

TITLE 485. OKLAHOMA BOARD OF NURSING
CHAPTER 10. LICENSURE OF PRACTICAL AND REGISTERED NURSES

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 3. Requirements for Approved Nursing Education Programs

485:10-3-5. [AMENDED]

485:10-3-6. [AMENDED]

Subchapter 7. Requirements for Registration and Licensure as a Registered Nurse and Licensed Practical Nurse

485:10-7-2. [AMENDED]

Subchapter 8. Criminal Background Checks for Applicants for Licensure/Certification

485:10-8-1. [AMENDED]

Subchapter 10. Advanced Unlicensed Assistant

485:10-10-1. [AMENDED]

485:10-10-2. [AMENDED]

Subchapter 11. Disciplinary Action

485:10-11-4. [AMENDED]

Subchapter 15. Requirements for Practice as an Advanced Practice Registered Nurse

485:10-15-4. [AMENDED]

485:10-15-5.1. [NEW]

485:10-15-6. [AMENDED]

485:10-15-8. [AMENDED]

485:10-15-9. [AMENDED]

Subchapter 16. Requirements for Prescriptive Authority for Advanced Practice Registered Nurses

485:10-16-3. [AMENDED]

485:10-16-3.1. [AMENDED]

485:10-16-3.2. [NEW]

485:10-16-4. [REVOKED]

485:10-16-5. [AMENDED]

485:10-16-6. [AMENDED]

485:10-16-7. [AMENDED]

485:10-16-8. [AMENDED]

SUMMARY:

The proposed rule amendments of 485:10-3-5 and 485:10-3-6 relate to completion rate reports submitted from nursing education programs to the Board and clarify that the Board may order consultation visits for nursing education programs.

The proposed rule amendments of 485:10-7-2 simplify Rules language regarding the use of third-party credentials evaluation organizations.

The proposed amendments of 485:10-8-1 ensure that the rules of the Board accurately reflect the revisions to the Oklahoma Nursing Practice Act enacted through HB 3328 (2024) related to fingerprint-based background check requirements.

The proposed amendments of 485:10-10-1 correct an outdated statutory reference and change “advanced unlicensed assistive personnel” to “Advanced Unlicensed Assistant” for accuracy of professional title language and consistency of terminology within Subchapter 10. The proposed amendment of 485:10-10-2 makes the same change, from “advanced unlicensed assistive personnel” to “Advanced Unlicensed Assistant.”

The proposed amendments of 485:10-11-4 ensure the rules of the Board comply with the requirements of 59 O.S. § 4000.1. The proposed amendments will safeguard the general welfare through nursing regulation which is consistent with Oklahoma statutory law.

The proposed amendments of sections 4, 6, 8, and 9 within Subchapter 15 remove outdated references and clarify the current rule language. The proposed new section found at 485:10-15-5.1 addresses advertisement of health care services by APRNs to ensure the rules of the Board align with the requirements of the Oklahoma Nursing Practice Act.

The proposed amendments of sections 3, 3.1, 5, 6, 7, and 8 within Subchapter 16 ensure the rules of the Board comply with the revisions to the Oklahoma Nursing Practice Act enacted through HB 2298 (2025). The proposed revocation of 485:10-16-4 removes from the rules of the Board an outdated set of requirements which is no longer effective. The proposed new section located at 485:10-16-3.2 reflects the application requirements for independent prescriptive authority established by HB 2298 (2025).

AUTHORITY:

Oklahoma Nursing Practice Act, 59 O.S. § 567.1 *et seq.*

COMMENT PERIOD:

Persons wishing to make written comments may do so before 4:30 p.m. on January 16, 2026, at the following address: Oklahoma Board of Nursing, P.O. Box 52926, Oklahoma City, Oklahoma 73152, Attn: Mike Starchman, RN, CPA, Deputy Executive Director, or to Mike Starchman, RN, CPA, Deputy Director at michael.starchman@nursing.ok.gov.

PUBLIC HEARING:

A public hearing will be held at 5:30 p.m. on Tuesday, January 27, 2026, at The M.C. Connors Building, 2501 N. Lincoln Blvd., Ste. First Floor Boardroom, Oklahoma City, Oklahoma. Anyone who wishes to speak at this public hearing must sign in with the Oklahoma Board of Nursing by 5:30 p.m. on Tuesday, January 27, 2026.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, about the increase in the level of direct costs, indirect costs, or other costs expected to be incurred by the business entity due to compliance with the proposed rules. Business entities may submit this information in writing by 4:30 p.m. on January 16, 2026, at the following address: Oklahoma Board of Nursing, P.O. Box 52926, Oklahoma City, Oklahoma 73152, Attn: Mike Starchman, RN, CPA, Deputy Executive Director, or to Mike Starchman, RN, CPA, Deputy Director at michael.starchman@nursing.ok.gov.

COPIES OF PROPOSED RULES:

Copies of the proposed rules may be obtained by contacting Mike Starchman, RN, CPA, Deputy Executive Director via mail addressed to the Oklahoma Board of Nursing,

P.O. Box 52926, Oklahoma City, OK 73152, or on the Oklahoma Board of Nursing website at: <https://oklahoma.gov/nursing/title-485-rules.html>

RULE IMPACT STATEMENT:

Pursuant to 75 O.S. § 303(D), a rule impact statement will be prepared and will be available at the email and website provided above by December 30, 2025.

CONTACT PERSON:

Mike Starchman, RN, CPA, Deputy Executive Director,
michael.starchman@nursing.ok.gov.

RULE IMPACT STATEMENT: Oklahoma Board of Nursing; OAC Title 485., Chapter 10. Licensure of Practical and Registered Nurses, Subchapter 3. Requirements for Approved Nursing Education Programs; Subchapter 7. Requirements for Registration and Licensure as a Registered Nurse and Licensed Practical Nurse; Subchapter 8. Criminal Background Checks For Applicants For Licensure/Certification; Subchapter 10. Advanced Unlicensed Assistant; Subchapter 11. Disciplinary Action; Subchapter 15. Requirements for Practice As An Advanced Practice Registered Nurse; Subchapter 16. Requirements for Prescriptive Authority For Advanced Practice Registered Nurses.

- a. Statement of the need for the rule and legal basis for supporting it:

Proposed changes to permanent rules are necessary to align rules with state statutes in the Nursing Practice Act. The proposed changes will ensure protection of the general public through nursing regulation and minimize barriers to licensing and certification in a way that is consistent with state statute.

- b. Classification of the rules as major or nonmajor, with a justification for the classification, including an estimate of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to businesses, state or local government units, or individuals and a determination of whether those costs will exceed One Million Dollars (\$1,000,000.00) over the initial five-year period following the promulgation of the proposed rule. Provided, if the costs exceed One Million Dollars (\$1,000,000.00), the agency shall classify the rule as a major rule.

The proposed rule changes for Subchapters 3, 7, and 8 are non-major as they have no known costs related to implementation and compliance. The proposed rule changes for Subchapters 15 and 16 are non-major as total potential implementation costs, as measured by potential fees collected from applicants for independent prescriptive authority. One-time potential fees to be collected in the first year of implementation are \$272,000 based on an estimate of 3,200 current Advanced Practice Registered Nurses who may meet eligibility requirements and pay an application fee of \$85. The increase in fees is not anticipated to carry forward to future years as Advanced Practice Registered Nurses would either apply for supervised prescriptive authority or independent prescriptive authority upon renewal, but not both within the same year.

- c. Description of the purpose of the proposed rule, including a determination of whether the proposed rule is mandated by federal law, or as a requirement for participation in or implementation of a federally subsidized or assisted program, and whether the proposed rule exceeds the requirements of the applicable federal law. Summary and preliminary comparison of any existing or proposed federal regulations that are intended to address the activities to be regulated by the proposed rule:

The proposed rule amendments of 485:10-3-5 and 485:10-3-6 relate to completion rate reports submitted from nursing education programs to the Board and clarify that the Board may direct consultation visits for nursing education programs.

The proposed rule amendments of 485:10-7-2 simplify Rules language regarding the use of third-party credentials evaluation organizations.

The proposed amendments of 485:10-10-1 correct an outdated statutory reference and change “advanced unlicensed assistive personnel” to “Advanced Unlicensed Assistant” for accuracy of professional title language and consistency of terminology within Subchapter 10. The proposed amendment of 485:10-10-2 makes the same change, from “advanced unlicensed assistive personnel” to “Advanced Unlicensed Assistant.”

The proposed amendments of 485:10-11-4 ensure the rules of the Board comply with the requirements of 59 O.S. § 4000.1. The proposed amendments will safeguard the general welfare through nursing regulation which is consistent with Oklahoma statutory law.

The proposed amendments of sections 4, 6, 8, and 9 within Subchapter 15 remove outdated references and clarify the current rule language. The proposed new section found at 485:10-15-5.1 addresses advertisement of health care services by APRNs to ensure the rules of the Board align with the requirements of the Oklahoma Nursing Practice Act.

The proposed amendments of sections 3, 3.1, 5, 6, 7, and 8 within Subchapter 16 ensure the rules of the Board comply with the revisions to the Oklahoma Nursing Practice Act enacted through HB 2298 (2025). The proposed revocation of 485:10-16-4 removes from the rules of the Board an outdated set of requirements which is no longer effective. The proposed new section located at 485:10-16-3.2 reflects the application requirements for independent prescriptive authority established by HB 2298 (2025).

- d. Description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the costs of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

Applicants for licensure and current licensees as an Advanced Practice Registered Nurse, Registered Nurse, Licensed Practical Nurse and/or Authorization for Prescriptive Authority or Authority to Order, Select, Obtain, and Administer Drugs, or as an Advanced Unlicensed Assistant. All individuals seeking to obtain a determination of their eligibility for nursing licensure or Advanced Unlicensed Assistant certification.

Applicants for certification as an Advanced Unlicensed Assistant.
Pre-licensure nursing education programs.

- e. Description of classes of persons who will benefit from the proposed rule:
Ensures protection of the general public through nursing regulation and minimizes barriers to licensing and certification in a way that is consistent and in alignment with state statutes.
- f. Comprehensive analysis of the rule’s economic impact, including any anticipated impacts on affected classes of persons or political subdivisions, the full-time-employee count of the agency, any cost or benefits, and a detailed quantification of implementation and compliance costs on the affected businesses, business

sectors, public utility ratepayers, individuals, state or local government units, and on the state economy as a whole. The analysis shall include a listing of all fee changes and, whenever possible, a separate justification for each fee change.

There will be no economic impact on political subdivisions. There are no fee changes associated with the rules.

- g. Detailed explanation of the methodology and assumptions used to determine the economic impact, including the dollar amounts calculated:

The potential one-time economic impact of \$272,000 is based on an estimate of 3,200 current Advanced Practice Registered Nurses who may meet eligibility requirements and pay an application fee of \$85 during the first year of implementation.

- h. Determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

The implementation of the proposed rules will have no economic impact on a political subdivision or require cooperation in implementing or enforcing the rules.

- i. Determination of whether implementation of the proposed rule may have an adverse economic effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act.

The proposed rules will have no adverse impact on small business.

- j. Analysis of alternatives to adopting the rule; estimates of the amount of time that would be spent by state employees to develop the rule and of the amount of other resources that would be utilized to develop the rule; and measures taken by the agency to minimize the cost and impact of the proposed rule on business and economic development in this state, local government units of this state, and individuals.

There are no identified alternatives to adopting the rule that ensure compliance with the new law. The agency has worked to minimize the costs by utilizing the existing authorized fee structure for this type of application. There are no identified impacts on economic development in this state.

- k. Determination of the effect of the proposed rule on the public health, safety, and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety, and environment and, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

Ensures pre-licensure nursing education programs provide the best information regarding completion rate reports for students and that the Board has the ability to direct consultative visits. This contributes to the protection of the public through appropriate regulation of pre-licensure nursing education programs.

Ensures the agency's licensing and certification of individuals with criminal history are in alignment with state statutes which ultimately protects the public health and safety of those cared for by licensees and certificate holders.

Ensures the agency's granting of independent prescriptive authority is in alignment with state statutes which ultimately protects the public health and safety of those cared for with independent prescriptive authority.

- I. Determination of any detrimental effect on the public health, safety, and environment if the proposed rule is not implemented:

If the proposed rule is not implemented, the agency's licensing and certification rules will not be in alignment with state statutes which may ultimately jeopardize public health and safety of those cared for by licensees and certificate holders.

- m. Date the rule impact statement was prepared and if modified, the date modified:
Prepared: November 20, 2025

CHAPTER 10. LICENSURE OF PRACTICAL AND REGISTERED NURSES

SUBCHAPTER 3. REGULATIONS FOR APPROVED NURSING EDUCATION PROGRAMS

485:10-3-5. Reports to the Board

The following reports shall be submitted by nursing education programs with the Board taking action as appropriate.

- (1) **Faculty qualification report.** A Faculty Qualification Record is submitted for the Nurse Administrator, on a form provided by the Board within thirty days of day of appointment, a change in title or status of position, and any time that an advanced degree is attained. The Faculty Qualification Record may be submitted electronically to a designated email address.
- (2) **Enrollment and annual reports.** Enrollment and annual reports are submitted in formats requested by the Board.
- (3) **Special reports.** Special reports to the Board include but are not limited to:
 - (A) notification in writing of administrative changes relating to and affecting the program within thirty days of the change, to include a change in Nurse Administrator;
 - (B) requests in writing to obtain approval prior to implementation for:
 - (i) major curriculum changes that alter the length of the program, substantially change the objectives, or reflect a significant philosophical or conceptual shift. Board staff may approve minor changes including but not limited to such matters as reorganizing existing course offerings, transferring existing objectives or content from one course to another, or alterations in the leveling of course objectives.
 - (ii) extended, distance learning, or off-campus offerings, when any nursing course is offered;
 - (iii) a significant change in instructional format;
 - (iv) a pilot or experimental program.
- (4) **Pass Rate Reports.** Pass Rate Reports are submitted when the first-time NCLEX writer pass rate falls ten (10) percentage points or more below the national average and at least ten candidates wrote the examination (based on a calendar year.)
- (5) **Completion Rate Reports.** ~~A completion rate report is submitted when the program completion rate average is less than 70% for the most recent three (3) annual report years. Program completion rate is calculated as 200% of the program length as defined by selective admission to the nursing program's first nursing course. Admission is defined as the grade of the first nursing course that is transcribed with a letter grade of A, B, C, D, or F, which are used to calculate the grade point average. Individual exceptions to the calculation of completion rate include death, military, and peace corp.~~
- (6) ~~All reports are limited to ten (10), single-sided pages, with at least a one inch margin, no less than 1.5 line spacing and no less than an 11 point font size.~~
 - (A) Program completion rates will be reported by each nursing program in the Annual Report. Nursing education programs will be required to report the number of students who complete the program on-time and those that complete within 200% of the maximum length of the program.
 - (B) A student will be counted in the completion calculation when the student has completed the first nursing course within the program's plan of study following admission into the nursing program. Completion of the first nursing course is defined as the transcribed letter grade of A, B, C, D, or F, which is used to calculate the grade point average.
 - (C) Completion rates are calculated based only on situations of academic failure. Exceptions to the completion rate calculation are situations unrelated to academic failure. Examples include death, active-duty military or peace corps, relocation, family obligations, administrative withdrawal, disciplinary exits, and health-related conditions that prevent participation in the program.
 - (D) A completion rate report may be ordered by the Board if it is deemed that the school is not demonstrating positive outcomes.

485:10-3-6. Nursing education program visits

(a) **Survey visit.** Each nursing education program being surveyed shall:

- (1) Be surveyed:
 - (A) prior to receiving Full Approval;
 - (B) within three (3) years after receiving initial Full Approval; and
 - (C) at least every five (5) years thereafter unless the program has current accreditation by a national nursing accrediting agency recognized by the United States Department of Education.
 - (D) Special and focused survey visits may be directed by the Board.
- (2) Submit the applicable fee to be received in the Board office thirty (30) days before the survey visit and submit the program's self evaluation report electronically to the Board office.
- (3) Receive a draft of the survey visit report electronically for additions and/or corrections. Requested additions and/or corrections are to be received electronically in the Board office within two (2) weeks of the date the draft report was received by the nursing education program.

(4) Be provided the final report of the survey visit including commendations, recommendations and the decision of the Board.

(b) Programs with current accreditation by a national nursing accrediting agency recognized by the United States

Department of Education. Nursing education programs with full approval status will be periodically evaluated for continuing approval by the Board.

(1) The nurse administrator of the program shall submit a copy of the notification of accreditation status to the Board within two weeks of receipt, accompanied by the program's accreditation report, supporting documentation, follow-up and/or interim reports.

(2) The Board shall regularly review and analyze program performance reports submitted by the nursing education program including, but not limited to:

(A) Any program challenges or improvements identified by ongoing program improvement review;

(B) Annual reports;

(C) Follow-up or interim reports to national nursing accrediting bodies;

(D) Student retention, attrition, and on-time program completion rates;

(E) Adequate type and number of faculty;

(F) Faculty retention;

(G) Adequate laboratory and clinical learning experiences;

(H) Trended data on NCLEX pass rates and completion rates;

(I) Performance improvement initiatives related to program outcomes; and

(J) Program complaints/grievance review and resolution.

(3) Additional reports or survey visits may be directed by the Board, if the program is not in compliance with the minimum standards for nursing education programs or other sources of evidence regarding achievement of program outcomes.

(c) Consultation visit. Consultation visits are ~~available to~~

~~(1) conducted when directed by the Board;~~

~~(2) conducted at the written request of the nursing education programs upon written request giving indicating the purpose for the visit; and are~~

~~(3) mandatory as indicated in 485:10-3-2. (b)(1).~~

SUBCHAPTER 7. REQUIREMENTS FOR REGISTRATION AND LICENSURE AS A REGISTERED NURSE AND LICENSED PRACTICAL NURSE

485:10-7-2. Licensure by endorsement

(a) Qualifications Registered Nurse. An applicant for licensure by endorsement as a Registered Nurse shall:

(1) Submit an application containing such information as the Board may prescribe;

(2) Be a minimum of eighteen (18) years of age on or before the date the license is issued;

(3) Meet the requirements of the Oklahoma Nursing Practice Act. An evaluation of educational requirements may be completed to ensure the applicant meets educational standards.

(4) If licensed in another state or U.S. territory since January 1, 1952, have successfully written the licensing examination adopted by the Board with a passing score as established by the Board. A license to practice nursing in Oklahoma will not be issued until this requirement is met.

(5) Submit evidence of either:

(A) successful completion of the National Council Licensure Examination for Registered Nurses since July 1, 1982; or

(B) passing the State Board Test Pool Examination for Registered Nurse licensure prior to July 1, 1982.

(6) In addition to meeting other requirements for endorsement established by the Board in these Rules, demonstrate evidence of continued qualifications for practice through completion of one or more of the following requirements within the last five (5) years prior to receipt of the completed application in the Board office:

(A) Submission of an official transcript or certificate of completion verifying completion of a nurse refresher course with content consistent with Board policy;

(B) Successfully pass the National Council Licensure Examination for Registered Nurses;

(C) Cause submission of an official transcript, provided by an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts, verifying successful completion of at least six (6) academic semester credit hours of nursing courses which include classroom and clinical instruction;

(D) Present evidence of licensure as a registered nurse in another state, territory or country with employment in a position that requires nursing licensure with verification of at least 520 work hours during the past five (5) years;

(E) Submit evidence of completing at least twenty-four (24) contact hours of continuing education applicable to nursing practice;

(F) Submit current certification in a nursing specialty area.

(7) Provide evidence of one of the following if initial licensure was obtained within the last two years:

- (A) Completion of the nursing education program within two years of initial application for licensure by examination; or
- (B) At least six months work experience as a registered nurse in the state, U.S. territory, or country of licensure; or
- (C) Successful completion of a Board-approved refresher course in accordance with the Board's policy; or
- (D) Successful completion of nursing didactic coursework and faculty-supervised clinical experience in a board-approved nursing education program at the appropriate educational level, to include at least 80 hours in classroom and skills laboratory review and at least 80 hours participating in patient care activities in the clinical setting.

(b) Qualifications Licensed Practical Nurse. An applicant for licensure by endorsement as a Licensed Practical Nurse shall:

- (1) Submit an application containing such information as the Board may prescribe;
- (2) Be a minimum of eighteen (18) years of age on or before the date the license is issued;
- (3) Meet the requirements of the Oklahoma Nursing Practice Act. An evaluation of educational requirements may be completed to ensure the applicant meets educational standards.
- (4) If licensed in another state or U.S. territory since June 30, 1954, have successfully written the licensing examination adopted by the Board. A license to practice practical nursing in Oklahoma will not be issued until this requirement is met.
- (5) In addition to meeting other requirements for endorsement established by the Board in these Rules, demonstrate evidence of continued qualifications for practice through completion of one or more of the following requirements within the last five (5) years prior to receipt of the completed application in the Board office:
 - (A) Submission of an official transcript or certificate of completion verifying completion of a nurse refresher course with content consistent with Board policy;
 - (B) Successfully pass the National Council Licensure Examination for Practical Nurses;
 - (C) Cause submission of an official transcript, provided by an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts, verifying successful completion of at least six (6) academic semester credit hours or 105 contact hours of nursing courses in a state-approved practical or registered nursing education program, which includes classroom and clinical instruction;
 - (D) Present evidence of licensure as a practical nurse in another state, territory or country with employment in a position that requires practical nursing licensure with verification of at least 520 work hours during the past five (5) years;
 - (E) Submit evidence of completing at least twenty-four (24) contact hours of continuing education applicable to nursing practice;
 - (F) Submit current certification in a nursing specialty area.
- (6) Provide evidence of one of the following if the National Council Licensure Examination for Practical Nurses for initial licensure was obtained within the last two years:
 - (A) Completion of the nursing education program within two years of initial application for licensure by examination; or
 - (B) At least six months work experience as a Licensed Practical Nurse in the state, U.S. territory, or country of licensure; or
 - (C) Successful completion of a Board-approved refresher course in accordance with the Board's policy; or
 - (D) Successful completion of nursing didactic coursework and faculty-supervised clinical experience in a board-approved nursing education program at the appropriate educational level, to include at least 80 hours in classroom and skills laboratory review and at least 80 hours participating in patient care activities in the clinical setting.

(c) Applications.

- (1) Applications must be completed and filed with the Board.
- (2) Endorsement may be accepted from the original state or U.S. territory of licensure by examination.
- (3) If the applicant has written the licensing examination adopted by the Board in a state other than the state or U.S. territory of original licensure, an endorsement will be requested from that state, also.
- (4) If the application is not completed within one (1) year after receipt of fee, the application must be refiled.

(d) Fee for licensure by endorsement.

- (1) The fee shall accompany the application.
- (2) The fee is not refundable.
- (3) If the application is not completed within one (1) year, a new application and new fee will be required for licensure.

(e) Qualifications for applicants educated in foreign countries or in a U.S. territory. An applicant educated in a foreign country must meet the current educational requirements for licensure in Oklahoma. An applicant educated in a U.S. territory not recognized as a full member of National Council of State Boards of Nursing (NCSBN) must meet the requirements for applicants educated in foreign countries. An applicant educated in a U.S. territory that is a full member of NCSBN but in a nursing education program not included on the NCSBN state-approved programs of nursing list at the time of the applicant's graduation from the program must meet the requirements for applicants educated in foreign countries.

- (1) The registered nurse applicant must present evidence of:
 - (A) graduation from a government-approved post-secondary nursing education program, as verified ~~from the Commission of Graduates of Foreign Nursing Schools (CGFNS) or Josef Silny & Associates, Inc., International Education Consultants (JS&A)~~ by a third-party credentials evaluation organization approved in Board policy;

(B) completion of formal courses including theory and clinical experience in nursing care of the adult, nursing care of children, maternal-infant nursing, psychiatric-mental health nursing as evidenced by:

- (i) a translated transcript with certified proof of translation received directly from the nursing education program in the original country of licensure, or
- (ii) a certified copy of an original transcript obtained directly from the Commission of Graduates of Foreign Nursing Schools (CGFNS) or Josef Silny & Associates, Inc., International Education Consultants (JS&A) a third-party credentials evaluation organization approved in Board policy.

(C) licensure or registration as required in country of graduation as evidenced by official verification received directly from ~~the Commission of Graduates of Foreign Nursing Schools or Josef Silny & Associates, Inc., International Education Consultants (JS&A)~~ a third-party credentials evaluation organization approved in Board policy;

(D) competence in oral and written English as evidenced by receipt of English competency test scores directly from the approved testing service or from ~~CGFNS verifying successful completion of an approved third-party credentials evaluation organization as outlined in Board policy.~~

- (i) ~~Test of English for International Communication (TOEIC), to include the Listening and Reading Test, and the Speaking and Writing Test of the Educational Testing Service, or~~
- (ii) ~~International English Language Testing System (IELTS), or~~
- (iii) ~~Test of English as a Foreign Language Internet-based test (TOEFL iBT) of the Educational Testing Service, or~~
- (iv) ~~Michigan English Test (MET), or~~
- (v) ~~Pearson PTE Academic.~~

(E) An evaluation of educational credentials as evidenced by submitting required documents from an approved third-party credentials evaluation organization as outlined in Board policy.

- (i) ~~CGFNS Certificate Status or Visa Screen Certificate; or~~
- (ii) ~~CGFNS Credentials Evaluation Service Professional Report; or~~
- (iii) ~~JS&A foreign credential evaluation for state boards of nursing;~~
- (iv) ~~Reports received from CGFNS and JS&A must have been completed within the five (5) years immediately preceding the date of application for licensure by endorsement. The five-year requirement is waived if the applicant holds a license in another state.~~

(F) Evidence of either:

- (i) successful completion of the National Council Licensure Examination for Registered Nurses since July 1, 1982; or
- (ii) passing the State Board Test Pool Examination for Registered Nurse licensure prior to July 1, 1982.

(2) The practical nurse applicant must present evidence of:

(A) competence in oral and written English as evidenced by receipt of English competency test scores directly from the testing service or from ~~CGFNS verifying successful completion of an approved third-party credentials evaluation organization as outlined in Board policy.~~

- (i) ~~Test of English for International Communication (TOEIC), to include the Listening and Reading Test, and the Speaking and Writing Test of the Educational Testing Service; or~~
- (ii) ~~International English Language Testing System (IELTS); or~~
- (iii) ~~Test of English as a Foreign Language Internet-based test (TOEFL iBT) of the Educational Testing Service; or~~
- (iv) ~~Michigan English Test (MET); or~~
- (v) ~~Pearson PTE Academic.~~

(B) graduation from a government approved post-secondary practical nursing education program or equivalent courses in a government approved post-secondary nursing education program, as verified ~~from the Commission of Graduates of Foreign Nursing Schools (CGFNS) or Josef Silny & Associates, Inc., International Education Consultants (JS&A)~~ by a third-party credentials evaluation organization approved in Board policy;

(C) licensure or registration as required in country of graduation as evidenced by official verification received directly from ~~the Commission of Graduates of Foreign Nursing Schools or Josef Silny & Associates, Inc., International Education Consultants (JS&A)~~ a third-party credentials evaluation organization approved in Board policy.

(D) completion of formal courses including theory and clinical experience in nursing care of the adult, nursing care of children, and maternal-infant nursing in a government-approved school of nursing as evidenced by:

- (i) a translated transcript received directly from the nursing education program in the original country of licensure with certified proof of translation; or
- (ii) a certified copy of the transcript received directly from ~~the Commission of Graduates of Foreign Nursing Schools (CGFNS) or Josef Silny & Associates, Inc., International Education Consultants (JS&A)~~ a third-party credentials evaluation organization approved in Board policy.

(E) An evaluation of educational credentials as evidenced by submitting required documents from an approved third-party credentials evaluation organization as outlined in Board policy.

- ~~(i) Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service Professional Report, or~~
- ~~(ii) Commission on Graduates of Foreign Nursing Schools (CGFNS) Certificate or Visa Screen Certificate status, or~~
- ~~(iii) JS&A foreign credential evaluation for state boards of nursing;~~
- ~~(iv) Reports received from CGFNS and JS&A must have been completed within the five (5) years immediately preceding the date of application for licensure by endorsement. The five-year requirement is waived if the applicant holds a license in another state.~~

(F) Successful completion of the licensing examination adopted by the Oklahoma Board of Nursing.

(3) Verification by ~~CGFNS and JS&A~~ third-party credentials evaluation organization approved in Board policy is waived for applicants currently licensed in another state when the state validates that the credential review report was prepared by an independent credentials review agency.

(4) Evidence of competence in spoken and written English is waived for applicants who are:

(A) Graduates of nursing education programs taught in English in Australia, Canada (except Quebec), Ireland, New Zealand, the United Kingdom, Trinidad, Tobago, Jamaica, Barbados, South Africa, and the United States.

(B) Licensed in another US State or Territory and have successfully completed the licensure examination approved by the Board.

(5) Applicants must submit a completed application and the established fee.

(f) Temporary license for endorsement applicants.

(1) A temporary license may be issued to the applicant on proof of:

(A) Current unrestricted licensure in another state, territory or country with no history of arrest or disciplinary action requiring further review;

(B) Evidence of having successfully passed the licensure examination adopted by the Oklahoma Board of Nursing;

(C) Evidence of meeting educational qualifications through completion of a state board-approved nursing education program meeting the educational standards established by the Board, or an evaluation of educational credentials and nursing licensure or registration as required in country of origin for the foreign-educated nurse as evidenced by submitting required documents from an approved third-party credentials evaluation organization as outlined in Board policy.

~~(i) Commission on Graduates of Foreign Nursing Schools (CGFNS) Credentials Evaluation Service Professional Report with verification of equivalent educational credentials and unrestricted licensure in country of origin, or~~

~~(ii) Commission on Graduates of Foreign Nursing Schools (CGFNS) Certificate status or Visa Screen Certificate, accompanied by a verification of graduation from a government approved nursing education program, the translated transcript, and verification of unrestricted nursing licensure or registration as required in country of graduation; or~~

~~(iii) Josef Silny & Associates, Inc., International Education Consultants (JS&A) foreign credential evaluation for state boards of nursing.~~

(D) Payment of the fee for licensure by endorsement and temporary license;

(E) Proof by foreign educated applicants of evidence of competence in: oral and written English by meeting the requirements of 485:10-7-2(e)(1)(D) and 485:10-7-2(e)(2)(A), unless 485:10-7-2(e)(4) applies;

(F) Demonstrating evidence of continued qualifications for practice through meeting the requirements of 485:10-7-2(a)(6) or (7) for registered nurse applicants and 485:10-7-2(b)(5) or (6) for practical nurse applicants; and

(G) Submission of fingerprint images with the fee established by the Oklahoma State Bureau of Investigation and/or vendor for the purpose of permitting a state and national criminal history records search to be completed.

(2) The temporary license is issued for a period of ninety (90) days.

(3) The temporary license may be extended, but such period shall be no longer than one (1) year for any applicant.

(g) Licensure of active duty military or the spouse of an active military individual. Applications must be completed and filed with the Board.

(1) Submit with the endorsement application a copy of the United States Uniformed Services Identification and Privilege Card and a copy of the Permanent Change of Station orders for the active military individual;

(2) The requested Oklahoma license and/or temporary license shall be issued within thirty (30) days for their currently held valid license from another state or territory provided the license from the other state is found to be in good standing and reasonably equivalent to the requirements of this state; and

(3) The fee for licensure, including temporary license, of active duty military or the spouse of an active duty military individual is waived with the license expiration date extended through the first renewal cycle.

SUBCHAPTER 8. CRIMINAL BACKGROUND CHECKS FOR APPLICANTS FOR LICENSURE/CERTIFICATION

485:10-8-1. Requirements for criminal background checks for ~~initial licensure~~/certification in this state

(a) All applications for advanced practice registered nurse, registered nurse or practical nurse licensure by examination, reinstatement, or endorsement or for certification as an Advanced Unlicensed Assistant shall include a state and ~~national~~ federal fingerprint-based criminal history records search.

~~(b)~~ Renewal applicants who have not previously submitted a state and federal fingerprint-based criminal records search may be required by the Board to submit a state and federal fingerprint-based criminal history records search as described below.

~~(b)(c)~~ (c) Each applicant for licensure and certification shall have a state and federal fingerprint-based background check not more than ninety (90) days old at the time of submission of the application for initial, reinstatement, renewal (if requested by the Board), endorsement, or higher level of licensure.

~~(c)(d)~~ After submission of their application, applicants will follow instructions provided to them by the Board to obtain fingerprints using The fingerprint images will be accompanied by an electronic payment, money order or cashier's check made payable to the OSBI or the Board's designated vendor for the fee established by or the OSBI and/or vendor.

SUBCHAPTER 10. ADVANCED UNLICENSED ASSISTANT

485:10-10-1. Purpose

The rules of this Subchapter have been adopted for the purpose of complying with the provisions of the Oklahoma Nursing Practice Act [59 O.S. § ~~567.3~~567.6a]. This Subchapter sets forth standards for ~~advanced~~ Advanced ~~unlicensed~~ Unlicensed ~~assistive personnel~~ Assistants employed in acute health-care settings.

485:10-10-2. Certification training program

Advanced Unlicensed Assistant certification training programs shall:

(1) Consist of classroom and clinical instruction in the performance of specific core skills that have been selected and approved by the Board;

(2) Meet the following requirements:

(A) Any health-care facility, educational institution or education provider that meets the Board's criteria for approved programs and is approved by the Board may provide the certification training program.

(B) Any health-care facility, educational institution or education provider wishing to establish a certification training program for ~~advanced unlicensed assistive personnel~~ Advanced Unlicensed Assistants will file the appropriate forms with the Board. The application will include, but is not limited to:

(i) program plan following the curriculum approved by the Board;

(ii) clock hours of classroom and supervised clinical instruction;

(iii) description of classroom and skills training facility;

(iv) evidence of adequate learning resources; and

(v) faculty qualification record for each instructor.

(C) The Board will advise the institution in writing of its decision to:

(i) approve proceeding with the program; or

(ii) defer approval pending a site visit and/or receipt of further information; or

(iii) deny approval specifying reasons for denial.

(D) The application is limited to fifteen (15), single-sided pages, with at least a one inch margin, no less than 1.5 line spacing and no less than an 11 point font size.

(E) An approved program shall notify the Board when there are substantive changes in the program that alter the length of the program, reorganize course offerings or change in instructors.

SUBCHAPTER 11. DISCIPLINARY ACTION

485:10-11-4. Licensure or certification of individuals with criminal history

(a) This section establishes the criteria utilized by the Board in determining the effect of criminal history on eligibility for nursing licensure or Advanced Unlicensed Assistant (AUA) certification and implements the requirements of Oklahoma Statutes Title 59 Sections 567.1. *et seq.* and 4000.1 (2022). This section applies to:

(1) all currently licensed nurses and holders of an AUA certificate;

(2) all individuals seeking to obtain a nursing license or AUA certificate; and

(3) all individuals seeking a determination of their eligibility for nursing licensure or AUA certification.

(b) The felonies listed below in subsections (d) and (e) disqualify an individual from retaining licensure or becoming licensed as a nurse or retaining certification or becoming certified as an AUA in Oklahoma. When making a determination the Board will give consideration as set forth within 59 O.S. § 4000.1(B). Subsections (d) and (e) are not an exhaustive or exclusive list of crimes, both felonies and misdemeanors resulting in a conviction or a deferred sentence, that may result in discipline from the Board of Nursing, up to and including revocation. The felonies listed in subsections (d) and (e) disqualify an individual because they substantially relate to the practice of nursing and pose a reasonable threat to public safety for the reasons stated below.

(1) **The practice of nursing is a unique profession.** Licensees and certificate holders practice nursing autonomously in a wide variety of settings and provide care to patients who are, by virtue of their illness or injury, physically, emotionally, and/or financially vulnerable. These patients often include the elderly, children, those with mental or cognitive disorders, sedated or anesthetized patients, and/or disabled or immobilized individuals. Individuals who have engaged in criminal conduct place patients, healthcare employers and employees, and the public at risk of harm.

(2) **Crimes involving fraud and/or theft.** Licensees and certificate holders often have unfettered access to patients' privileged information, financial information, and valuables, including but not limited to medications, money, jewelry, credit cards/checkbook, and/or sentimental items. The practice of nursing continues 24 hours per day in all healthcare settings, including those where there is often no direct supervision of the individual. Patients in these healthcare settings are particularly vulnerable to the unethical, deceitful, and illegal conduct of a licensee or certificate holder. When an individual has engaged in criminal behavior involving fraud and/or theft, the Board is mindful that similar misconduct may be repeated in healthcare settings, thereby placing patients, healthcare employers and employees, and the public at risk. As such, crimes involving any type of fraud and/or theft are highly relevant to an individual's ability to provide safe nursing care.

(3) **Crimes involving sexual misconduct.** Licensees and certificate holders frequently provide nursing care to partially clothed or fully undressed patients, who are particularly vulnerable to exploitation. Due to the intimate nature of nursing care, professional boundaries in the practice of nursing are extremely important. When an individual has engaged in criminal behavior involving any type of sexual misconduct, the Board is mindful that similar misconduct may be repeated in healthcare settings. As such, crimes involving any type of sexual misconduct are highly relevant to an individual's ability to provide safe nursing care.

(4) **Crimes involving lying, falsification, and/or deception.** Licensees and certificate holders are required to accurately and honestly report and record information in a variety of places, such as medical records, pharmacy records, billing records, nursing notes, and plans of care, as well as to report errors in their own nursing practice. When an individual has engaged in criminal behavior involving lying, falsification, and/or deceptive conduct, the Board is mindful that similar misconduct may be repeated in healthcare settings, thereby placing patients, healthcare employers and employees, and the public at risk of harm. As such, crimes involving any type of lying, falsification and/or deception are highly relevant to an individual's ability to provide safe nursing care.

(5) **Crimes involving drugs and/or alcohol.** Licensees and certificate holders have a duty to their patients to provide safe, effective nursing care and to be able to practice safely. Individuals who have a substance use disorder may have impaired judgment and motor skills and are at risk for harming their patients and/or the public. Licensees and certificate holders have access to many medications and drugs and those with substance use disorders may misuse or steal drugs. Individuals affected by a substance use disorder may be unable to accurately assess patients, make appropriate judgments, or intervene in a timely and appropriate manner, thus putting their patients at risk. This danger is heightened when the licensee or certificate holder works in an autonomous setting where other healthcare providers are not present to intervene for the patient or the public. As such, crimes related to the use or possession of drugs or alcohol are highly relevant to an individual's fitness to practice.

(6) **Crimes involving violence and/or threatening behavior.** Licensees and certificate holders provide care to the most vulnerable of populations, including patients who often have no voice of their own and cannot advocate for themselves. Further, patients are dependent on the caregiver-patient relationship for their daily care. When an individual has engaged in violent or threatening criminal behavior, the Board is mindful that patients may be at risk for similar behavior in a healthcare setting. As such, crimes involving violence and threatening behavior are highly relevant to an individual's fitness to practice.

(c) All crimes listed in this subsections (d) and (e) are as described in Titles 21, 47 and 63 of the Oklahoma Statutes. In addition, the Board recognizes and gives similar treatment to similar offenses charged in other jurisdictions.

(d) Felony convictions that disqualify an individual from retaining licensure or becoming licensed as a nurse, or retaining certification or becoming certified as an AUA in Oklahoma include:

(1) Crimes involving fraud, theft, lying and/or falsification. Robbery 21 O.S. § 791 et seq.

(2) Crimes involving sexual misconduct.

(A) Human Trafficking 21 O.S. § 748.

(B) Trafficking in children 21 O.S. § 866.

(C) Incest 21 O.S. § 885.

(D) Forcible sodomy 21 O.S. § 888.

(E) Indecent exposure, indecent exhibitions, obscene material or child pornography, solicitation of minors 21 O.S. § 1021.

(F) Procure, cause the participation of a minor in any child pornography, buys, or knowingly possesses, procures, manufactures, or causes to be sold or distributed child pornography 21 O.S. §§ 1021.2 and 1024.2

(G) Commercial sale or distribution of pornography 21 O.S. § 1040.13.

(H) Soliciting/offering sex with minor 21 O.S. § 1040.13a.

(I) Offering or transporting one under 18 for sex 21 O.S. § 1087.

(J) Child Prostitution - unlawful detainment in prostitution house 21 O.S. § 1088.

(K) Lewd or indecent proposals to minor, sexual battery of minor 21 O.S. § 1123.

(3) Crimes involving drugs and/or alcohol.

Aggravated trafficking in subsection C of 63 O.S. § 2-415.

(4) Crimes involving threats, violence and/or harm to another individual.

(A) Assault, battery, or assault and battery with a dangerous or deadly weapon or by other means likely to produce death or great bodily harm 21 O.S. §§ 645 and 652.

(B) Aggravated assault and battery 21 O.S. § 646.

(C) Aggravated assault and battery on a law officer 21 O.S. § 650.

(D) Murder, first or second degree 21 O.S. §§ 701.7 and 701.8.

(E) Manslaughter, first degree 21 O.S. § 711.

(F) Kidnapping 21 O.S. § 741.

(G) Extortionate kidnapping 21 O.S. § 745.

(H) Child endangerment by permitting child abuse 21 O.S. § 852.1.

(I) Rape by instrumentation and Rape, first or second degree 21 O.S. §§ 1111.1 and 1114.

~~(J) Mistreatment of a mental patient, as provided for in 21 O.S. § 843.1.~~

~~(K) Abuse of a vulnerable adult as defined in 43A O.S. § 10-103.~~

~~(L) A felony involving domestic assault, domestic assault and battery, or domestic abuse as defined in Section 644 of Title 21 of the Oklahoma Statutes.~~

~~(M) Poisoning with intent to kill, as provided for in Section 651 of Title 21 of the Oklahoma Statutes.~~

(5) Crimes involving harm to property.

(A) Violation of Oklahoma Antiterrorism Act 21 O.S. §§ 1268 et seq.

(B) Arson, first degree 21 O.S. § 1401.

(C) Burglary, first degree 21 O.S. § 1431.

(e) Felony convictions that disqualify an individual from retaining licensure or becoming licensed as a nurse, or retaining certification or becoming certified as an AUA in Oklahoma if a conviction or plea of guilty or nolo contendere for which less than five (5) years has elapsed since the date of conviction, plea, or release from incarceration, whichever is later, include:

(1) Crimes involving fraud, theft, lying and/or falsification.

(A) Falsely personating another to gain money or property 21 O.S. § 1532.

(B) Identity theft 21 O.S. § 1533.1.

(2) Crimes involving sexual misconduct. Knowingly engaging in acts likely to spread Human Immunodeficiency Virus 21 O.S. § 1192.1.

(3) Crimes involving drugs and/or alcohol.

(A) Causing, aiding, abetting minor to commit controlled dangerous substance crimes 21 O.S. § 856.1.

(B) Drug trafficking 63 O.S. § 2-415.

(4) Crimes involving threats, violence and/or harm to another individual.

(A) Aggravated assault and battery on medical personnel with firearm or other dangerous weapon 21 O.S. § 650.5.

(B) Malicious intentional intimidation or harassment based on suspect classification 21 O.S. § 850.

(C) Desertion - abandonment of child under ten 21 O.S. § 851.

~~(D) Rape in the second degree 21 O.S. § 1114.~~

~~(E) Mistreatment of a mental patient, as provided for in 21 O.S. § 843.1.~~

~~(F) Abuse of a vulnerable adult as defined in 43A O.S. § 10-103.~~

~~(G)~~ ~~(D)~~ Endangering or injuring a person during arson or attempt 21 O.S. § 1405.

~~(H)~~ ~~(E)~~ Failure to stop after fatal accident 47 O.S. § 10-102.1.

~~(I)~~ ~~(F)~~ Mingling poison, drugs, or sharp objects with food, drink 21 O.S. § 832.

(5) Crimes involving harm to property. Arson, second or third degree 21 O.S. §§ 1402, and 1403.

(f) To obtain a Determination of Eligibility pursuant to 59 O.S. § 4000.1(G-J), the required form shall be completed and filed with the Board. The fee for a Determination of Eligibility shall be \$95.00 and shall be submitted with the required form.

(g) The Executive Director is authorized to close a file requesting determination of eligibility when the person seeking determination of eligibility for licensure or certification has failed to respond to a written request from the Board for information, within sixty (60) days of the written request.

SUBCHAPTER 15. REQUIREMENTS FOR PRACTICE AS AN ADVANCED PRACTICE REGISTERED NURSE

485:10-15-4. Application

(a) **An applicant for licensure as an Advanced Practice Registered Nurse must:**

(1) Hold a current license to practice as a Registered Nurse in Oklahoma;

(2) Cause submission of an official transcript verifying completion of an advanced practice registered nursing education program in one of the four advanced practice registered nurse roles (CNP, CNM, CNS, and CRNA) and a specialty area recognized by the Board. The transcript must be obtained from an entity approved and recognized by the U.S. Department

of Education as a primary source for providing education transcripts. ~~Effective January 1, 2016, the~~ The applicant shall have completed an accredited graduate level advanced practice registered nursing education program in at least one of the following population foci: family/individual across the lifespan, adult-gerontology (acute and/or primary), neonatal, pediatrics (acute and/or primary), women's health/gender related, or psychiatric/mental health;

(3) submit evidence of current national certification consistent with educational preparation and by a national certifying body recognized by the Board; and

(4) submit a completed application for licensure containing such information as the Board may prescribe and the required fee. If the application is not completed within one (1) year, a new application and new fee will be required.

(b) Changing and adding certifications.

(1) An Advanced Practice Registered Nurse who wishes to add an area of specialty and national certification must meet initial requirements for advanced practice licensure, as identified in 485:10-15-4(a).

(2) An Advanced Practice Registered Nurse who changes national certification and certifying body within the same specialty area must notify the Board in writing within thirty (30) days of the change and submit a copy of a current national certification recognized by the Board within the same specialty area.

(3) An Advanced Practice Registered Nurse ~~holding more than one certification~~ who does not renew or maintain one or more of ~~the~~ their national certifications must notify the Board in writing within thirty (30) days of the change. The license for which the national certification has expired will be placed on inactive status. The Advanced Practice Registered Nurse shall not work in the specialty area upon expiration of national certification.

(c) Endorsement.

(1) An applicant who is licensed or recognized as an APRN in another U.S. state or territory may be issued an APRN license by endorsement if current Board requirements for licensure as an APRN are met. A Board-recognized APRN holding recognition may continue to be licensed as an APRN with his or her current certification, even if such certification is no longer included on the list of recognized APRN certifications and certifying bodies approved by the Board, PROVIDED the APRN license remains in an active status and current certification is maintained. The applicant must have met all requirements of the advanced practice certifying body to maintain full certification, including requirements for maintaining continuing competence. An applicant for APRN licensure by endorsement who holds certification on provisional or conditional status may be considered for licensure by the Board.

(2) In addition to meeting other requirements for endorsement established by the Board in these rules, the applicant for endorsement of the APRN license must demonstrate continued qualifications for practice through completion of one or more of the following requirements within the last two (2) years prior to receipt of a completed application in the Board office:

- (A) Cause submission of an official transcript, from an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts, or certificate of completion verifying completion of an APRN nursing refresher course meeting the requirements established by the Board in policy;
- (B) Cause submission of an official transcript, from an entity approved and recognized by the U.S. Department of Education as a primary source for providing education transcripts, verifying successful completion of at least six (6) academic semester credit hours of APRN nursing courses in the same role and population focus as was previously held by the APRN in a graduate-level APRN program, which includes classroom and clinical instruction;
- (C) Present evidence of current licensure or recognition as an APRN in another state or territory with employment in a position that requires APRN licensure or recognition with verification of at least 520 work hours during the past two (2) years preceding receipt of the application for endorsement in the Board office;
- (D) Submission of evidence of current national certification consistent with educational preparation and by a national certifying body recognized by the Board.

(d) Temporary license for endorsement applicants. Temporary licensure may be granted under the following conditions:

- (1) Current unrestricted licensure as an RN in Oklahoma;
- (2) Current unrestricted APRN licensure or recognition in another state or territory in the same role with no history of arrest or disciplinary action requiring further review;
- (3) Demonstrates evidence of meeting continuing qualifications for practice through meeting the requirements of 485:10-15-4(c)(2);
- (4) Evidence of completing an advanced practice registered nursing education program in one of the four roles and a specialty area recognized by the Board;
- (5) Evidence of current national certification consistent with educational preparation and by a national certifying body recognized by the Board;
- (6) Completed application for endorsement and temporary recognition and the required fees; and
- (7) Submission of fingerprints with the fee established by the Oklahoma State Bureau of Investigation and/or vendor for the purpose of permitting a state and national criminal history records search to be completed.
- (8) The temporary license may not be issued for a period longer than ninety (90) days.
- (9) The temporary license may be extended, but such period shall be no longer than one (1) year for any applicant.

(e) Licensure of active duty military or the spouse of an active military individual. Applications must be completed and filed with the Board.

- (1) Submit with the endorsement application a copy of the United States Uniformed Services Identification and Privilege Card and a copy of the Permanent Change of Station orders for the active military individual;
- (2) The requested Oklahoma license and/or temporary license shall be issued within thirty (30) days for their currently held valid license from another state or territory provided the license from the other state is found to be in good standing and reasonably equivalent to the requirements of this state; and
- (3) The fee for licensure, including temporary license, of active duty military or the spouse of an active duty military individual is waived with the license expiration date extended through the first renewal cycle.

(f) Certification program. The Board shall identify and keep on file the current list of recognized APRN certifications and certifying bodies approved by the Board. A Board-recognized APRN holding recognition prior to July 1, 2012, may continue to be licensed as an APRN with his or her current certification, even if such certification is no longer included on the list of recognized APRN certifications and certifying bodies approved by the Board, PROVIDED the APRN license remains in an active status and current certification is maintained. A licensee may request that a certification program be considered by the Board for inclusion on the list. ~~Effective July 1, 2012, the~~ The certification program shall provide documentation of compliance with the following standards:

- (1) The certification program is national in the scope of its credentialing;
- (2) Conditions for taking the certification examination are consistent with standards of the testing community;
- (3) Educational requirements are consistent with the requirements of the advanced practice role and specialty;
- (4) The standard's methodologies used are acceptable to the testing community such as incumbent job analysis studies and logical job analysis studies;
- (5) Certification programs are accredited by a national accreditation body as acceptable by the Board;
- (6) The examination represents entry-level practice in the APRN role and specialty;
- (7) The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients;
- (8) Examination items shall be reviewed for content validity and correct scoring using an established mechanism, both before use and at least every five years. When possible, items will be reviewed for cultural bias;
- (9) The passing standard is established using acceptable psychometric methods and is re-evaluated at least every five years;
- (10) Certification is issued based upon meeting all certification requirements and passing the examination;
- (11) A re-take policy is in place;
- (12) Certification maintenance program, which includes review of qualifications and continued competence, is in place;
- (13) Mechanisms are in place for communication to boards of nursing for timely verification of an individual's certification status, changes in the certification status, and changes in the certification program, including qualifications, test plan and scope of practice; and
- (14) An evaluation process is in place to provide quality assurance in the certification program.

485:10-15-5.1. Advertisement of Health Care Services

(a) Advertisement of Health Care Services. The Advanced Practice Registered Nurse shall only advertise and offer health care services consistent with their scope of practice. Any advertisement for health care services shall not imply that the Advanced Practice Registered Nurse is a physician or offering services beyond their personal and legal scope of practice.

(b) Violation of the provisions in section (a) shall subject the Advanced Practice Registered Nurse to disciplinary action.

485:10-15-6. Practice as a Certified Nurse Practitioner

(a) Educational preparation. Successful completion of an education program shall establish eligibility to take the recognized nurse practitioner certification examination in a specialty area. The education program shall:

- (1) Prepare nurse practitioners in a graduate-level nursing program accredited by or holding preliminary approval or candidacy status with the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, or the Commission for Nursing Education Accreditation; or
- (2) Meet the following requirements:
 - (A) be based on measurable objectives that relate directly to the scope of practice for the specialty area;
 - (B) include theoretical and clinical content directed to the objectives;
 - (C) be equivalent to at least one academic year. A preceptorship which is part of the formal program shall be included as part of the academic year;
 - (D) be university-based or university-affiliated with oversight by a nursing program accredited by an approved national nursing accrediting agency.
- (3) ~~Effective January 1, 2016, all~~ All applicants for initial licensure or licensure by endorsement as a Certified Nurse Practitioner must hold a graduate level degree from an advanced practice education program accredited by or holding preliminary approval or candidacy status with the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, or the Commission for Nursing Education Accreditation.

(b) Scope of practice for CNP. The Certified Nurse Practitioner's scope of practice includes the full scope of nursing practice and practice in an expanded role as follows:

- (1) The Certified Nurse Practitioner (CNP) provides comprehensive health care to clients across the life span.

- (2) The CNP is responsible and accountable for the continuous and comprehensive management of a broad range of health services, which include, but are not limited to:
- (A) promotion and maintenance of health;
 - (B) prevention of illness and disability;
 - (C) diagnosis and prescription of medications, treatments, and devices for acute and chronic conditions and diseases;
 - (D) management of health care during acute and chronic phases of illness;
 - (E) guidance and counseling services;
 - (F) consultation and/or collaboration with other health care providers and community resources;
 - (G) referral to other health care providers and community resources.
- (3) The CNP will provide services based upon education, experience, and national certification. It is the responsibility of the licensee to document competency of any act, based upon education, experience and certification.
- (4) The scope of practice as previously defined is incorporated into the following specialty categories and further delineates the population served:
- (A) Adult CNP (acute and/or primary) provides acute and/or primary health care to adolescents and adults.
 - (B) Family CNP provides health care to persons across the lifespan.
 - (C) Geriatric CNP provides health care to older adults.
 - (D) Neonatal CNP provides health care to neonates and infants.
 - (E) Pediatric CNP (acute and/or primary) provides acute and/or primary health care to persons from newborn to young adulthood.
 - (F) Women's Health Care CNP provides health care to adolescent and adult females. Care may also be provided to males with reproductive health needs or problems.
 - (G) Acute Care CNP provides health care to adults who are acutely or critically ill.
 - (H) The Adult Psychiatric and Mental Health CNP provides acute and chronic psychiatric and mental health care to persons age 13 or older.
 - (I) The Family Psychiatric and Mental Health CNP provides acute and chronic psychiatric and mental health care to persons across the lifespan.
 - (J) The Acute Care Pediatric CNP provides health care to persons from newborn to young adulthood with complex acute, critical and chronic health conditions.
- (5) ~~Effective January 1, 2016, the~~ The applicant for initial APRN licensure or APRN licensure by endorsement as a CNP shall hold certification in at least one of the following population foci: family/individual across the lifespan, adult-gerontology (acute and/or primary), neonatal, pediatrics (acute and/or primary), women's health/gender related, or psychiatric/mental health.

485:10-15-8. Practice as a Certified Nurse-Midwife

- (a) **Educational preparation.** An applicant for licensure as a Certified Nurse-Midwife must provide evidence of Successful completion of a nurse midwifery program accredited by the Accreditation Commission for Midwifery Education. ~~Effective January 1, 2016, an~~ An applicant for initial licensure or licensure by endorsement as a Certified Nurse-Midwife must hold a graduate level degree from an advanced practice education program accredited by the Accreditation Commission for Midwifery Education.
- (b) **Certification.** The applicant for licensure as a Certified Nurse-Midwife must hold current certification for the practice of nurse-midwifery from the American Midwifery Certification Board (AMCB).

485:10-15-9. Practice as a Certified Registered Nurse Anesthetist

- (a) **Educational preparation.** An applicant for licensure as a Certified Registered Nurse Anesthetist must provide evidence of successful completion of a nurse anesthesia education program accredited by the American Association of Nurse Anesthetists' Council on Accreditation of Nurse Anesthesia Educational Programs. ~~Effective January 1, 2016, the~~ The applicant for initial licensure or licensure by endorsement as a Certified Registered Nurse Anesthetist must hold a graduate-level degree from a program preparing the graduate for certification as a nurse anesthetist accredited by the American Association of Nurse Anesthetists' Council on Accreditation of Nurse Anesthesia Educational Programs.
- (b) **Certification.** The applicant for initial licensure or licensure by endorsement as a Certified Registered Nurse Anesthetist must hold current certification as a nurse anesthetist through the National Board of Certification and Recertification for Nurse Anesthetists.

SUBCHAPTER 16. REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE REGISTERED NURSES

485:10-16-3. Initial application

The Advanced Practice Registered Nurse applicant for prescriptive authority shall:

- (1) hold current Registered Nurse and Certified Nurse Practitioner, Certified Nurse Midwife, or Clinical Nurse Specialist licenses in Oklahoma;

(2) submit a completed application for each type of recognition and advanced practice specialty certification held containing such information as the Board may prescribe and the required fee. If the application is not completed within one (1) year, a new application and new fee will be required;

(3) submit a written statement from an Oklahoma-licensed physician supervising prescriptive authority which identifies a mechanism for:

(A) appropriate referral, consultation, and collaboration between the Advanced Practice Registered Nurse and physician supervising prescriptive authority;

(B) availability of communication between the Advanced Practice Registered Nurse and physician supervising prescriptive authority through direct contact, telecommunications, or other appropriate electronic means for consultation, assistance with medical emergencies or patient referral;

(C) Advanced Practice Registered Nurses who meet the eligibility requirements and apply for independent prescriptive authority, as defined in 485:10-16-3.2, are not required to submit a written statement from an Oklahoma-licensed physician supervising prescriptive authority.

(4) submit documentation verifying completion of forty-five contact hours of Category B continuing education or three academic credit hours of education, as required by law and defined in the rules and regulations, in a course or courses in pharmacotherapeutic management that target/s Advanced Practice Registered Nurses or individuals enrolled in an advanced practice registered nursing education program and/or other authorized prescribers. Such contact hours or academic credits shall be obtained within a time period of three (3) years immediately preceding the date of receipt of application for prescriptive authority. The three (3) year time period may be waived if the applicant has graduated from their advanced practice registered nursing education program within a time period of three years immediately preceding the date of application for prescriptive authority and evidence that didactic and clinical preparation for prescribing was incorporated throughout the program;

(5) Submit documentation verifying successful completion of a graduate level advanced practice registered nursing education program that included an academic course in pharmacotherapeutic management and didactic and clinical preparation for prescribing incorporated throughout the program. ~~Until January 1, 2016, a Clinical Nurse Specialist who verifies completion of a graduate level advanced practice registered nursing education program that included an academic course in pharmacotherapeutic management may meet the requirements in 485:10-16-4 in lieu of submitting verification of didactic and clinical preparation for prescribing incorporated throughout the advanced practice nursing education program.~~

485:10-16-3.1. Endorsement

In addition to meeting statutory requirements for endorsement of prescriptive authority, an applicant for prescriptive authority recognition by endorsement must:

(1) Be licensed as an APRN in Oklahoma;

(2) Submit a completed application containing such information as the Board may prescribe and required fee. If the application is not completed within one (1) year, a new application and new fee will be required;

(3) Present evidence of licensure or recognition as an APRN in the same role with prescriptive authority in another state;

(4) Submit a written statement signed by the Oklahoma-licensed physician supervising prescriptive authority that includes a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral; or, if applying for independent prescriptive authority, submit an application and documents as required by 485:10-16-3.2; and

(5) Present evidence that during the two (2) years preceding receipt of the completed application for endorsement in the Board office of either (A) or (B) below:

(A) Employment in a position that requires APRN prescriptive authority licensure or recognition with verification of at least 520 work hours; or

(B) Documentation approved by the Board, verifying a minimum of fifteen (15) contact hours or one academic credit hour of education or the equivalent in pharmacotherapeutics and clinical application of use of pharmacological agents in the prevention of illness and in the restoration and maintenance of health, in a program approved by the Board that is more advanced than basic registered nurse preparation and that is applicable to the scope of practice and specialty certification.

(i) If the applicant selects option (B) above, the following categories identify how the education requirement may be met. No more than the identified percentage for each category may apply towards the contact hour/academic hour or the equivalent requirements for endorsement of prescriptive authority;

(ii) Maximum number of units acceptable in continuing education categories:

(I) Category A: up to 100% of requirement (1 credit hour)

(II) Category B: up to 100% of requirement (15 contact hours)

(III) Category C: up to 100% of requirement (15 contact hours)

(IV) Category D: up to 20% of requirement (3 contact hours)

(V) Category E: up to 20% of requirement (3 contact hours)

485:10-16-3.2. Initial application for Independent Prescriptive Authority

The Advanced Practice Registered Nurse applicant for independent prescriptive authority shall meet the following requirements in addition to the requirements in 485:10-16-3:

(1) Submit an application prescribed by the Board for reporting completion of six thousand two hundred forty (6,240) clinical practice hours with prescriptive authority supervised by a physician. Upon verification by the Board of the requisite completion of six thousand two hundred forty (6,240) clinical practice hours with prescriptive authority supervised by a physician.

(A) Clinical practice hours include:

(i) Performing services directly related to patient care.

(ii) Providing clinical instruction to Advanced Practice Registered Nursing students at an accredited Advanced Practice Registered Nursing program. Time spent preparing to provide clinical instruction or performing administrative tasks related to providing clinical instruction should not be included in clinical practice hours.

(B) Attestation of clinical practice hours with prescriptive authority supervised by a physician:

(i) On the form prescribed by the Board, an attestation from the Advanced Practice Registered Nurse that they have accrued the requisite hours.

(ii) If audited, the Advanced Practice Nurse shall present documentation, as requested by board staff, to support their attestation regarding the requisite hours.

(2) Requirement for insurance. The Advanced Practice Registered Nurse with independent prescriptive authority shall demonstrate evidence of maintaining insurance or proof of financial responsibility as required under 59 O.S. § 567.5b(A). If audited, the Advanced Practice Registered Nurse shall present documentation supporting compliance with the insurance or proof of financial responsibility requirement.

485:10-16-4. Clinical Nurse Specialist pharmacology requirements [REVOKED]

~~Until January 1, 2016, in addition to meeting the requirements in 485:10-16-3, and in lieu of submitting verification of didactic and clinical preparation for prescribing incorporated throughout the advanced practice nursing education program, the Clinical Nurse Specialist who submits an initial application for prescriptive authority may also submit:~~

~~(1) Documentation verifying completion of a course in pharmacotherapeutic management applicable to the Clinical Nurse Specialist's specialty area which must be a minimum of two credit hours or 30 contact hours of Categories A or B continuing education categories.~~

~~(2) Documentation verifying satisfactory completion of a minimum of 320 clock hours preceptorial experience with a qualified preceptor whereby the Clinical Nurse Specialist is providing direct care including demonstrating competence in prescribing drugs and medicines. This preceptorial experience must be developed and overseen by an academic program that prepares Clinical Nurse Specialists. All didactic coursework in pharmacotherapeutics must be a prerequisite or corequisite to the preceptorial experience verified by official documentation of approval by the academic program that offers the preceptorial experience.~~

485:10-16-5. Maintenance

(a) The Advanced Practice Registered Nurse may prescribe in writing, orally, or by other means of telecommunication, drugs or medical supplies which are not listed on the exclusionary formulary approved by the Board, and which are within the scope of practice for the Advanced Practice Registered Nurse, and that are not otherwise prohibited by law.

(b) The Advanced Practice Registered Nurse must have a supervising physician on file with the Board, unless they have been granted independent prescriptive authority by the Board, prior to prescribing drugs or medical supplies. Changes to the written statement between the Advanced Practice Registered Nurse and supervising physician shall be filed with the Board within thirty (30) days of the change and shall be effective upon filing.

(c) The Advanced Practice Registered Nurse with prescriptive authority who prescribes Schedule III-V drugs will comply with state and Federal Drug Enforcement Administration (DEA) requirements prior to prescribing controlled substances. ~~(f)~~ No more than a 30-day supply for Schedule III-V drugs shall be prescribed by the Advanced Practice Registered Nurse with prescriptive authority.

485:10-16-6. Renewal

The application for renewal of prescriptive authority shall:

(1) be concurrent with the two-year RN licensure renewal and renewal of advanced practice registered nurse licensure;

(2) include:

(A) a completed application containing such information as the Board may prescribe and required fee;

(B) for applicants who have not been granted independent prescriptive authority by the Board, documentation approved by the Board verifying a minimum of fifteen (15) contact hours, or one academic credit hour of education, or the equivalent, in pharmacotherapeutics, clinical application and use of pharmacological agents in the prevention of illness, and in the restoration and maintenance of health. All of the required hours shall be obtained in a program beyond basic registered nurse preparation, approved by the Board, within the two-year period immediately preceding the effective date of application for renewal of prescriptive authority, which is

applicable to the scope of practice and specialty certification. This documentation requirement does not apply to individuals renewing within twenty-four (24) months of initial prescriptive authority approval.

(i) The following categories identify how this requirement may be met. No more than the identified percentage for each category may apply towards the contact hour/academic hour or the equivalent requirements for renewal of prescriptive authority;

(ii) Maximum number of units acceptable in continuing education categories:

(I) Category A: up to 100% of requirement (1 credit hour)

(II) Category B: up to 100% of requirement (15 contact hours)

(III) Category C: up to 100% of requirement (15 contact hours)

(IV) Category D: up to 20% of requirement (3 contact hours)

(V) Category E: up to 20% of requirement (3 contact hours)

(C) for applicants who have been granted independent prescriptive authority by the Board, documentation approved by the Board verifying a minimum of forty (40) hours of Category I continuing medical education hours within the two-year period immediately preceding the effective date of application for renewal of independent prescriptive authority. This may include the continuing education described in 485:10-16-6(2)(B) if it meets the criteria for Category I continuing medical education.

(D) documentation approved by the Board verifying two (2) hours of education in pain management or two (2) hours of education in opioid use or addiction, unless the Advanced Practice Registered Nurse has demonstrated to the satisfaction of the Board that the Advanced Practice Registered Nurse does not currently hold a valid federal Drug Enforcement Administration registration number.

~~(D)~~ (E) for applicants who have not been granted independent prescriptive authority by the Board, Aa written statement signed by the physician supervising prescriptive authority that includes a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral. Applicants for renewal who have submitted a written statement signed by the physician supervising prescriptive authority prior to renewal but within ninety (90) days of the expiration date are not required to submit another written statement for renewal.

485:10-16-7. Reinstatement/Inactive Status

(a) Reinstatement.

(1) If an Advanced Practice Registered Nurse fails to renew prescriptive authority prior to the expiration date of that authority, the Advanced Practice Registered Nurse's prescriptive authority shall expire and the Advanced Practice Registered Nurse shall cease prescribing.

(2) The Advanced Practice Registered Nurse may reinstate the prescriptive authority recognition by submitting:

(A) a completed application containing such information as the Board may prescribe and required fee. If the application is not completed within one (1) year, a new application and new fee will be required;

(B) for applicants who have not been granted independent prescriptive authority by the Board, Aa written statement signed by the Oklahoma-licensed physician supervising prescriptive authority that includes a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral; and

(C) present evidence of:

(i) having met requirements for renewal of prescriptive authority as listed in 485:10-16-6(2)(B)~~(C)~~(D);

or

(ii) licensure or recognition as an APRN in the same role with prescriptive authority in another state with employment in a position that requires APRN prescriptive authority licensure or recognition with verification of at least 520 work hours during the past two (2) years preceding receipt of the application for reinstatement in the Board office.

(D) For applicants who have been granted independent prescriptive authority by the Board, evidence of having met requirements for renewal of prescriptive authority as listed in 485:10-16-6(2)(C)~~(D)~~.

(b) Inactive Status.

(1) An Advanced Practice Registered Nurse may submit a written request to place prescriptive authority on inactive status.

(2) The date of inactive status will be the date of approval by the Board. The Board may delegate approval of the licensee's request to be placed on inactive status to Board staff.

(3) The Advanced Practice Registered Nurse may return to active status the prescriptive authority recognition by submitting:

(A) a completed application containing such information as the Board may prescribe and required fee. If the application is not completed within one (1) year, a new application and new fee will be required;

(B) for applicants who have not been granted independent prescriptive authority by the Board, Aa written statement signed by the Oklahoma-licensed physician supervising prescriptive authority that includes a method of assuring availability of the supervising physician through direct contact, telecommunications or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral; and

(C) present evidence of:

- (i) having met requirements for renewal of prescriptive authority as listed in 485:10-16-6(2)(B)(~~D~~); or
- (ii) licensure or recognition as an APRN in the same role with prescriptive authority in another state with employment in a position that requires APRN prescriptive authority licensure or recognition with verification of at least 520 work hours during the past two (2) years preceding receipt of the application for return to active status in the Board office.

(D) For applicants who have been granted independent prescriptive authority by the Board, evidence of having met requirements for renewal of prescriptive authority as listed in 485:10-16-6(2)(~~C~~)(D).

485:10-16-8. Information which must be included on the prescription

(a) Prescriptions will comply with all applicable state and federal laws.

(b) All prescriptions will include the following information:

(1) Name, title, address, and telephone number of the Advanced Practice Registered Nurse who is prescribing.

(2) For Advanced Practice Registered Nurses who have not been granted independent prescriptive authority by the Board, Name of physician supervising prescriptive authority.

(3) For Advanced Practice Registered Nurses who have been granted independent prescriptive authority by the Board, the notation of "Independent Rx Authority".

(4) Name of the client.

~~(4)~~(5) Date of the prescription.

~~(5)~~(6) Full name of the drug, dosage, route and specific directions for administration.

~~(6)~~(7) DEA number of Advanced Practice Registered Nurse, if required.

(c) Written prescriptions shall include the signature of the Advanced Practice Registered Nurse.

(d) Records of all prescriptions will be documented in client records.