OKLAHOMA
NURSING PRACTICE ACT

Effective as of November 1, 2026

Unofficial Oklahoma Statutes, Title 59,
Chapter 12, Section 567.1, *et seq*.

Oklahoma Board of Nursing
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OKLAHOMA NURSING PRACTICE ACT
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Printed: October 2026

This book contains the unofficial copy of the Oklahoma Nursing Practice Act, effective on November 1, 2026.

This publication, printed by The Oklahoma Office of Management and Enterprise Services, Division of Capital Assets Management, is issued by the Oklahoma Board of Nursing as authorized by the *Oklahoma Nursing Practice Act* [59 O.S. §567.1, *et seq.*]. Two hundred-fifty copies have been prepared at a cost of $657.59.

This publication is issued by the Oklahoma Board of Nursing as authorized by the *Oklahoma Nursing Practice Act* [59 O.S. §567.1, *et seq.*] and is located at the following website: https://oklahoma.gov/nursing/nursing-practice-act.html

This publication has been submitted in compliance with §3-114 of Title 65 of the Oklahoma Statutes. [74 O.S., §3105(B)]

BE IT ENACTED BY THE PEOPLE OF THE
STATE OF OKLAHOMA

§§ 551 to 566. Repealed by Laws 1953, p. 271, § 17, emerg. eff. April 13, 1953

§ 567.1. Title of Act

This Act shall be known and may be cited as the Oklahoma Nursing Practice Act. Laws 1953, p. 265, 1.

§ 567.2. Declaration of public interest–Liberal construction of act

A. 1. The education, certification and licensure of registered and licensed practical nurses or advanced unlicensed assistive persons, and the practice of registered or practical nursing or advanced unlicensed assistance in this state is hereby declared to affect the public health, safety and welfare and, in the public interest, is therefore subject to regulation and control by the Oklahoma Board of Nursing.

2. It is further declared to be a matter of public interest and concern that the education of nurses and advanced unlicensed assistive persons, as such terms are defined in the Oklahoma Nursing Practice Act, and the practice of nursing and advanced unlicensed assistance merit and receive the confidence of the public and that only qualified persons be authorized to practice in this state.

3. The Board shall promulgate rules to identify the essential elements of education and practice necessary to protect the public.

B. The provisions of the Oklahoma Nursing Practice Act shall be liberally construed to best carry out these requirements and purposes.

§ 567.3. Repealed by Laws 1991, c. 104, § 14, eff. Sept. 1, 1991

§ 567.3a. Definitions

As used in the Oklahoma Nursing Practice Act:

1. "Board" means the Oklahoma Board of Nursing;

2. "The practice of nursing" means the performance of services provided for purposes of nursing diagnosis and treatment of human responses to actual or potential health problems consistent with educational preparation. Knowledge and skill are the basis for assessment, analysis, planning, intervention, and evaluation used in the promotion and maintenance of health and nursing management of illness, injury, infirmity, restoration or optimal function, or death with dignity. Practice is based on understanding the human condition across the human lifespan and understanding the relationship of the individual within the environment. This practice includes execution of the medical regime including the administration of medications and treatments prescribed by any person authorized by state law to so prescribe;

3. "Registered nursing" means the practice of the full scope of nursing which includes, but is not limited to:

a. assessing the health status of individuals, families and groups,

b. analyzing assessment data to determine nursing care needs,

c. establishing goals to meet identified health care needs,

d. planning a strategy of care,

e. establishing priorities of nursing intervention to implement the strategy of care,

f. implementing the strategy of care,

g. delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the provisions of the Oklahoma Nursing Practice Act,

h. providing safe and effective nursing care rendered directly or indirectly,

i. evaluating responses to interventions,

j. teaching the principles and practice of nursing,

k. managing and supervising the practice of nursing,

l. collaborating with other health professionals in the management of health care,

m. performing additional nursing functions in accordance with knowledge and skills acquired beyond basic nursing preparation, and

n. delegating those nursing tasks as defined in the rules of the Board that may be performed by an Advanced Unlicensed Assistant;

4. "Licensed practical nursing" means the practice of nursing under the supervision or direction of a Registered Nurse, licensed physician or dentist. This directed scope of nursing practice includes, but is not limited to:

a. contributing to the assessment of the health status of individuals and groups,

b. participating in the development and modification of the plan of care,

c. implementing the appropriate aspects of the plan of care,

d delegating such tasks as may safely be performed by others, consistent with educational preparation and that do not conflict with the Oklahoma Nursing Practice Act,

e. providing safe and effective nursing care rendered directly or indirectly,

f. participating in the evaluation of responses to interventions,

g. teaching basic nursing skills and related principles,

h. performing additional nursing procedures in accordance with knowledge and skills acquired through education beyond nursing preparation, and

i. delegating those nursing tasks as defined in the rules of the Board that may be performed by an Advanced Unlicensed Assistant;

5. "Advanced Practice Registered Nurse" means a licensed Registered Nurse:

a. who has completed an advanced practice registered nursing education program in preparation for one of four recognized Advanced Practice Registered Nurse roles,

b. who has passed a national certification examination recognized by the Board that measures the Advanced Practice Registered Nurse role and specialty competencies and who maintains recertification in the role and specialty through a national certification program,

c. who has acquired advanced clinical knowledge and skills in preparation for providing both direct and indirect care to patients; however, the defining factor for all Advanced Practice Registered Nurses is that the education and practice focuses on direct care of individuals,

d. whose practice builds on the competencies of Registered Nurses by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, and increased complexity of skills and interventions, and

e. who has obtained a licensed as an Advanced Practice Registered Nurse in one of the following roles: Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, Clinical Nurse Specialist, or Certified Nurse Practitioner.

Only those persons who hold a licensed to practice advanced practice registered nursing in this state shall have the right to use the title Advanced Practice Registered Nurse and to use the abbreviation “APRN”. Only those persons who have obtained a license in the following disciplines shall have the right to fulfill the roles and use the applicable titles: Certified Registered Nurse Anesthetist and the abbreviation “CRNA”, Certified Nurse-Midwife and the abbreviation “CNM”, Clinical Nurse Specialist and the abbreviation “CNS”, and Certified Nurse Practitioner and the abbreviation “CNP”.

It shall be unlawful for any person to assume the role or use the title Advanced Practice Registered Nurse or use the abbreviation APRN or use the respective specialty role titles and abbreviations or to use any other titles or abbreviations that would reasonably lead a person to believe the user in an Advanced Practice Registered Nurse, unless permitted by the Oklahoma Nursing Practice Act. Any individual doing so shall be guilty of a misdemeanor, which shall be punishable, upon conviction, by imprisonment in the county jail for not more than one (1) year or by a fine not less than One Hundred Dollars ($100.00) nor more than One Thousand Dollars ($1,000.00), or by both such imprisonment and fine for each offense;

6. “Certified Nurse Practitioner” means an Advanced Practice Registered Nurse who performs in an expanded role in the delivery of health care:

a. consistent with advanced educational preparation as a Certified Nurse Practitioner in an area of specialty,

b. functions within the Certified Nurse Practitioner scope of practice for the selected area of specialization, and

c. in accord with the standards for Certified Nurse Practitioners as identified by the certifying body and approved by the Board.

A Certified Nurse Practitioner shall be eligible, in accordance with the scope of practice of the Certified Nurse Practitioner, to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to Section 567.4a of this title and Section 1 of this act. This authorization shall not include dispensing drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.

The Certified Nurse Practitioner accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice registered nursing standards and functions as defined by the scope of practice/role definition statements for the Certified Nurse Practitioner;

7. a. "Clinical Nurse Specialist" means an Advanced Practice Registered Nurse who holds:

(1) a master's degree or higher in nursing with clinical specialization preparation to function in an expanded role,

(2) specialty certification from a national certifying organization recognized by the Board, and

(3) an Advanced Practice Registered Nurse license from the Board.

Any nurse holding a specialty certification as a Clinical Nurse Specialist valid on January 1, 1994, granted by a national certifying organization recognized by the Board, shall be deemed to be a Clinical Nurse Specialist under the provisions of the Oklahoma Nursing Practice Act.

b. In the expanded role, the Clinical Nurse Specialist performs at an advanced practice level which shall include, but not be limited to:

(1) practicing as an expert clinician in the provision of direct nursing care to a selected population of patients or clients in any setting, including private practice,

(2) managing the care of patients or clients with complex nursing problems,

(3) enhancing patient or client care by integrating the competencies of clinical practice, education, consultation, and research, and

(4) referring patients or clients to other services.

c. A Clinical Nurse Specialist in accordance with the scope of practice of such Clinical Nurse Specialist shall be eligible to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to Section 567.4a of this title and Section 1 of this act. This authorization shall not include dispensing drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.

d. The Clinical Nurse Specialist accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice nursing standards and functions as defined by the scope of practice/role definition statements for the Clinical Nurse Specialist;

8. "Certified Nurse-Midwife" means a nurse who has received an Advanced Practice Registered Nurse license from the Oklahoma Board of Nursing who possesses evidence of certification according to the requirements of the American College of Nurse-Midwives.

A Certified Nurse-Midwife in accordance with the scope of practice of such Certified Nurse-Midwife shall be eligible to obtain recognition as authorized by the Board to prescribe, as defined by the rules promulgated by the Board pursuant to Section 567.4a of this title and Section 1 of this act. This authorization shall not include the dispensing of drugs, but shall not preclude, subject to federal regulations, the receipt of, the signing for, or the dispensing of professional samples to patients.

The Certified Nurse-Midwife accepts responsibility, accountability, and obligation to practice in accordance with usual and customary advanced practice registered nursing standards and functions as defined by the scope of practice/role definition statements for the Certified Nurse-Midwife;

9. "Nurse-midwifery practice" means providing management of care of normal newborns and women, antepartally, intrapartally, postpartally, and gynecologically, occurring within a health care system which provides for medical consultation, medical management, or referral, and is in accord with the standards for nurse-midwifery practice as defined by the American College of Nurse-Midwives;

10. a. "Certified Registered Nurse Anesthetist" means an Advanced Practice Registered Nurse who:

(1) is certified by the National Board of Certification and Recertification for Nurse Anesthetists as a Certified Registered Nurse Anesthetist within one (1) year following completion of an approved Certified Registered Nurse Anesthetist education program, and continues to maintain such recertification by the National Board of Certification and Recertification for Nurse Anesthetists, and

(2) administers anesthesia in collaboration with a medical doctor, an osteopathic physician, a podiatric physician, or a dentist licensed in this state and under conditions in which timely on-site consultation by such doctor, osteopath, podiatric physician, or dentist is available.

b. A Certified Registered Nurse Anesthetist, in collaboration with a medical doctor, osteopathic physician, podiatric physician, or dentist licensed in this state, and under conditions in which timely, on-site consultation by such medical doctor, osteopathic physician, podiatric physician, or dentist is available, shall be authorized, pursuant to rules adopted by the Oklahoma Board of Nursing, to order, select, obtain, and administer legend drugs, Schedules II through V controlled substances, devices, and medical gases only when engaged in the preanesthetic preparation and evaluation; anesthesia induction, maintenance, and emergence; and postanesthesia care. A Certified Registered Nurse Anesthetist may order, select, obtain, and administer drugs only during the perioperative or periobstetrical period.

c. A Certified Registered Nurse Anesthetist who applies for authorization to order, select, obtain, and administer drugs shall:

(1) be currently recognized as a Certified Registered Nurse Anesthetist in this state,

(2) provide evidence of completion, within the two-year period immediately preceding the date of application, of a minimum of fifteen (15) units of continuing education in advanced pharmacology related to the administration of anesthesia as recognized by the National Board of Certification and Recertification for Nurse Anesthetists or the Council on Certification of Nurse Anesthetists, and

(3) complete and submit a notarized application, on a form prescribed by the Board, accompanied by the application fee established pursuant to this section.

d. The authority to order, select, obtain, and administer drugs shall be terminated if a Certified Registered Nurse Anesthetist has:

(1) ordered, selected, obtained, or administered drugs outside of the Certified Registered Nurse Anesthetist scope of practice or ordered, selected, obtained, or administered drugs for other than therapeutic purposes, or

(2) violated any provision of state laws or rules or federal laws or regulations pertaining to the practice of nursing or the authority to order, select, obtain, and administer drugs.

e. The Oklahoma Board of Nursing shall notify the State Board of Pharmacy after termination of or a change in the authority to order, select, obtain, and administer drugs for a Certified Registered Nurse Anesthetist.

f. The Board shall provide by rule for biennial application renewal and reauthorization of authority to order, select, obtain, and administer drugs for Certified Registered Nurse Anesthetists. At the time of application renewal, a Certified Registered Nurse Anesthetist shall submit documentation of a minimum of eight (8) units of continuing education, completed during the previous two (2) years, in advanced pharmacology relating to the administration of anesthesia, as recognized by the National Board of Certification and Recertification for Nurse Anesthetists.

g. This paragraph shall not prohibit the administration of local or topical anesthetics as now permitted by law. Provided further, nothing in this paragraph shall limit the authority of the Board of Dentistry to establish the qualifications for dentists who direct the administration of anesthesia;

h. As used in this paragraph, "collaboration" means an agreement between a medical doctor, osteopathic physician, podiatric physician, or dentist performing the procedure or directly involved with the procedure and the Certified Registered Nurse Anesthetist working jointly toward a common goal providing services for the same patient. This collaboration involves the joint formulation, discussion, and agreement of the anesthesia plan by both parties, and the collaborating medical doctor, osteopathic physician, podiatric physician, or dentist performing the procedure or directly involved with the procedure and that collaborating physician shall remain available for timely on-site consultation during the delivery of anesthesia for diagnosis, consultation, and treatment of medical conditions;

11. "Supervising physician" means an individual holding a current license to practice as a physician from the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners, who supervises a Certified Nurse Practitioner, a Clinical Nurse Specialist, or a Certified Nurse-Midwife who has not obtained independent prescriptive authority under Section 1 of this act, and who is not in training as an intern, resident, or fellow. The supervising physician shall remain in compliance with the rules promulgated by the State Board of Medical Licensure and Supervision or the State Board of Osteopathic Examiners;

12. "Supervision" means assuring availability of the supervising physician to a Certified Nurse Practitioner, a Clinical Nurse Specialist, or a Certified Nurse-Midwife who has not obtained independent prescriptive authority under Section 1 of this act through direct contact, telecommunications, or other appropriate electronic means for consultation, assistance with medical emergencies, or patient referral with respect to written, telephonic, electronic, or oral prescriptions for drugs and other medical supplies, subject to a defined formulary; and

13. "Advanced Unlicensed Assistant" means any person who has successfully completed a certified training program approved by the Board that trains the Advanced Unlicensed Assistant to perform specified technical skills identified by the Board in acute care settings under the direction and supervision of the Registered Nurse, Licensed Practical Nurse, or Advanced Practice Registered Nurse.

§ 567.4. Oklahoma Board of Nursing

A. The Oklahoma Board of Nursing is hereby established in the State of Oklahoma. The Board shall consist of eleven (11) members who shall be citizens of the United States of America, and residents of Oklahoma, for at least the previous three (3) years. Six of the members shall be Registered Nurses, in good standing under the provisions of the Oklahoma Nursing Practice Act, currently engaged in the practice of nursing as a Registered Nurse and shall have had no less than five (5) years of experience as a Registered Nurse. At least two of the Registered Nurses shall be from the field of nursing education, actively associated with a recognized school of nursing in Oklahoma, and who hold an organizational role of administration/management and who are accountable for strategic, operational and/or performance outcomes. At least two of the Registered Nurses who hold an organizational role of administration/management and who are accountable for strategic, operational and/or performance outcomes shall represent nursing service. At least one of the Registered Nurses shall be currently engaged in the practice of nursing as an Advanced Practice Registered Nurse. Three of the members shall be Licensed Practical Nurses in good standing under the provisions of the Oklahoma Nursing Practice Act and currently engaged in the practice of practical nursing as a Licensed Practical Nurse and shall have had no less than five (5) years of experience as a Licensed Practical Nurse. One of the licensed nurses must be employed in the field of long-term care. One of the licensed nurses shall be employed in the area of acute care. Two members shall represent the public and shall be eligible voters of this state, knowledgeable in consumer health concerns, and shall neither be nor ever have been associated with the provision of health care, nor be enrolled in any health-related educational program. The public members shall be appointed by the Governor to serve coterminously with the Governor. At least one Registered Nurse Board member, one Licensed Practical Nurse Board member and one public Board member shall be appointed from a county with a population of less than forty thousand (40,000).

B. For the purpose of nominating, appointing or reappointing members to the Board, this state shall be divided into eight geographical districts, consisting of counties within the districts as follows:

District No. 1	Cimarron, Texas, Beaver, Harper, Woods, Alfalfa, Grant, Kay, Ellis, Woodward, Major, Garfield, Noble, Dewey, Blaine, Kingfisher and Logan;
District No. 2	Roger Mills, Custer, Beckham, Washita, Caddo, Greer, Kiowa, Harmon, Jackson, Comanche, Tillman and Cotton;
District No. 3	Canadian, Grady, McClain, Garvin, Stephens, Murray, Jefferson, Carter and Love;
District No. 4	Oklahoma;
District No. 5	Lincoln, Okfuskee, Cleveland, Pottawatomie, Seminole, Hughes, Pontotoc, Coal, Johnston, Marshall and Bryan;
District No. 6	Creek and Tulsa;
District No. 7	Osage, Washington, Nowata, Craig, Ottawa, Pawnee, Payne, Rogers, Mayes and Delaware; and
District No. 8	Wagoner, Cherokee, Adair, Okmulgee, Muskogee, Sequoyah, McIntosh, Haskell, Leflore, Pittsburg, Latimer, Atoka, Pushmataha, McCurtain and Choctaw.

Not more than one Registered Nurse and one Licensed Practical Nurse and one public member shall be appointed from any one geographical district.

C. The Governor shall appoint the Registered Nurse Board members from a list of names submitted by the Oklahoma Nurses Association and Oklahoma chapters of nationally recognized Registered Nurse organizations. The Governor shall appoint the Licensed Practical Nurse Board members from a list of names submitted by the Oklahoma chapters of nationally recognized nursing organizations. Individuals who are members of the Oklahoma Board of Nursing prior to September 1, 1991, shall be allowed to fulfill their terms and be eligible for reappointment.

D. The Registered Nurse and Licensed Practical Nurse members shall be appointed for terms of five (5) years. Upon the death, resignation, or removal of any member, a list from the aforementioned organizations shall be submitted to the Governor who shall appoint a member to fill the vacancy.

1. In addition to the grounds for removal by the Governor of members appointed to the Board provided in Section 2 of Title 74 of the Oklahoma Statutes, it is a ground for removal if a member:

   a. does not have at the time of appointment the qualifications required by subsection A of this section,

   b. is not employed in nursing for a period of twelve (12) consecutive months during the term for which the member was appointed,

   c. is absent from more than half of the regularly scheduled Board meetings that the member is eligible to attend during a calendar year, unless the absence is excused by a majority vote of the Board, or

   d. cannot discharge the duties as a Board member for a substantial portion of the term for which the member is appointed because of illness or disability.

2. The validity of an action of the Board is not affected by the fact that it is taken when a ground for removal of a Board member exists.

3. If the president of the Board has knowledge that a potential ground for removal exists, the president shall then notify the Governor that a potential ground for removal exists.

E. A quorum shall be a majority of the Board which must include at least three Registered Nurses and one Licensed Practical Nurse.

F. The members of the Board shall annually elect from their number a president, vice-president and a secretary who shall also be the treasurer, and other such officers as necessary to conduct the business of the Board. It shall hold six regular business meetings during each calendar year. Special meetings may be called by the president or secretary with five (5) days' notice to each member of the Board. The Board shall have a seal; it shall make and adopt all necessary rules not inconsistent with the laws of this state, the United States, or with the Oklahoma Nursing Practice Act; and it shall perform the duties and transact the business required under the provisions of the act. The Board shall cause to be kept a record of all meetings of the Board and give notice of all meetings in accordance with the Administrative Procedures Act and the Open Meeting Act. A list of all persons duly licensed and qualified under this act shall be maintained by the Board. Each member of the Board shall receive, in addition to actual and necessary travel expenses as provided in the State Travel Reimbursement Act, compensation of One Hundred Dollars ($100.00) for each regular scheduled monthly meeting attended, not to exceed more than six meetings per year. All monies received by the Board shall be held by the treasurer of the Board for meeting the expenses of the Board and for the promotion of nursing education, to employ an attorney to assist the Board and other state and county officials in carrying out the provisions of the Oklahoma Nursing Practice Act, and such other purposes which the Board may determine, and shall be disbursed as directed by the Board. The Board is authorized to adopt and revise rules, not inconsistent with the provisions of the Oklahoma Nursing Practice Act, as may be necessary to enable it to carry into effect the provisions of the act, including rules establishing fees, charges and reimbursement costs. The Board shall appoint and employ a qualified person, who shall be a Registered Nurse to serve as Executive Director, and shall fix the compensation, notwithstanding any other provision of law including Section 3601.2 of Title 74 of the Oklahoma Statutes, in an amount not in excess of the maximum salary proposed for the Oklahoma Board of Nursing and set forth in the most recent Compensation Report prepared by or for the Office of Management and Enterprise Services, require a satisfactory bond, and define the duties of the Executive Director to include:

1. The authority and responsibility for the operations and administration of the agency and such additional powers and duties as prescribed by the Board. As chief executive of the Board, the Executive Director shall manage all aspects of the agency, including personnel, financial and other resources, in support of the Oklahoma Nursing Practice Act, its rules and policies, and the Board's mission and strategic plan;

2 The authority to accept orders as set forth in paragraph 3 of this subsection on behalf of the Board and where ratification by the Board is not required. The Executive Director shall report summaries of dispositions to the Board at its regular meetings;

3. a. Orders issued under Section 2 of this act,
[Agency Note: HB1081 (2015) codified Section 2 in Oklahoma Statutes as section 567.8a of Title 59.]

b. Agreed disciplinary orders requiring an applicant or licensee to enter and comply with the Peer Assistance Program,

c. Agreed disciplinary orders for the reinstatement or endorsement of a license/ certificate/recognition when the applicant has practiced without an active Oklahoma license/certificate/recognition, and

d. Agreed disciplinary orders for the voluntary surrender of a license/certification/ recognition.

§ 567.4a. Prescriptive authority recognition–Rules

The Oklahoma Board of Nursing may grant prescriptive authority through the Advanced Practice Registered Nurse license to Certified Nurse Practitioners, Clinical Nurse Specialists, and Certified Nurse-Midwives who meet the requirements for prescriptive authority identified by law and in the Board's rules. The rules regarding prescriptive authority recognition promulgated by the Oklahoma Board of Nursing pursuant to this section, Section 567.3a of this title, and Sections 1 and 4 of this act shall:

1. Define the procedure for documenting supervision by a supervising physician, as defined in Section 567.3a of this title, of a Certified Nurse Practitioner, Clinical Nurse Specialist, or Certified Nurse-Midwife who has not obtained independent prescriptive authority under Section 1 of this act. Such procedure shall include a written supervision agreement that meets the requirements of Section 4 of this act. The supervision agreement shall be part of the initial application and the renewal application submitted to the Board for recognition for prescriptive authority for the Advanced Practice Registered Nurse. Changes to the supervision agreement shall be filed with the Board within thirty (30) days of the change and shall be effective on filing;

2. Define procedures for assessing the qualifications of applicants for independent prescriptive authority as provided by Section 1 of this act;

3. Define minimal requirements for initial application for prescriptive authority which shall include, but not be limited to, evidence of completion of a minimum of forty-five (45) contact hours or three (3) academic credit hours of education in pharmacotherapeutics, clinical application, and use of pharmacological agents in the prevention of illness, and in the restoration and maintenance of health in a program beyond basic registered nurse preparation, approved by the Board. Such contact hours or academic credits shall be obtained within a time period of three (3) years immediately preceding the date of application for prescriptive authority;

4. Define minimal requirements for application for renewal of prescriptive authority which shall include, but not be limited to, documentation of a minimum of:

a. fifteen (15) contact hours or one (1) academic credit hour of education in pharmacotherapeutics, clinical application, and use of pharmacological agents in the prevention of illness, and in the restoration and maintenance of health in a program beyond basic registered nurse preparation, and

b. 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, approved by the Board, within the two-year period immediately preceding the effective date of application for renewal of prescriptive authority. Such minimal requirements for renewal of prescriptive authority for an Advanced Practice Registered Nurse who has obtained independent prescriptive authority under Section 1 of this act shall include, but not be limited to, documentation that the Advanced Practice Registered Nurse has successfully earned at least 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, which may include the continuing education described in subparagraphs a and b of this paragraph if such continuing education meets the criteria for Category I continuing medication education;

5. Require that an Advanced Practice Registered Nurse demonstrates successful completion of a master's degree or higher in one of the following Advanced Practice Registered Nurse roles:

   a. Certified Nurse Practitioner,

   b. Clinical Nurse Specialist, or

   c. Certified Nurse-Midwife,

   in order to be eligible for initial application for prescriptive authority under the provisions of the Oklahoma Nursing Practice Act;

6. Define the method for communicating authority to prescribe or termination of same, and the formulary to the State Board of Pharmacy, all pharmacies, and all registered pharmacists;

7. Define terminology used in such rules;

8. Define the parameters for the prescribing practices of the Advanced Practice Registered Nurse;

9. Define the methods for termination of prescriptive authority for the Advanced Practice Registered Nurse; and

10. a. Establish a Formulary Advisory Council that shall develop and submit to the Board recommendations for an exclusionary formulary that shall list drugs or categories of drugs that shall not be prescribed by an Advanced Practice Registered Nurse recognized to prescribe by the Oklahoma Board of Nursing. The Formulary Advisory Council shall also develop and submit to the Board recommendations for practice-specific prescriptive standards for each category of Advanced Practice Registered Nurse recognized to prescribe by the Oklahoma Board of Nursing pursuant to the provisions of the Oklahoma Nursing Practice Act. The Board shall either accept or reject the recommendations made by the Council. No amendments to the recommended exclusionary formulary may be made by the Board without the approval of the Formulary Advisory Council.

b. The Formulary Advisory Council shall be composed of twelve (12) members as follows:

(1) four members, to include a pediatrician, an obstetrician-gynecological physician, a general internist, and a family practice physician; provided, that three of such members shall be appointed by the Oklahoma State Medical Association, and one shall be appointed by the Oklahoma Osteopathic Association,

(2) four members who are registered pharmacists, appointed by the Oklahoma Pharmacists Association, and

(3) four members, one of whom shall be a Certified Nurse Practitioner, one of whom shall be a Clinical Nurse Specialist, one of whom shall be a Certified Nurse-Midwife, and one of whom shall be a current member of the Oklahoma Board of Nursing, all of whom shall be appointed by the Oklahoma Board of Nursing.

c. All professional members of the Formulary Advisory Council shall be in active clinical practice, at least fifty percent (50%) of the time, within their defined area of specialty. The members of the Formulary Advisory Council shall serve at the pleasure of the appointing authority for a term of three (3) years. The terms of the members shall be staggered. Members of the Council may serve beyond the expiration of their term of office until a successor is appointed by the original appointing authority. A vacancy on the Council shall be filled for the balance of the unexpired term by the original appointing authority.

d. Members of the Council shall elect a chair and a vice chair from among the membership of the Council. For the transaction of business, at least seven members, with a minimum of two members present from each of the identified categories of physicians, pharmacists, and Advanced Practice Registered Nurses, shall constitute a quorum. The Council shall recommend and the Board shall approve and implement an initial exclusionary formulary on or before January 1, 1997. The Council and the Board shall annually review the approved exclusionary formulary and shall make any necessary revisions utilizing the same procedures used to develop the initial exclusionary formulary.

§ 567.4b. Formulary Advisory Council

A. 1. The rules regarding authorization for a Certified Registered Nurse Anesthetist to order, select, obtain and administer drugs, promulgated by the Oklahoma Board of Nursing pursuant to paragraph 10 of Section 567.3a of Title 59 of the Oklahoma Statutes, shall provide for establishment of a Formulary Advisory Council to develop and submit to the Board recommendations for an inclusionary formulary that lists drugs or categories of drugs that may be ordered, selected, obtained or administered by Certified Registered Nurse Anesthetists authorized by the Board to order, select, obtain and administer drugs.

2. Such Formulary Advisory Council shall also develop and submit to the Board recommendations for practice-specific standards for ordering, selecting, obtaining and administering drugs for a Certified Registered Nurse Anesthetist authorized by the Board to order, select, obtain and administer drugs pursuant to the provisions of the Oklahoma Nursing Practice Act.

3. The Board shall either accept or reject the recommendations of the Council. No amendments to the recommended inclusionary formulary may be made by the Board without the approval of the Formulary Advisory Council.

B. 1. The Formulary Advisory Council shall be composed of five (5) members as follows:

a. two Certified Registered Nurse Anesthetists, appointed by the Oklahoma Association of Nurse Anesthetists located in this state,

b. two Anesthesiologists, appointed by the Oklahoma Society of Anesthesiologists located in this state, and

c. a hospital-based Pharmacist appointed by the Oklahoma Pharmaceutical Association located in this state.

2. All professional members of the Formulary Advisory Council shall be in active clinical practice at least fifty percent (50%) of the time within their defined area of specialty.

3. a. Members of the Formulary Advisory Council shall serve at the pleasure of their appointing authority for a term of three (3) years. The terms of the members shall be staggered. Members of the Council may serve beyond the expiration of their term of office until a successor is appointed by the original appointing authority. A vacancy on the Council shall be filled for the balance of the unexpired term by the original appointing authority.

b. Members of the Council shall elect a chair and a vice-chair from among the membership of the Council. Three members shall constitute a quorum for the transaction of business.

C. The Council shall recommend and the Board shall approve and implement an initial inclusionary formulary on or before January 1, 1998. The Council and the Board shall annually review and evaluate the approved inclusionary formulary and shall make any necessary revisions utilizing the same procedures used to develop the initial inclusionary formulary.

§ 567.4c. Independent Prescriptive Authority of Advanced Practice Registered Nurses–Application Criteria–Disciplinary Action–Fees

A. An Advanced Practice Registered Nurse recognized by the Oklahoma Board of Nursing as a Certified Nurse Practitioner, Clinical Nurse Specialist, or Certified Nurse-Midwife who has completed a minimum of six thousand two hundred forty (6,240) clinical practice hours with prescriptive authority supervised by a physician may apply to the Oklahoma Board of Nursing for authority to prescribe and order independent of supervision.

B. The application for independent prescriptive authority shall include proof that the Certified Nurse Practitioner, Clinical Nurse Specialist, or Certified Nurse-Midwife:

1. Holds a valid, current license in the appropriate Advanced Practice Registered Nurse role issued by the Board and is in good standing with the Board; and

2. Has completed a minimum of six thousand two hundred forty (6,240) clinical practice hours with prescriptive authority supervised by a physician. This paragraph shall not be construed to exclude practice hours with supervised prescriptive authority obtained prior to November 1, 2025, from being counted toward the hours required in this paragraph.

C. An application for independent prescriptive authority made under this section shall not be considered an initial application for prescriptive authority as described in paragraph 3 of Section 567.4a of this title. The Board shall not require an Advanced Practice Registered Nurse applying for independent prescriptive authority under this section to recomplete any minimal requirements for initial application for prescriptive authority as described in paragraph 3 of Section 567.4a of this title.

D. Independent prescriptive authority granted under this section shall be valid until the expiration of the current license to practice and may be renewed upon application to the Board at the same time and for the same period as the renewal of the license to practice.

E. The Board may suspend or revoke independent prescriptive authority granted under this section in accordance with the Administrative Procedures Act for violation of the provisions of, or the rules promulgated under, the Oklahoma Nursing Practice Act.

F. The Board may assess a reasonable fee for the review of initial and renewal applications under the provisions of this section.

§ 567.5. Registered nurses, licensing–Applications–Examinations–Licensure without examination–Use of titles and abbreviations–Violations

A. All applicants for a license to practice as a Registered Nurse shall be subject to Section 567.8 of this title.

B. An applicant for a license to practice as a Registered Nurse shall submit to the Oklahoma Board of Nursing certified written evidence that the applicant:

1. Has completed the basic professional curricula of a school of nursing approved by a state board of nursing, and holds or is entitled to hold a diploma or degree therefrom;

2. Has never been convicted of a felony crime that substantially relates to the occupation of nursing and poses a reasonable threat to public safety;

3. Has submitted a criminal history records search that complies with Section 567.18 of this title;

4. Is a minimum of eighteen (18) years of age; and

5. Has met such other qualifications as the Board may prescribe in its rules.

C. An applicant for a license shall be required to pass a written examination in such subjects as the Board may determine. Upon an applicant successfully passing such an examination, the Board may issue to the applicant a license to practice as a Registered Nurse. An applicant who fails such examination shall be subject to reexamination according to the rules of the Board. The passing criteria shall be established by the Board in its rules.

D. The Board may issue a license to practice nursing as a registered nurse without examination to an applicant who has been duly licensed as a Registered Nurse under the laws of another state, territory, the District of Columbia or a foreign country, if such applicant meets the qualifications required for licensing as a Registered Nurse in this state.

E. Any person who holds a license to practice as a registered nurse in this state shall have the right to use both the title “Registered Nurse” and the abbreviation “R.N.” No other person shall assume such title or use such abbreviation, or any other words, letters, signs or figures to indicate that the person using the same is a registered nurse. Any individual doing so shall be guilty of a misdemeanor, which shall be punishable, upon conviction, by imprisonment in the county jail for not more than one (1) year or by a fine of not less than One Hundred Dollars ($100.00) nor more than One Thousand Dollars ($1,000.00), or by both such imprisonment and fine for each offense.

F. As used in this section:

1. “Substantially relates” means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation; and

2. “Poses a reasonable threat” means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

§ 567.5a. Advanced Practice Registered Nurses–License–Application

A. All applicants for a license to practice as an Advanced Practice Registered Nurse shall be subject to Section 567.8 of this title.

B. An applicant for an initial license to practice as an Advanced Practice Registered Nurse shall:

1. Submit a completed written application and appropriate fees as established by the Oklahoma Board of Nursing;

2. Submit a criminal history records check that complies with Section 567.18 of this title;

3. Hold a current Registered Nurse license in this state;

4. Have completed an advanced practice registered nursing education program in one of the four Advanced Practice Registered Nurse roles and a specialty area recognized by the Board. Effective January 1, 2016, 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, neonatal, pediatrics, women’s health/gender-related, or psychiatric/mental health;

5. Be currently certified in an advanced practice specialty certification consistent with educational preparation and by a national certifying body recognized by the Board; and

6. Provide any and all other evidence as required by the Board in its rules.

C. The Board may issue a license by endorsement to an Advanced Practice Registered Nurse licensed under the laws of another state if the applicant meets the qualifications for licensure in this state. An applicant by endorsement shall:

1. Submit a completed written application and appropriate fees as established by the Board;

2. Submit a criminal history records check that complies with Section 567.18 of this title;

3. Hold a current Registered Nurse license in this state;

4. Hold recognition as an Advanced Practice Registered Nurse in a state or territory;

5. Have completed an advanced practice registered nursing education program in one of the four roles and a specialty area recognized by the Board. Effective January 1, 2016, 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, neonatal, pediatrics, women’s health/gender-related, or psychiatric/mental health;

6. Be currently certified in an advanced practice specialty certification consistent with educational preparation and by a national certifying body recognized by the Board;

7. Meet continued competency requirements as set forth in Board rules; and

8. Provide any and all other evidence as required by the Board in its rules.

D. The Board may issue prescriptive authority recognition by endorsement to an Advanced Practice Registered Nurse licensed as an Advanced Practice Registered Nurse-Certified Nurse Practitioner (APRN-CNP), Advanced Practice Registered Nurse-Clinical Nurse Specialist (APRN-CNS), or Advanced Practice Registered Nurse-Certified Nurse-Midwife (APRN-CNM) under the laws of another state if the applicant meets the requirements set forth in this section. An applicant for prescriptive authority recognition by endorsement shall:

1. Submit a completed written application and appropriate fees as established by the Board;

2. Hold current Registered Nurse and Advanced Practice Registered Nurse licenses (APRN-CNP, APRN-CNS, or APRN-CNM) in the state;

3. Hold current licensure or recognition as an Advanced Practice Registered Nurse in the same role and specialty with prescribing privileges in another state or territory;

4. 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;

5. Submit all supervision agreements entered into with supervising physicians as required by Section 4 of this act, or submit documentation that the applicant meets the requirements for independent prescriptive authority under Section 1 of this act;

6. Meet continued competency requirements as set forth in Board rules; and

7. Provide any and all other evidence as required by the Board in its rules.

E. An Advanced Practice Registered Nurse license issued under this section shall be renewed concurrently with the Registered Nurse license, provided that qualifying criteria continue to be met.

F. The Board may reinstate a license as set forth in Board rules.

§ 567.5b. Malpractice Insurance Requirements

A. An Advanced Practice Registered Nurse, or the employer of the Advanced Practice Registered Nurse on his or her behalf, shall carry malpractice insurance or demonstrate proof of financial responsibility in a minimum amount of One Million Dollars ($1,000,000.00) per occurrence and Three Million Dollars ($3,000,000.00) in the aggregate per year. This requirement shall apply only to the Advanced Practice Registered Nurse and shall not be construed as to require the Advanced Practice Registered Nurse to provide malpractice insurance coverage to any supervising physician.

B. An Advanced Practice Registered Nurse who is employed by or under contract with a federal agency that carries malpractice insurance in any amount on behalf of the Advanced Practice Registered Nurse shall be deemed in compliance with subsection A of this section when practicing under such federal employment or contract. However, to the extent the Advanced Practice Registered Nurse practices outside of such federal employment or contract, the Advanced Practice Registered Nurse, or his or her employer, shall comply with subsection A of this section.

C. An Advanced Practice Registered Nurse who is employed by a state agency or facility that is covered by or subject to The Governmental Tort Claims Act, Section 151 et seq. of Title 51 of the Oklahoma Statutes, shall be deemed in compliance with subsection A of this section when practicing under such state employment. However, to the extent the Advanced Practice Registered Nurse practices outside of such state employment, the Advanced Practice Registered Nurse shall comply with subsection A of this section

§ 567.5c. Rules for Advertising Health Care Services

A. The Oklahoma Board of Nursing shall promulgate rules governing the advertising of health care services by Advanced Practice Registered Nurses to include, but not be limited to, the specialty areas or types of health care services Advanced Practice Registered Nurses may advertise based on their training or experience.

B. Any such advertisement shall clearly state that the person providing such services is an Advanced Practice Registered Nurse and shall not imply that the Advanced Practice Registered Nurse is a physician or that he or she may perform any medical service or prescribe any medication beyond those authorized under state law or in a manner otherwise inconsistent with state law.

C. An Advanced Practice Registered Nurse who violates the provisions of this section shall be subject to disciplinary action by the Oklahoma Board of Nursing which may include, but not be limited to, revocation of licensure.

§ 567.6. Practical nurses, licensing–Applications–Qualifications–Examinations–Licensure without examination–Use of titles and abbreviations–Violations

A. All applicants for a license to practice as a Licensed Practical Nurse shall be subject to Section 567.8 of this title.

B. An applicant for a license to practice as a Licensed Practical Nurse shall submit to the Oklahoma Board of Nursing certified evidence that the applicant:

1. Has successfully completed the prescribed curricula in a state-approved program of practical nursing and holds or is entitled to hold a diploma or certificate therefrom, or equivalent courses in a state-approved program of nursing;

2. Has never been convicted of a felony crime that substantially relates to the occupation of nursing and poses a reasonable threat to public safety;

3. Has submitted a criminal history records search that complies with Section 567.18 of this title;

4. Is a minimum of eighteen (18) years of age; and

5. Has met such other reasonable preliminary qualification requirements as the Board may prescribe.

C. The applicant for a license to practice as a Licensed Practical Nurse shall be required to pass a written examination in such subjects as the Board may require. Upon the applicant successfully passing such examination the Board may issue to the applicant a license to practice as a Licensed Practical Nurse. An applicant who fails such examination shall be subject to reexamination according to the rules of the Board. The passing criteria shall be established by the Board in its rules.

D. The Board may issue a license to practice as a Licensed Practical Nurse without examination to any applicant who has been duly licensed or registered as a Licensed Practical Nurse, or is entitled to perform similar services under a different title, according to the laws of another state, territory, the District of Columbia or a foreign country if such applicant meets the requirements for Licensed Practical Nurses in the State of Oklahoma.

E. Any person holding a license to practice as a licensed attendant issued by the Board, which is valid on July 1, 1953, shall be deemed to be a Licensed Practical Nurse under the provisions of this act.

F. Any person who holds a license to practice as a Licensed Practical Nurse in this state shall have the right to use both the title "Licensed Practical Nurse" and to the abbreviation "L.P.N." No other person shall assume such title or use such abbreviation or any other words, letters, signs, or figures to indicate that the person using the same is a Licensed Practical Nurse. Any individual doing so shall be guilty of a misdemeanor, which shall be punishable, upon conviction, by imprisonment in the county jail for not more than one (1) year or by a fine of not less than One Hundred Dollars ($100.00) nor more than One Thousand Dollars ($1,000.00), or by both such imprisonment and fine for each offense.

G. As used in this section:

1. "Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation; and

2. "Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

§ 567.6a. Advanced Unlicensed Assistant–Certificate–Qualifications

A. All applicants for a certificate to practice as an Advanced Unlicensed Assistant shall be subject to Section 567.8 of this title.

B. An applicant for a certificate to practice as an Advanced Unlicensed Assistant shall submit to the Oklahoma Board of Nursing certified evidence that the applicant:

1. Has successfully completed the prescribed curricula in a state-approved education program for Advanced Unlicensed Assistants and holds or is entitled to hold a diploma or certificate therefrom, or equivalent courses in a formal program of instruction;

2. Has never been convicted of a felony crime that substantially relates to the occupation of nursing and poses a reasonable threat to public safety;

3. Has submitted a criminal history records search that is compliant with Section 567.18 of this title;

4. Is a minimum of eighteen (18) years of age; and

5. Has met such other reasonable preliminary qualification requirements as the Board may prescribe.

C. The applicant for a certificate to practice as an Advanced Unlicensed Assistant shall be required to pass an examination in such subjects as the Board may require. Upon the applicant successfully passing such examination, the Board may issue to the applicant a certificate to practice as an Advanced Unlicensed Assistant. An applicant who fails such examination shall be subject to reexamination according to the rules of the Board. The passing criteria shall be established by Board rules.

D. Any person who holds a certificate to practice as an Advanced Unlicensed Assistant in this state shall have the right to use both the title "Advanced Unlicensed Assistant" and to the abbreviation "A.U.A." No other person shall assume such title or use such abbreviation or any other words, letters, signs, or figures to indicate that the person using the same is an Advanced Unlicensed Assistant. Any individual doing so shall be guilty of a misdemeanor, which shall be punishable, upon conviction, by imprisonment in the county jail for not more than one (1) year or by a fine of not less than One Hundred Dollars ($100.00) nor more than One Thousand Dollars ($1,000.00), or by both such imprisonment and fine for each offense.

E. As used in this section:

1. "Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation; and

2. "Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

§ 567.7. Renewal or reinstatement of license or certificate–Temporary retirement from practice–Fees

A. Upon expiration of an initial license or certificate issued pursuant to the Oklahoma Nursing Practice Act, a license or certificate shall be renewed every two (2) years according to a schedule published by the Oklahoma Board of Nursing, provided that the application is complete and qualifying criteria continues to be met.

B. A licensee or certificate holder who applies for reinstatement of a license or certificate shall submit a criminal history records check that complies with Section 567.18 of this title and meet any other such requirements as the Board may prescribe in its rules.

C. Contingent upon available resources by the Board, the Board may require an applicant for renewal who has not previously submitted a criminal history records check to the Board to submit a criminal history records check that complies with Section 567.18 of this title and meet any other requirements as the Board may prescribe in its rules.

D. Any licensee or certificate holder who desires to retire temporarily from the practice of nursing in this state shall submit a written request to that effect to the Board. It shall be the duty of the Board to place the name of such licensee or certificate holder upon the nonpracticing list in accordance with the rules of the Board. During the period of temporary retirement, the licensee or certificate holder shall not practice nursing, Advanced Practice Registered Nursing or practice as an Advanced Unlicensed Assistant nor be subject to the payment of any renewal fees. When the licensee or certificate holder desires to resume practice, such licensee or certificate holder shall meet such requirements as the Board may prescribe in its rules.

E. The Board is authorized to establish by rule fees to be charged for the purpose of implementing and enforcing the provisions of the Oklahoma Nursing Practice Act; provided, however, no single fee for an initial application for licensure or certification, or for renewal, reinstatement or return to active practice shall exceed One Hundred Twenty-five Dollars ($125.00). The application fee for a multistate license issued pursuant to Section 5 of this act shall be One Hundred Fifty Dollars ($150.00). The biennial multistate license renewal fee shall be One Hundred Twenty-five Dollars ($125.00); provided however, that contingent upon implementation of the Nurse Licensure Compact and the Board's revolving fund balance being reconciled at less than the average of three (3) months of expenditures, the biennial renewal fee set forth in Oklahoma Administrative Code 485:10-1-3 (a) (2) shall increase by Ten Dollars ($10.00) by operation of law. The Board may reduce the biennial renewal fees on a pro rata basis for the specific Registered Nurse and Licensed Practical Nurse biennial renewal period.

F. The Executive Director of the Board shall suspend the license or certificate of a person who submits a check, money draft, or similar instrument for payment of a fee which is not honored by the financial institution named. The suspension becomes effective ten (10) days following delivery by certified mail of written notice of the dishonor and the impending suspension to the person's address on file. Upon notification of suspension, the person may reinstate the authorization to practice upon payment of the fees and any and all costs associated with notice and collection. The suspension shall be exempt from the Administrative Procedures Act.

§ 567.8. Denial, revocation or suspension of license or certification–Administrative penalties

A. The Oklahoma Board of Nursing shall have the power to take any or all of the following actions:

1. To deny, revoke or suspend any:

a. licensure to practice as a Licensed Practical Nurse, single-state or multistate,

b. licensure to practice as a Registered Nurse, single-state or multistate,

c. multistate privilege to practice in Oklahoma,

d. licensure to practice as an Advanced Practice Registered Nurse,

e. certification to practice as an Advanced Unlicensed Assistant,

f. authorization for prescriptive authority, or

g. authority to order, select, obtain and administer drugs;

2. To assess administrative penalties; and

3. To otherwise discipline applicants, licensees or Advanced Unlicensed Assistants.

B. The Board shall impose a disciplinary action against the person pursuant to the provisions of subsection A of this section upon proof that the person:

1. Is guilty of deceit or material misrepresentation in procuring or attempting to procure:

a. a license to practice registered nursing, licensed practical nursing, or a license to practice advanced practice registered nursing with or without either prescriptive authority recognition or authorization to order, select, obtain and administer drugs, or

b. certification as an Advanced Unlicensed Assistant;

2. Is guilty of a felony, or any offense substantially related to the qualifications, functions or duties of any licensee or Advanced Unlicensed Assistant, or any offense an essential element of which is fraud, dishonesty, or an act of violence, whether or not sentence is imposed, or any conduct resulting in the revocation of a deferred or suspended sentence or probation imposed pursuant to such conviction. For the purposes of this paragraph, “substantially related” means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation;

3. Fails to adequately care for patients or to conform to the minimum standards of acceptable nursing or Advanced Unlicensed Assistant practice that, in the opinion of the Board, unnecessarily exposes a patient or other person to risk of harm;

4. Is intemperate in the use of alcohol or drugs, which use the Board determines endangers or could endanger patients;

5. Exhibits through a pattern of practice or other behavior actual or potential inability to practice nursing with sufficient knowledge or reasonable skills and safety due to impairment caused by illness, use of alcohol, drugs, chemicals or any other substance, or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills, mental illness, or disability that results in inability to practice with reasonable judgment, skill or safety; provided, however, the provisions of this paragraph shall not be utilized in a manner that conflicts with the provisions of the Americans with Disabilities Act;

6. Has been adjudicated as mentally incompetent, mentally ill, chemically dependent or dangerous to the public or has been committed by a court of competent jurisdiction, within or without this state;

7. Is guilty of unprofessional conduct as defined in the rules of the Board;

8. Is guilty of any act that jeopardizes a patient's life, health or safety as defined in the rules of the Board;

9. Violated a rule promulgated by the Board, an order of the Board, or a state or federal law relating to the practice of registered, practical or advanced practice registered nursing or advanced unlicensed assisting, or a state or federal narcotics or controlled dangerous substance law including, but not limited to prescribing, dispensing or administering opioid drugs in excess of the maximum limits authorized in Section 2-309I of Title 63 of the Oklahoma Statutes;

10. Has had disciplinary actions taken against the individual's registered or practical nursing license, advanced unlicensed assistive certification, or any professional or occupational license, registration or certification in this or any state, territory or country;

11. Has defaulted or been terminated from the peer assistance program for any reason;

12. Fails to maintain professional boundaries with patients, as defined in the Board rules; or

13. Engages in sexual misconduct, as defined in Board rules, with a current or former patient or key party, inside or outside the health care setting.

C. Any person who supplies the Board information in good faith shall not be liable in any way for damages with respect to giving such information.

D. The Board may cause to be investigated all reported violations of the Oklahoma Nursing Practice Act. Information obtained during an investigation into possible violations of the Oklahoma Nursing Practice Act shall be kept confidential, but may be introduced by the state in administrative proceedings before the Board, whereupon the information admitted becomes a public record. Public records maintained by the agency are administrative records, not public civil or criminal records.

Confidential investigative records shall not be subject to discovery or subpoena in any civil or criminal proceeding, except that the Board may give such information to law enforcement and other state agencies as necessary and appropriate in the discharge of the duties of that agency and only under circumstances that ensure against unauthorized access to the information.

E. The Board may authorize the Executive Director to issue a confidential letter of concern to a licensee when evidence does not warrant formal proceedings, but the Executive Director has noted indications of possible errant conduct that could lead to serious consequences and formal action.

F. All individual proceedings before the Board shall be conducted in accordance with the Administrative Procedures Act.

G. At a hearing the accused shall have the right to appear either personally or by counsel, or both, to produce witnesses and evidence on behalf of the accused, to cross-examine witnesses and to have subpoenas issued by the designated Board staff. If the accused is found guilty of the charges the Board may refuse to issue a renewal of license to the applicant, revoke or suspend a license, or otherwise discipline a licensee.

H. A person whose license is revoked may not apply for reinstatement during the time period set by the Board. The Board on its own motion may at any time reconsider its action.

I. Any person whose license is revoked or who applies for renewal of registration and who is rejected by the Board shall have the right to appeal from such action pursuant to the Administrative Procedures Act.

J. 1. Any person who has been determined by the Board to have violated any provisions of the Oklahoma Nursing Practice Act or any rule or order issued pursuant thereto shall be liable for an administrative penalty not to exceed Five Hundred Dollars ($500.00) for each count for which any holder of a certificate or license has been determined to be in violation of the Oklahoma Nursing Practice Act or any rule promulgated or order issued pursuant thereto.

2. The amount of the penalty shall be assessed by the Board pursuant to the provisions of this section, after notice and an opportunity for hearing is given to the accused. In determining the amount of the penalty, the Board shall include, but not be limited to, consideration of the nature, circumstances, and gravity of the violation and, with respect to the person found to have committed the violation, the degree of culpability, the effect on ability of the person to continue to practice, and any show of good faith in attempting to achieve compliance with the provisions of the Oklahoma Nursing Practice Act.

K. The Board shall retain jurisdiction over any person issued a license, certificate or temporary license pursuant to the Oklahoma Nursing Practice Act, regardless of whether the license, certificate or temporary license has expired, lapsed or been relinquished during or after the alleged occurrence or conduct prescribed by the Oklahoma Nursing Practice Act.

L. In the event disciplinary action is imposed, any person so disciplined shall be responsible for any and all costs associated with satisfaction of the discipline imposed.

M. In the event disciplinary action is imposed in an administrative proceeding, the Board shall have the authority to recover the monies expended by the Board in pursuing any disciplinary action, including but not limited to costs of investigation, probation or monitoring fees, administrative costs, witness fees, attorney fees and court costs. This authority shall be in addition to the Board's authority to impose discipline as set out in subsection A of this section.

N. The Executive Director shall immediately suspend the license of any person upon proof that the person has been sentenced to a period of continuous incarceration serving a penal sentence for commission of a misdemeanor or felony. The suspension shall remain in effect until the Board acts upon the licensee's written application for reinstatement of the license.

O. When a majority of the officers of the Board, which constitutes the President, Vice President and Secretary/Treasurer, find that preservation of the public health, safety or welfare requires immediate action, summary suspension of licensure or certification may be ordered before the filing of a sworn complaint or at any other time before the outcome of an individual proceeding. The summary suspension of licensure or certification may be ordered without compliance with the requirements of the Oklahoma Open Meeting Act. Within seven (7) days after the summary suspension, the licensee shall be notified by letter that summary suspension has occurred. The summary suspension letter shall include notice of the date of the proposed hearing to be held in accordance with Oklahoma Administrative Code 485:10-11-2 and the Administrative Procedures Act, within ninety (90) days of the date of the summary suspension letter, and shall be signed by one of the Board officers.

P. In any proceeding in which the Board is required to serve an order on an individual, the Board may send such material to the individual's address of record with the Board. If the order is returned with a notation by the United States Postal Service indicating that it is undeliverable for any reason, and the records of the Board indicate that the Board has not received any change of address since the order was sent, as required by the rules of the Board, the order and any subsequent material relating to the same matter sent to the most recent address on file with the Board shall be deemed by the court as having been legally served for all purposes.

§ 567.8a. Corrective actions for violations

A. The Oklahoma Board of Nursing may impose a corrective action as set forth in the Board rules on a person licensed or regulated under this act who violates the act or a rule. The corrective action may include remedial education, an administrative penalty, or any combination of remedial education and an administrative penalty. The corrective action shall not be considered as disciplinary action. However, the Board may consider a corrective action in an individual's subsequent violation of the Oklahoma Nursing Practice Act, Board rule or corrective action order.

B. The Board shall promulgate rules to implement the provisions of this section.

§ 567.9. Violations of Act–Penalty

Except for subsection C of Section 567.5 of this title and subsection D of Section 567.6 of this title, any person violating any of the provisions of this act shall be guilty of a misdemeanor, punishable by a fine of not less than One Hundred Dollars ($100.00).

The writ of injunction without bond is also made available to the Board for the enforcement of this act.

§ 567.10. Repealed by Laws 1991, c. 104, § 14, eff. Sept. 1, 1991

§ 567.11. Exceptions to application of act

The Oklahoma Nursing Practice Act shall not be construed to affect or apply to:

1. Gratuitous nursing of the sick by friends or members of the family;

2. Any nurse who has an active, unencumbered license in another state or territory who is physically present in this state on a nonroutine, nonregular basis for a period not to exceed seven (7) consecutive days in any given year;

3. The practice of nursing which is associated with a program of study by students enrolled in nursing education programs approved by the Board;

4. Persons trained and competency-certified to provide care pursuant to state or federal law, rules or regulations;

5. The practice of any legally qualified nurse of another state who is employed by the United States Government or any bureau, division or agency thereof, while in the discharge of his or her official duties;

6. The rendering of service by a physician's trained assistant under the direct supervision and control of a licensed physician, all as authorized by Section 492 of this title;

7. The practice of nursing in connection with healing by prayer or spiritual means alone in accordance with the tenets and practice of any well-recognized church or religious denomination provided that no person practicing such nursing holds himself out to be a graduate or registered nurse or licensed practical nurse; or

8. A nurse who has an active, unencumbered license from another state or territory, who has no health-related license in a disciplinary status, and who is relocating to this state pursuant to a spouse’s official military orders; provided, that this exemption from this act shall continue for one hundred twenty (120) days after the nurse has submitted an application and fees for licensure to the Board prior to employment in this state and has furnished to the employer satisfactory evidence of current, unencumbered licensure in another state or territory.

§ 567.12. Approved programs for registered and practical nurses

A. To qualify in this state as an approved program for registered nurses, the program shall be conducted in the State of Oklahoma in an accredited college or university leading to an associate, baccalaureate, or higher degree in nursing. Such programs shall meet the standards fixed by the Oklahoma Board of Nursing and prescribed in its rules.

B. To qualify in this state as an approved program for practical nurses, the program shall be conducted in this state in a school or skill center approved by the Oklahoma Department of Career and Technology Education or licensed by the Oklahoma Board of Private Vocational Schools. Such programs shall meet the standards fixed by the Oklahoma Board of Nursing as prescribed in its rules, which shall conform to the provisions of this subsection.

§ 567.12a. Advanced Practice Registered Nursing education programs–Requirements

A. Effective January 1, 2016, advanced practice registered nursing education programs that the applicant has successfully completed must meet the following requirements to be considered for approval by the Board:

1. The education program must be a graduate-level program offered by a university accredited by an accrediting body that is recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation;

2. The program holds accreditation or holds candidacy, preaccreditation, or applicant status for accreditation from the National League for Nursing Accrediting Commission, the Commission on Collegiate Nursing Education, the American College of Nurse-Midwives Division on Accreditation, or the American Association of Nurse Anesthetists' Council on Accreditation of Nurse Anesthesia Educational Programs; and

3. The curriculum of the program must prepare the graduate to practice in one of the four identified advanced practice registered nurse roles and in at least one of the six population foci.

B. The Board shall, by administrative rules, set requirements for approval of advanced practice registered nursing education programs, approve such programs as meet the requirements, and identify the process for determining program compliance with standards.

§ 567.13. Survey of nursing programs–Reports–Failure of approved program to maintain standards

It shall be the duty of the Board, its Executive Director, or other registered nurse employees, to survey all programs of nursing in the state as prescribed in its rules. Written reports of each survey shall be submitted to the Board. If the Board determines that any designated state-approved program of nursing is not maintaining the standards required by this act, a warning notice thereof in writing specifying the criteria that the program has not met shall be immediately given to the program by the Board. The program that fails to correct these conditions to the satisfaction of the Board within a period of one (1) year shall be discontinued as a state-approved program.

§ 567.14. Practice without compliance with act prohibited–Insignia or badge

A. No person shall practice or offer to practice registered nursing, practical nursing, or advanced practice nursing in this state unless the person has complied with the provisions of the Oklahoma Nursing Practice Act.

B. Any person licensed or certified by the Oklahoma Board of Nursing who provides direct care to patients shall, while on duty, wear an insignia or badge identifying the license or certification issued to such person by the Board. The Board shall promulgate rules to enact the provisions of this section.

§ 567.15. Temporary licenses to nurses from other states

The Board may issue temporary licenses to nurses from other states upon proper application stating the purpose of said licenses, provided no temporary license may be issued for more than ninety (90) days. Temporary license may be renewed at the discretion of the Board but shall not extend over a period longer than one (1) year.

§ 567.16. Repealed by Laws 1991, c. 104, § 14, eff. Sept. 1, 1991

§ 567.16a. Advisory committees

The Oklahoma Board of Nursing may establish advisory committees as necessary to assist the Board in its efforts to protect the health and welfare of the citizens.

§ 567.17. Peer assistance program

A. There is hereby established a peer assistance program to rehabilitate nurses whose competency may be compromised because of the abuse of drugs or alcohol, so that such nurses can be treated and can return to or continue the practice of nursing in a manner which will benefit the public. The program shall be under the supervision and control of the Oklahoma Board of Nursing.

B. The Board shall appoint one or more peer assistance evaluation advisory committees hereinafter called the “peer assistance committees”. Each of these committees shall be composed of members, the majority of which shall be licensed nurses with expertise in chemical dependency. The peer assistance committees shall function under the authority of the Oklahoma Board of Nursing in accordance with the rules of the Board. The committee members shall serve without pay but may be reimbursed for the expenses incurred in discharge of their official duties in accordance with State Travel Reimbursement Act.

C. The Board shall appoint and employ a qualified person, who shall be a registered nurse, to serve as program coordinator and shall fix such person's compensation. The Board shall define the duties of the program coordinator who shall report directly to the Executive Director of the Board and be subject to the Executive Director's direction and control.

D. The Board is authorized to adopt and revise rules, not inconsistent with the Oklahoma Nursing Practice Act, as may be necessary to enable it to carry into effect the provisions of this section.

E. A portion of licensing fees for each nurse not to exceed Ten Dollars ($10) may be used to implement and maintain the peer assistance program.

F. Records of the nurse enrolled in the peer assistance program shall be maintained in the program office in a place separate and apart from the Board's records. The records shall be made public only by subpoena and court order; provided, however, confidential treatment shall be cancelled upon default by the nurse in complying with the requirements of the program.

G. Any person making a report to the Board or to a peer assistance committee regarding a nurse suspected of practicing nursing while habitually intemperate or addicted to the use of habit-forming drugs, or a nurse's progress or lack of progress in rehabilitation, shall be immune from any civil or criminal action resulting from such reports, provided such reports are made in good faith.

H. A nurse's participation in the peer assistance program in no way precludes additional proceedings by the Board for acts or omissions of acts not specifically related to the circumstances resulting in the nurse's entry into the program. However, in the event the nurse defaults from the program, the Board may discipline the nurse for those acts which led to the nurse entering the program.

I. The Executive Director of the Board shall suspend the license of a licensee who applied and entered the peer assistance program by choice without any order by the Board immediately upon notification that the licensee has defaulted from the peer assistance program, and shall assign a hearing date for the matter to be presented to the Board. A licensee who was directed to apply and enter the peer assistance program by an order of the Board and who does not enter or who defaults from the peer assistance program for any reason shall be disciplined as set forth in the order of the Board that directed the nurse to apply and enter the peer assistance program.

J. Any person who enters the peer assistance programs voluntarily or otherwise shall be responsible for any and all costs associated with participation in the peer assistance program.

K. A nurse may apply to participate in the peer assistance program by choice or may be directed to apply to the program by an order of the Board. In either case, conditions shall be placed on the nurse's license to practice nursing during the period of participation in the peer assistance program.

L. With regards to the peer assistance program, unless the context otherwise requires:

1. "Board" means the Oklahoma Board of Nursing;

2. "Peer assistance committee" means the peer assistance evaluation advisory committee created in this section, which is appointed by the Oklahoma Board of Nursing to carry out specified duties; and

3. "Default" means the licensee has failed to comply with the contract and/or amended contracts and/or treatment plans, as determined by the peer assistance committee, and/or has been terminated from the peer assistance program as defined in Board rules.

§ 567.18. Criminal history records and background checks

A. Any applicant for a license or certificate described below shall be required to undergo a national criminal history background check as described in this section.

1. Registered Nurse (RN) license,

2. Advanced Practice Registered Nurse (APRN) license,

3. Practical Nurse License (LPN),

4. Advanced Unlicensed Assistant Certificate,

5. Multistate nursing license, when Oklahoma is the Primary State of Residence.

B. Licensing and certification decisions shall be based on, in addition to other licensure requirements, a criminal history records search conducted by the Oklahoma State Bureau of Investigation that is not more than ninety (90) days old.

C. Contingent upon available resources by the Board, all criminal background checks effective January 1, 2013, are subject to the following:

1. Submission of a full set of fingerprints to the Board for the purpose of permitting a state and federal criminal history records search pursuant to Section 150.9 of Title 74 of the Oklahoma Statutes and Public Law 92-544 that is not more than ninety (90) days old. The Oklahoma State Bureau of Investigation may exchange these fingerprints with the Federal Bureau of Investigation;

2. The applicant shall furnish the Board fingerprints as established by Board rules and a money order or cashier's check made payable to the Oklahoma State Bureau of Investigation or the Board's designated vendor;

3. The Board shall forward the fingerprints along with the applicable fee for a national fingerprint criminal history records search to the Bureau;

4. The Bureau shall search the Oklahoma Automated Fingerprint Identification System and forward fingerprints to the FBI for a national criminal history records search;

5. Any and all state and federal criminal history record information obtained by the Board from the Bureau or the FBI which is not already a matter of public record shall be deemed nonpublic. The confidential information shall be restricted to the exclusive use of the Board, its members, officers, investigators, agents, and attorneys in evaluating the applicant's eligibility or disqualification for licensure; and

6. Fingerprint images may be rejected by the OSBI and the FBI for a variety of reasons, including, but not limited to, fingerprint quality or an inability by the OSBI or FBI to classify the fingerprints. These rejections require the applicant to be fingerprinted again. Applicants with fingerprints rejected for improper registration will be required to re-register, re-pay and be re-fingerprinted. Applicant is responsible for insuring and verifying that all data is correct in the fingerprinting process.

D. The necessary steps to initiate the criminal background checks may be performed by the Board or its designated vendor.

E. An individual applying for any type of multistate license, when Oklahoma is the primary state of residence, shall submit to a criminal background check that complies with this section; provided, however, that if the individual has been continuously enrolled in the Federal Bureau of Investigation's Rap Back Service since issuance of the initial multistate license, the individual shall not be required to undergo another criminal history record search. No criminal history record information will be disseminated outside the Board, as described in paragraph 5 of this subsection.

§ 567.19. Rescission and withdrawal of license

If a license is issued pursuant to this act to a person not entitled under this act to be licensed, the Executive Director may rescind or withdraw the license instanter, pending the final outcome of proceedings. In such cases, the Executive Director shall notify the licensee of such action by certified mail, return receipt requested, and shall include in such notice a provision that the licensee may request a hearing concerning the emergency action and opportunity to show that the license should be reinstated.

§ 567.20. Nursing education programs for veterans

On or before December 31, 2015, the Oklahoma Board of Nursing shall develop program guidelines for Board-approved nursing education programs to utilize in transitioning veterans with prior military medical training and experience into nursing education programs. The process of transition shall include the provisions of Section 4100.3 of Title 59 of the Oklahoma Statutes.

§ 567.21. Nurse Licensure Compact

ARTICLE I

Findings and Declaration of Purpose

a. The party states find 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 II

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. “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.

d. “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.

e. “Encumbrance” means a revocation or suspension of, or any limitation on the full and unrestricted practice of nursing imposed by a licensing board.

f. “Home state” means the party state which is the nurse's primary state of residence.

g. “Licensing board” means a party state's regulatory body responsible for issuing nurse licenses.

h. “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.

i. “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.

j. “Nurse” means RN or LPN/VN, as those terms are defined by each party state's practice laws.

k. “Party state” means any state that has adopted this Compact.

l. “Remote state” means a party state, other than the home state.

m. “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.

n. “State” means a state, territory or possession of the United States and the District of Columbia.

o. “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 a registered nurse (RN) or as a licensed practical/vocational nurse (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 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. Meets the home state's qualifications for licensure or renewal of licensure, as well as all other applicable state laws;

2. i. Has graduated or is eligible to graduate from a licensing-board-approved RN or LPN/VN prelicensure education program; or

ii. Has graduated from a foreign RN or LPN/VN prelicensure education program that (a) has been approved by the authorized accrediting body in the applicable country and (b) 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 agency responsible for retaining that state's criminal records;

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 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 Interstate Commission of Nurse Licensure Compact Administrators (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.

i. Only the home state shall have the power to take adverse action against a nurse's license issued by the home state.

ii. 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 action(s) 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 VI

Coordinated Licensure Information System and Exchange of Information

a. All party states shall participate in a coordinated licensure information system of all licensed registered nurses (RNs) and licensed practical/vocational nurses (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 that may not be shared with nonparty 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 nonparty 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 (1) 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:

    i. Noncompliance of a party state with its obligations under this Compact;

    ii. 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;

    iii. Current, threatened or reasonably anticipated litigation;

    iv. Negotiation of contracts for the purchase or sale of goods, services or real estate;

    v. Accusing any person of a crime or formally censuring any person;

    vi. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

    vii. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

    viii. Disclosure of investigatory records compiled for law enforcement purposes;

    ix. 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

    x. 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:

   i. For the establishment and meetings of other committees; and

   ii. 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.

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 his or her 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 sixty (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 ninety (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.

l. 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 thirty (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:

i. 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
ii. 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 nonparty 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:

i. 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.

ii. 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 X

Effective 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 twenty-six (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 said Prior Compact within six (6) 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 (6) 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 nonparty 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 nonparty 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 XI

Construction 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.

§ 567.22. Licenses issued by other states that are a party to the Nurse Licensure Compact–Same rights and obligations

A. The terms "registered nurse" and "licensed practical nurse" include persons licensed as registered nurses and/or practical/vocational nurses by a state that is a party to the Nurse Licensure Compact.

B. Unless the context indicates otherwise or doing so would be inconsistent with the Nurse Licensure Compact, nurses practicing in this state under a license issued by a state that is a party to the Nurse Licensure Compact have the same rights and obligations as imposed by the laws of this state on license holders of the Oklahoma Board of Nursing.

§ 567.23. Licenses issued by other states that are a party to the Nurse Licensure Compact–Oklahoma Board of Nursing responsible for taking action

The Oklahoma Board of Nursing is the state agency responsible for taking action against registered and practical/vocational nurses practicing in this state under a license issued by a state that is a party to the Nurse Licensure Compact as authorized by the Nurse Licensure Compact. The action shall be taken in accordance with the same procedures for taking action against registered and practical nurses licensed by this state.

§ 567.24. Copy of nurse information available in the coordinated licensure information system

A. On request and payment of a certified verification fee, the Oklahoma Board of Nursing shall provide a registered or practical nurse licensed by this state with a copy of information regarding the nurse maintained by the coordinated licensure information system under Article 6 of the Nurse Licensure Compact.

B. A board is not obligated to provide information that is not available to the board or information that is not available to the nurse under the laws of the state contributing the information to the coordinated licensure information system.

§ 567.25. Personal identification information in the coordinated licensure information system–Sharing with non-party states

A. In reporting information to the coordinated licensure information system under Article 6 of the Nurse Licensure Compact, the Oklahoma Board of Nursing may disclose information that identifies a person, including Social Security number and date of birth.

B. The coordinated licensure information system may not share Social Security numbers and dates of birth with a state not a party to the Compact.

§ 567.26. Grant funding from the National Council of State Boards of Nursing, Inc.

The Oklahoma Board of Nursing may receive grant funding for implementation of the Nurse Licensure Compact directly from the National Council of State Boards of Nursing, Inc.

§ 567.31. Advanced Practice Registered Nurse Preceptor Tax Credit Revolving Fund

There is hereby created in the State Treasury a revolving fund for the Oklahoma Board of Nursing to be designated the "Advanced Practice Registered Nurses Preceptor Tax Credit Revolving Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of the monies received by the Board from a portion of licensure fees received from Advanced Practice Registered Nurses under subsection I of Section 1 of this act. All monies accruing to the credit of the fund are hereby appropriated and the fund shall be used to make a transfer payment to the Oklahoma Tax Commission in an amount equal to the amount of tax credits awarded pursuant to this act. The Oklahoma Tax Commission shall apportion monies transferred from the fund in the same manner as provided by Section 2352 of Title 68 of the Oklahoma Statutes. Monies in the fund which are not required for payment of administrative expenses to the Health Care Workforce Training Commission, which shall not exceed five percent (5%) of monies apportioned to the fund, or which are not required to be transferred to the Oklahoma Tax Commission as otherwise required by this act to offset the revenue impacted by the use of the income tax credits awarded pursuant to Section 1 of this act may be used to implement programs required or authorized by law

§ 567.51. Repealed by Laws 1991, c. 104, § 15, eff. Sept. 1, 1991

§ 575, 576. Repealed by Laws 2004, c. 92, §§ 3, 4, eff. July 1, 2004

§§ 577.1 to 577.6. Repealed by Laws 1991, c. 104, § 16, eff. Sept. 1, 1991