one's name any designation intending to imply that such person is a licensed mental health technician without having such license issued as herein provided;
- (4) practice as a mental health technician during the time such person's license is suspended or revoked;
- (5) otherwise violate any of the provisions of the mental health technician's licensure act; or
- (6) represent that a provider of continuing education is approved for educating mental health technicians, unless the provider of continuing education has been approved by the board and the approval is in full force.

(b) Any person who violates this section is guilty of a class B misdemeanor, except that, upon conviction of a second or subsequent violation of this section, such person is guilty of a class A misdemeanor.

History: L. 1973, ch. 308, § 14; L. 1993, ch. 194, § 6; July 1.



**65-4215 Practice of medicine not authorized.** Nothing in this act shall be construed as authorizing a licensed mental health technician to practice medicine or surgery or to undertake the prevention, treatment or cure of disease, pain, injury, deformity or mental or physical condition.

History: L. 1973, ch. 308, § 15; July 1, 1974.

**65-4216**

**Report of certain actions of mental health technician; persons required to report; medical care facility which fails to report subject to civil fine; definitions.** (a) Subject to the provisions of subsection (c) of K.S.A. 65-4923, and amendments thereto:

(1) Every employer of a mental health technician shall report under oath to the board of nursing any information such employer has which appears to show that a mental health technician has committed an act which may be a ground for disciplinary action pursuant to K.S.A. 65-4209, and amendments thereto, or that the employer has taken disciplinary action against a mental health technician for committing any such act or has accepted the resignation of a mental health technician in lieu of taking disciplinary action therefor.

(2) Every health care provider shall report under oath to the board of nursing any information such health care provider has which appears to show that a mental health technician has committed an act which may be a ground for disciplinary action pursuant to K.S.A. 65-4209, and amendments thereto.

(3) Any person, other than those persons specified in provisions (1) and (2), may report under oath to the board of nursing any information such person has which appears to show that a mental health technician has committed an act which may be a ground for disciplinary action pursuant to K.S.A. 65-4209, and amendments thereto.

(b) Any medical care facility which fails to report within 30 days after the receipt of information required to be reported by this section shall be reported by the board of nursing to the secretary of health and environment and shall be subject, after proper notice and an opportunity to be heard, to a civil fine assessed by the secretary of health and environment in an amount not exceeding \$1,000 per day for each day thereafter that the incident is not reported. All fines assessed and collected under this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the state general fund.

(c) As used in this section:

(1) "Medical care facility" has the meaning provided by K.S.A. 65-4921, and amendments thereto.

(2) "Health care provider" has the meaning provided by K.S.A. 65-4921, and amendments thereto.

History: L. 1983, ch. 216, § 1; L. 1988, ch. 236, § 6; L. 2001, ch. 5, § 255; July 1

**65-4217 Immunity from liability in civil actions for reporting, communicating or investigating certain information.** (a) No person reporting to the board of nursing under oath and in good faith any information such person is required to report or is authorized to report under K.S.A. 65-4216 and amendments thereto shall be subject to a civil action for damages as a result of reporting such information.

(b) Any state, regional or local association of licensed mental health technicians, and the individual members of any committee thereof, which in good faith investigates or communicates information to the board of nursing or to any committee or agent thereof pertaining to the alleged commission by a mental health technician of an act which may be a ground for disciplinary action pursuant to K.S.A. 65-4209 and amendments thereto shall be immune from liability in any civil action that is based upon such information or transmittal of information if the investigation and communication were made in good faith and did not represent as true any matter not reasonably believed to be true.

History: L. 1983, ch. 216, § 3; L. 1988, ch. 236, § 7; July 1.

## Rules and Regulation

### Approval of Educational Programs for Mental Health Technicians

60-5-102

**Approval procedure.** A. An institution contemplating the establishment of a program for mental health technicians: 1. Shall write a letter of intent to the Kansas state board of nursing.  
(2) Shall submit the name and qualifications of the nurse administrator to the board of nursing for approval.  
(3) Shall employ a qualified nurse administrator.  
(4) Shall employ a second faculty member.  
(5) Shall file with the board an application for an approved program two months prior to the anticipated opening date with the payment of any required fees.  
(6) Shall receive in writing the decision of the board.  
(7) Shall be approved prior to the admission of students. (Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; modified, L. 1975, Ch. 302, Sec. 6, May 1, 1975.)

**60-5-103**

**Discontinuing a program for mental health technicians.** A program terminating its course shall submit for approval to the board the plan for students currently enrolled and the disposition of records. (Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective May 1, 1975.)

## Requirements for Approved Programs for Mental Health Technicians

60-6-101

**Requirements.** (a) Accreditation and approval.

- (1) Each educational institution shall be approved by the appropriate state agency.
- (2) Each hospital and agency providing facilities for clinical experience shall be licensed, accredited, or approved by the licensing or certifying body.

(b) Administration and organization.

(1) The educational program or the institution of which it is a part shall be a legally constituted body. The controlling body shall be responsible for general policy and shall provide for the financial support of the educational unit.

(2) Authority and responsibility for administering the program shall be vested in the director of the educational unit.

(c) Faculty for mental health technician programs. Each faculty member shall have the necessary preparation, experience, and personal qualifications to meet the specifications of the position.

(1) The director of the educational unit shall be licensed to practice as a registered professional nurse in Kansas and shall be responsible for the development and implementation of the educational program. The director shall have a baccalaureate degree, successful experience in administration or teaching, and at least two years of experience in psychiatric or developmental disability nursing.

(2) Each instructor in a mental health technician program shall meet at least one of the following requirements:

(A) Be licensed to practice as a registered professional nurse in Kansas and have at least two years of experience in psychiatric or developmental disability nursing; or

(B) be licensed to practice as a licensed mental health technician and have at least five years of experience postlicensure. Two years of work experience shall be waived for those licensed mental health technicians possessing an associate degree.

(3) Each instructor in the behavioral sciences shall have earned an academic degree with appropriate education relative to the area of instruction.

(d) Curriculum.

(1) Before implementation of the program, the institution shall submit the proposed curriculum in writing to the board for approval. The institution shall submit, in writing, any proposed changes to an approved curriculum to the board for its approval before the changes may be implemented.

(2) The curriculum shall be organized to cover both theoretical instruction and clinical instruction. The curriculum for mental health technician courses shall consist of a minimum of 300 hours of theoretical instruction and 300 hours of clinical instruction. By July 1, 1978, the curriculum shall consist of a minimum of 450 hours of theoretical instruction and 450 hours of clinical instruction. In academic institutions, one semester hour of credit shall be equal to 15 hours of theoretical instruction or 45 hours of clinical instruction.

(3) The curriculum shall also include the following two courses, which shall be of a theoretical nature. Each course shall consist of 45 hours of instruction.

(A) Human growth and development. This course shall include aspects of growth and

development from the prenatal period through senescence.

(B) Behavioral science. This course shall include human needs, group processes, family dynamics, and social, economic, and cultural factors of behavior.

(4) The curriculum shall also include the following two courses, which shall include both theoretical and clinical instruction.

(A) Basic nursing concepts. This course shall include bed making, personal hygiene, administration and effect of medications, feeding, asepsis, elimination, recognition of illness, vital signs, basic nutrition, special care of patients, first aid and emergency nursing, assisting with physical examinations, and admission and discharge of patients.

(B) Psychiatric therapeutic treatment. This course shall include interpersonal relationships, psychopathology and classifications, coping mechanisms, communication skills, therapeutic modalities, and special reporting and recording techniques.

(e) Clinical facilities and resources.

(1) All clinical facilities shall be approved by the board, and appropriate contractual agreements shall be renewed annually with all cooperating agencies.

(2) Each clinical area used for student learning experiences shall be staffed by nursing service independent of student assignments.

(3) Each clinical unit used for educational purposes shall be under the direct supervision of a registered nurse.

(f) Students.

(1) Admission. Each program shall have clearly defined policies for admission.

(2) Credit for previous study.

Each program shall have clearly defined written policies concerning credit for previous study, transfer of credits, and readmission of students. These policies shall conform to the policies of the institution.

(3) Promotion and graduation policies shall be in writing.

(g) Evaluation. A written plan for continuing program evaluation shall be developed and implemented. (Authorized by K.S.A. 1998 Supp. 65-4206 and 74-1106; implementing K.S.A. 1998 Supp. 65-4206; modified, L. 1975, Ch. 302, Sec. 7, May 1, 1975; amended March 31, 2000.)

## Requirements for Licensure and Standards of Practice

### 60-7-101

**Licensure** (a) The applicant shall file with the board one month preceding the examination a completed application on an adopted form with payment of the application and examination fees prescribed by K.A.R. 60-8-101.

(b) Verification of current Kansas license shall be provided by request to other state boards upon payment of fee.

(c) Information regarding examinations.

(1) The examination for licensure shall be given at least twice a year.

(2) Each candidate shall present a validated admission card in order to be admitted to the examination center.

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

(4) In the event that answer sheets are lost or destroyed through circumstances beyond the control of the board, the candidate shall be required to retake the examination in order to meet requirements for licensure, except that no additional charge shall be made.

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

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

(d) Application for retest. An applicant who fails to make a passing score on the licensure examination may retake the examination and shall pay an examination fee for each retest as established by K.A.R. 60-8-101.

(e) If an individual fails to pass the licensure examination within 24 months from graduation, the individual shall petition the board in writing before being allowed to retake the licensure examination. The petition shall be on a form provided by the board and shall contain the following:

(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 taking 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 the person's knowledge and belief.

(f) 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 may be required by the board before the individual retakes the licensure examination.

(g) 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 competencies of the test plan identified by the diagnostic profile from each examination;

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

(3) methods of study, including the following:

(A) Self-study;

(B) study groups;

(C) tutors; or

(D) any other methods as approved by the board;

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

(A) 30 hours per each low performance competency;

(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, meeting 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 competency selected from the list as follows:

(i) Textbooks;

(ii) journals;

(iii) review books;

(iv) audiovisuals;

(v) computer-assisted instruction; or

(vi) computer review programs.

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

(i) Academic mental health technician courses, clinical observations, or other learning activities to meet study requirements may also be prescribed by the board. (Authorized by K.S.A. 1997 Supp. 65-4203 and 1997 Supp. 74-1106; implementing K.S.A. 1997 Supp. 65-4203; modified, L. 1975, Ch. 302, Sec. 8, May 1, 1975; amended Jan. 29, 1999.)

**60-7-102**

**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. 65-4208, and amendments thereto. (Authorized by K.S.A. 65-4203; implementing K.S.A. 65-4208; modified, L. 1975, Ch. 302, Sec. 9, May 1, 1975; amended April 20, 2001; amended April 29, 2016.)

**60-7-103**

**Change of name.** Once an application for licensure has been filed, or a license has been issued, the applicant or licensee shall submit an affidavit indicating a change of name upon forms approved by the board. (Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective May 1, 1975.)

**60-7-104**

**Reinstatement of license.** (a) Any applicant whose Kansas license has lapsed may reinstate the license by submitting satisfactory proof that the applicant within the preceding two-year period has obtained 30 hours of approved continuing education.

(b) Any applicant whose license has lapsed may request that a one-time, temporary permit to practice for 120 days be issued while the applicant completes the required continuing education hours. (Authorized by K.S.A. 1994 Supp. 65-4203, as amended by L. 1995, Ch. 97, § 4; implementing K.S.A. 1994 Supp. 65-4205, as amended by L. 1995, Ch. 97, § 5; effective May 1, 1975; amended May 9, 1994; amended Feb. 16, 1996.)

**60-7-105**

**Standards of practice.** A. The licensed mental health technician shall: 1. Be familiar with the mental health technician's licensure act.  
2. Function primarily in a psychiatric-mental retardation setting, and shall not substitute for registered nurses or licensed practical nurses in adult care facilities. (Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; modified, L. 1975, Ch. 302, Sec. 10, May 1, 1975.)

**Unprofessional conduct.** Any of the following shall constitute "unprofessional conduct":

(a) Performing acts beyond the authorized scope of mental health technician practice for which the individual is licensed;

(b) assuming duties and responsibilities within the practice of mental health technology without adequate preparation or without maintaining competency;

(c) failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient;

(d) inaccurately recording, falsifying, or altering any record of a patient, an agency, or the board;

(e) physical abuse, which shall be defined as any act or failure to act performed intentionally or carelessly that causes or is likely to cause harm to a patient. This term may include any of the following:

(1) The unreasonable use of any physical restraints, isolation, or medication that harms or is likely to harm a patient;

(2) the unreasonable use of any physical or chemical restraint, medication, or isolation as a punishment, for convenience, in conflict with a physician's order or a policy and procedure of the facility or a statute or regulation, or as a substitute for treatment, unless the use of the restraint, medication, or isolation is in furtherance of the health and safety of the patient;

(3) any threat, menacing conduct, or other nontherapeutic or inappropriate action that results in or might reasonably be expected to result in a patient's unnecessary fear or emotional or mental distress; or

(4) any failure or omission to provide any goods or services that are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm;

(f) the commission of any act of sexual abuse, sexual misconduct, or sexual exploitation related to the licensee's practice;

(g) verbal abuse, which shall be defined as any word or phrase spoken inappropriately to or in the presence of a patient that results in or might reasonably be expected to result in the patient's unnecessary fear, emotional distress, or mental distress;

(h) delegating any activity that requires the unique skill and substantial specialized knowledge derived from the biological, physical, and behavioral sciences and judgment of the mental health technician to an unlicensed individual in violation of the mental health technician's licensure act or to the detriment of patient safety;

(i) assigning the practice of mental health technology to a licensed individual in violation of the mental health technician's licensure act or to the detriment of patient safety;

(j) violating the confidentiality of information or knowledge concerning any patient;

(k) willfully or negligently failing to take appropriate action to safeguard a patient or the public from incompetent practice performed by a licensed mental health technician.

"Appropriate action" may include reporting to the board of nursing;

(l) leaving an assignment that has been accepted, without notifying the appropriate authority and without allowing reasonable time for the licensee's replacement;

(m) engaging in conduct related to mental health technology practice that is likely to deceive, defraud, or harm the public;

(n) diverting drugs, supplies, or property of any patient or agency or violating any law or

regulation relating to controlled substances;

(o) exploitation, which shall be defined as misappropriating a patient's property or taking unfair advantage of a patient's physical or financial resources for the licensee's or another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false pretense, or false representation;

(p) solicitation of professional patronage through the use of fraudulent or false advertisements, or profiting by the acts of those representing themselves to be agents of the licensee;

(q) failing to comply with any disciplinary order of the board;

(r) if the licensee is participating in an impaired provider program approved by the board, failing to complete the requirements of the program;

(s) failing to submit to a mental or physical examination or an alcohol or drug screen, or any combination of these, when so ordered by the board pursuant to K.S.A. 65-4924 and amendments thereto, that the individual is unable to practice mental health technology with reasonable skill and safety by reason of a physical or mental disability or condition, loss of motor skills or the use of alcohol, drugs, or controlled substances, or any combination of these;

(t) failing to furnish the board of nursing, or its investigators or representatives, with any information legally requested by the board of nursing;

(u) engaging in mental health technology practice while using a false or assumed name or while impersonating another person licensed by the board;

(v) practicing without a license or while the individual's license has lapsed;

(w) allowing another person to use the licensee's license to practice mental health technology;

(x) knowingly aiding or abetting another in any act that is a violation of any health care licensing act;

(y) having a mental health technician license from a licensing authority of another state, agency of the United States government, territory of the United States, or country denied, revoked, limited, or suspended or being subject to any other disciplinary action. A certified copy of the record or order of denial, suspension, limitation, revocation, or any other disciplinary action issued by the licensing authority of another state, agency of the United States government, territory of the United States, or country shall constitute prima facie evidence of such a fact;

(z) failing to report to the board of nursing any adverse action taken against the licensee by another state or licensing jurisdiction, a peer review body, a health care facility, a professional association or society, a governmental agency, a law enforcement agency, or a court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under this regulation; or

(aa) cheating on or attempting to subvert the validity of the examination for a license.

(Authorized by K.S.A. 65-4203 implementing K.S.A. 2015 Supp. 65-4209; effective, T-88-48, Dec. 16, 1987; effective Sept. 27, 1993; amended Sept. 6, 1994; amended April 20, 2007; amended April 29, 2016.)

**60-7-108**

**Inactive license.** (a) Before expiration of an active license, a licensed mental health technician may request to be put on inactive status.

(b) The request shall be accompanied by the inactive license fee specified in K.A.R. 60-8-101.

(c) Continuing licensed mental health technician education shall not be required while on inactive status.

(d) The licensee shall remain on inactive status until filing an application and meeting all the requirements for reinstatement. (Authorized by K.S.A. 1999 Supp. 65-4203; implementing K.S.A. 1999 Supp. 65-4205 and K.S.A. 1999 Supp. 65-4208; effective April 26, 1993; amended April 20, 2001.)



**60-7-109**

**Exempt license.** (a) An exempt license shall be granted only to a mental health technician who meets these requirements:

(1) Is not regularly engaged in mental health technician practice in Kansas, but is a charitable health care provider as defined by K.S.A. 75-6102 and amendments thereto; and

(2) has been licensed in Kansas for the five years previous to applying for an exempt license.

(b) The expiration date of the exempt license shall be in accordance with K.A.R. 60-12-106.

(c) All applications for renewal of an exempt license shall be submitted upon forms furnished by the board and shall be accompanied by the fee in accordance with K.A.R. 60-8-101. (Authorized by and implementing K.S.A. 1996 Supp. 65-4203, as amended by L. 1997, Ch. 158, Sec. 8; effective April 3, 1998.)

**60-7-110**

**Expiration dates of licenses; applications.** (a) The expiration date of licenses for licensed mental health technicians shall be on the last day of December in each even-numbered year.

(b) Applications for initial licensure by examination and for reinstatement while awaiting documentation of qualifications shall be active for six months.

(1) The expiration date of each application shall be based upon the date of receipt at the agency.

(2) Once the application has expired, each individual seeking licensure shall file a new application along with the appropriate fee as prescribed by K.A.R. 60-8-101. (Authorized by K.S.A. 1996 Supp. 65-4203, as amended by L. 1997, Ch. 158, Sec. 8 and K.S.A. 1996 Supp. 74-1106, as amended by L. 1997, Ch. 146, Sec. 5; implementing K.S.A. 1996 Supp. 65-4203, as amended by L. 1997, Ch. 158, Sec. 8 and K.S.A. 1996 Supp. 65-4205, as amended by L. 1997, Ch. 146, Sec. 3; effective April 3, 1998.)

**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.)

## Fees

### 60-8-101

**Payment of fees.** The following fees shall be charged by the board of nursing:

(a) Mental health technician programs.

- (1) Annual renewal of program approval \$100.00
- (2) Survey of a new program \$200.00
- (3) Application for approval of continuing education providers \$200.00
- (4) Annual renewal for continuing education providers \$50.00

(b) Mental health technicians.

- (1) Application for licensure \$50.00
- (2) Examination \$40.00
- (3) Biennial renewal of license \$55.00
- (4) Application for reinstatement of license without temporary permit \$70.00
- (5) Application for reinstatement of license with temporary permit \$75.00
- (6) Certified copy of Kansas license \$12.00
- (7) Inactive license \$10.00
- (8) Verification of licensure \$10.00
- (9) Duplicate license \$12.00
- (10) Application for exempt license \$50.00
- (11) Renewal of exempt license \$50.00

This regulation shall be effective on and after July 1, 2014. (Authorized by K.S.A. 65-4203; implementing K.S.A. 65-4208; effective May 1, 1980; amended May 1, 1983; amended, T-85-49, Dec. 19, 1984; amended May 1, 1985; amended June 3, 1991; amended May 17, 1993; amended May 9, 1994; amended Feb. 6, 1995; amended April 3, 1998; amended July 1, 2001; amended April 20, 2007; amended Oct. 18, 2013; amended July 1, 2014.)

## **Continuing Education for Mental Health Technicians**

**60-12-104**

**Approval of continuing education offerings.** Approval of licensed mental health technician continuing education shall be in accordance with K.A.R. 60-9-107. (Authorized by K.S.A. 65-4203, implementing K.S.A. 65-4207; effective, T-85-49, Dec. 19, 1984; effective May 1, 1985; amended Sept. 27, 1993.)

**60-12-105**

**Definitions.** Definitions within this article of terms associated with licensed mental health technician continuing education shall be in accordance with K.A.R. 60-9-105. (Authorized by K.S.A. 65-4203; implementing K.S.A. 65-4205 and 65-4207; effective March 9, 1992; amended Sept. 27, 1993.)

**60-12-106**

**License renewal.** (a) Each licensee shall submit a renewal application and the renewal fee specified in K.A.R. 60-8-101 no later than December 31 in each even-numbered year.

(b) Any licensed mental health technician may be required to submit proof of completion of 30 contact hours during the most recent prior licensing period. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next license renewal period. This proof of completion shall be documented as follows:

(1) (A) Name of the continuing mental health technician education (CMHTE) offering or college course;

(B) provider name or name of the accrediting organization;

(C) provider number or number of the accrediting organization, if applicable;

(D) offering date; and

(E) number of contact hours; or

(2) approved IOA.

(c) Any individual attending an offering not previously approved by the board may submit an application for an individual offering approval (IOA). Credit may be given for offerings that the licensee demonstrates to be relevant to the licensee's practice of mental health technology. Each separate offering shall be approved before the licensee submits the license renewal application.

(d) Approval shall not be granted for identical offerings completed within a license renewal period.

(e) Any licensed mental health technician may acquire 30 contact hours of CMHTE from independent study, as defined in K.S.A. 65-4202 and amendments thereto.

(f) Any licensed mental health technician may accumulate 15 contact hours of the required CMHTE from instructor credit. Each presenter shall receive instructor credit only once for preparation and presentation of each course. The provider shall issue a certificate listing the number of contact hours earned and clearly identifying the hours as instructor credit.

(g) Fractions of hours may be accepted for offerings over 30 minutes to be computed towards a contact hour. (Authorized by K.S.A. 65-4203; implementing K.S.A. 2011 Supp. 65-4205; effective Sept. 2, 1991; amended Feb. 16, 1996; amended Oct. 12, 2001; amended May 10, 2013.)