

Wisconsin Nurse Practice Act (NPA) Course

Learning Objectives:

1. List the steps for obtaining school of nursing approval
2. Describe how nurse licensure is obtained in Wisconsin
3. Define the scope of practice for nurses in Wisconsin
4. Explain the purposes of discipline and potential disciplinary actions

Introduction: HISTORY of NURSING REGULATION

1. History of Nursing Licensure & Regulation

The first efforts toward the regulation of nursing began in England. Although the issue of nursing regulation was raised in the late 19th century, enactment of laws to govern nursing in England was delayed in part due to Florence Nightingale's opposition to regulation. In 1901, New Zealand became the first country to enact a nurse licensing law.

North Carolina was the first state to enact a registration law in 1903. New Jersey, New York and Virginia also passed registration laws in that same year. In the 1950s, nursing regulation laws began to address both Registered Nurses and Licensed Practical/Vocational Nurses. By the 1970s, licensure for RNs and LPN/VNs became mandatory in all United States jurisdictions.

(Include History of Nursing Licensure Timeline as displayed in several NPA courses.)

2. Early History of Nursing Education & Regulation in Wisconsin

The Milwaukee County Hospital Training School, the first school of nursing in Wisconsin, was established in 1888; several other schools then opened, but none were regulated. The first Wisconsin nursing organization, the Wisconsin Association of Graduate Nurses, was established in 1910.

Chapter 346 was the first Wisconsin law to regulate nursing and was signed into law by Governor McGovern in 1912, making it the first Nurse Practice Act in Wisconsin. The Act provided guidance for registration of nurses, content to be taught in schools, and duties for the Examiners of Registered Nurses, the forerunners of today's Board of Nursing.

Beginning in 1913 nurses were allowed to use R.N. after their names for the first time. In 1915 the Nurse Practice Act was repealed, and the practice of nursing was placed under the State Board of Medical Examiners. It was later reenacted with revisions. By 1921 Wisconsin nurses were placed under the jurisdiction of the State Board of Health. A Bureau of Nursing of Education and a director position were created, raising the level of nursing education in the state.

Link to Knowledge:

Follow the link to read [Chapter 346](#), published June 17, 1911.

3. History of Nursing Licensure & Regulation in Wisconsin

In 1943 amendments to the Nurse Practice Act provided for licensing of practical nurses. Amendments to the Nurse Practice Act provided for a State Department of Nurses in 1949. In 1955 legislation was added to define professional nursing and mandate licensing of nurses. Finally, in 1967, legislation moved the Department of Nursing under the Department of Regulation and Licensing. It also allowed for separate licensing of Nurse Midwives.

In 1994 Act 138 authorized prescriptive authority for advanced practice nurse prescribers (APNPs). In 2000 APNP rules were revised to grant authority for APNP's to order diagnostic testing including laboratory tests, radiologic exams, and electrocardiograms.

The current Wisconsin Board of Nursing was created in Wis. Stat. §15.405(7g) and has authority as outlined in Wisconsin Statutes Chapter 441. In 1999 the Wisconsin legislature adopted the Nurse Licensure Compact, allowing nurses to practice in other compact states without the need for an additional license.

4. The Legislative Process

Laws governing individual health care providers are enacted through state legislative action. Legislatures enact laws which grant specific authority to regulatory agencies. For regulations specific to nursing, a state legislature enacts a nurse practice act and delegates authority to state boards of nursing to enforce the nursing practice act. State legislatures delegate many enforcement activities to state administrative agencies. The delegation of regulatory authority allows the legislature to utilize the expertise of the agencies to implement state statutes.

A statute is a formal written enactment of legislative authority that governs a state, city, or county; it may also be referred to as legislation. Typically, statutes direct or forbid something, or declare policy. Regulations are the promulgation, monitoring and enforcement of rules. Rules are written to direct practice based on the statute and may only address what is authorized by statute. One way to understand the difference between a statute and rules is that a statute tells us what must be done while rules tell us how, when, where, and under what circumstances it will be done.

Lesson 1: WISCONSIN BOARD OF NURSING

5. Purpose

The purpose of the Wisconsin Board of Nursing is to protect the public through licensure, education, legislation and discipline. The Nurse Practice Act (NPA), as stated in Chapter 440 (Department of Safety and Professional Services) and 441 (Board of Nursing) of Wisconsin Statutes, grants the Board of Nursing the authority to regulate education as well as the licensure and practice of registered nurses (RNs), licensed practical nurses (LPNs), and advanced practice nurse prescribers (APNPs).



[Link to Knowledge:](#)

To learn more about the accountabilities of the Board of Nursing, see [Chapter 440](#) (Department of Safety and Professional Services) and [Chapter 441](#) (Board of Nursing) of Wisconsin Statutes.

6. Membership

The Wisconsin Board of Nursing is part of the Department of Safety and Professional Services (DSPS). The makeup of the Board is outlined in Chapter 15 (Structure of the Executive Branch) of Wisconsin Statutes. Members include five currently licensed registered nurses, one currently licensed practical nurse, one member who is either a licensed registered nurse or a licensed practical nurse, and two public members.

Board members are appointed by the governor for staggered four-year terms and confirmed by the Senate. If reappointed and reconfirmed, a member may serve a second four-year term. Board members whose terms have expired may continue to serve until their successor is confirmed by the Senate.

[Link to Knowledge:](#)

The legislation that outlines the membership for boards and councils can be found in [Chapter 15](#) (Structure of the Executive Branch) of Wisconsin Statutes.

7. Meetings and Information

The Board of Nursing meets on a regular basis. Meeting schedules, agendas, and minutes from past meetings are available on the Board of Nursing website. The public is welcome and encouraged to attend the open session of each meeting. In addition to full board meetings, subcommittee meetings are held as needed, and are also open to the public.

Newsletters, annual reports, legislative updates, a list of current board members, and other helpful links can be found on the website.

[Link to Knowledge:](#)

See the [Board of Nursing Website](#) for more information.

8. Nursing Education

The rule for approval of schools of nursing clarifies requirements and develops a timeline for the approval process, which includes three steps:

- Authorization to plan a school of nursing
- Authorization to admit students
- Approval of the school of nursing, which can be requested upon graduation of the first class and may include a site visit

For schools choosing to utilize simulation, simulation used to meet clinical requirements must adhere to all of the following requirements:

- Nursing faculty with documented education and training in the use of simulation must develop, implement, and evaluate the simulation experience.
- Prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques.
- The simulation provides an opportunity for each student to participate while in the role of the nurse.
- Simulation may not be utilized for more than 50% of the time designated for meeting clinical learning requirements.

Link to Knowledge:

You will find more details regarding the board's responsibility for nursing education in [Chapter N1](#), Approval for Schools of Nursing.

Lesson 2: LICENSURE & PRACTICE OF NURSING

9. Nurse Licensure Compact

Effective December 11, 2017 Wisconsin joined the Enhanced Nurse Licensure Compact (eNLC). The Enhanced Nurse Licensure Compact (eNLC) is an updated version of the Nurse Licensure Compact. The implementation date for the eNLC was January 19, 2018.

Nurses in Wisconsin may apply for a multistate license or may choose to apply for a single state Wisconsin license. Applicants for a multistate license need to meet uniform licensure requirements. Nurses holding an active NLC multistate license on July 20, 2017 were granted grandfather status.

The Commission of Nurse Licensure Compact Administrators (Interstate Commission) administrates the compact. When the Interstate Commission creates rules, notice of proposed rulemaking is published in the Wisconsin Administrative Register. This allows for comments to be submitted and a public hearing to be held on proposed rules.

Link to Knowledge:

See the National Council of State Boards of Nursing (NCSBN) website for more information about [licensure compacts](#).

10. Initial RN Licensure by Examination

A **registered nurse** applicant is eligible for a **multistate license** if he or she:

- Graduated from a board-approved prelicensure education program or a foreign registered nurse prelicensure education program that meets specific criteria.
- If applicable, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.
- Successfully passed an NCLEX or recognized predecessor examination.
- Is eligible for or holds an active, unencumbered license.
- Has not been convicted, found guilty, or entered into an agreed disposition, of a felony or misdemeanor offense related to the practice of nursing.

- Is not currently enrolled in an alternative program.
- Holds a valid United States social security number.

When applying for a multistate license the applicant must submit, through an approved process, fingerprints or other biometric-based information for the purpose of obtaining the applicant's criminal history information from the Federal Bureau of Investigation and the Wisconsin Department of Justice. If the applicant has been convicted or found guilty or has entered into an agreed disposition of a misdemeanor offense, the applicant must provide the board all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.

A **registered nurse** applicant is eligible for **single state licensure** if he or she:

- Graduates from a high school or its equivalent.
- Does not have an arrest or conviction record, with some exceptions as stated in Wisconsin statutes.
- Graduates from a board-approved or comparable school of professional nursing, or provides evidence of educational qualifications comparable to those required in Wisconsin at the time of graduation.
- Passes the NCLEX.

Link to Knowledge:

To learn more about the laws specific to consideration of arrest or conviction records, see statutes [111.321](#), [111.322](#), and [111.335](#).

11. Initial LPN Licensure by Examination

A **licensed practical nurse** applicant is eligible for **multistate licensure** if he or she:

- Graduated from a board-approved prelicensure education program or a foreign registered nurse prelicensure education program that meets specific criteria.
- If applicable, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.
- Successfully passed an NCLEX or recognized predecessor examination.
- Is eligible for or holds an active, unencumbered license.
- Has not been convicted, found guilty, or entered into an agreed disposition, of a felony or misdemeanor offense related to the practice of nursing.
- Is not currently enrolled in an alternative program.
- Holds a valid United States social security number.

When applying for a multistate license the applicant must submit, through an approved process, fingerprints or other biometric-based information for the purpose of obtaining the applicant's criminal history information from the Federal Bureau of Investigation and the Wisconsin Department of Justice. If the applicant has been convicted or found guilty or has entered into an agreed disposition of a misdemeanor offense, the applicant must provide the board all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.

A **licensed practical nurse** applicant is eligible for **single state licensure** if he or she:

- Completes two years of high school or its equivalent.

- Is 18 years or older.
- Does not have an arrest or conviction record, with some exceptions as stated in Wisconsin statutes.
- Graduates from a board-approved or comparable school of professional nursing or provides evidence of educational qualifications comparable to those required in Wisconsin at the time of graduation.
- Passes the NCLEX.

Link to Knowledge:

To learn more about the laws specific to consideration of arrest or conviction records, see statutes [111.321](#), [111.322](#), and [111.335](#).

12. Licensure by Endorsement

An applicant for a multistate license by endorsement must complete and submit an application on forms provided by the department and pay the fee. The applicant must provide:

- Evidence of holding an active, unencumbered license.
- Declaration or evidence that Wisconsin is the primary state of residence.
- Evidence of graduation from a board-approved prelicensure education program or a foreign registered nurse prelicensure education program that meets specific criteria.
- If applicable, proof of successfully passing an English proficiency examination that includes the components of reading, speaking, writing, and listening.
- Evidence of successfully passing an NCLEX exam or recognized predecessor.
- If the applicant has been convicted or found guilty or has entered into an agreed disposition of a misdemeanor offense, all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.
- Fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the Wisconsin Department of Justice.

An applicant from a nurse licensure compact state who applies for a single state license is considered to have met educational and other qualifications comparable to those required in this state. The applicant must file a completed application, declaring Wisconsin as the primary state of residence, and pay the applicable fee.

An applicant for a single state license by endorsement from a state that has not adopted the nurse licensure compact, a United States territory or Canada is considered to have met educational and other qualifications comparable to those required in Wisconsin if the requirements of the initial license meet specific criteria. The applicant must submit a completed application and pay the applicable fee.

Link to Knowledge:

See the [Board of Nursing website](#) for more details regarding licensure.

13. Licensure Renewal

The RN or LPN credential may be renewed every two years. If within the five-year time frame, renewal requirements include:

- Payment of the renewal fee and any applicable late renewal fee.
- Payment of a nursing workforce survey fee.
- Completion of the nursing workforce survey to the satisfaction of the board.

To renew the RN or LPN credential after five years, in addition to meeting the requirements above, the renewal applicant must do one of the following:

- Provide documentation of employment requiring a nursing license within the last five years.
- Complete a board-approved nursing refresher course or education equivalent to a nursing refresher course.
 - A nursing refresher course requires a limited license for the purpose of completing the clinical component of the course.
 - The licensee may request the board to grant a limited license for the sole purpose of completing a nurse refresher course.

14. Certified Nurse Midwife (CNM) Licensure

A separate license is issued by the board for the practice of nurse–midwifery. An applicant for licensure as a nurse-midwife must:

- Complete an educational program in nurse-midwifery accredited by the American College of Nurse-Midwives.
- Hold a certificate issued by the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council.
- Be currently licensed to practice as a professional nurse in Wisconsin or be currently licensed to practice professional nursing in another state which has adopted the nurse licensure compact.

Renewal of a license to practice nurse–midwifery is separate from the renewal of the nurse’s license as a professional nurse. The applicant for renewal is required to inform the board whether the certificate issued to him or her by the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council has been revoked or suspended.

15. Scope of Practice

It is important for all nurses to understand their scope practice as outlined in the Nurse Practice Act (NPA) and Wisconsin Board of Nursing Administrative Rules. Each nurse is accountable for the quality of care he or she provides and is expected to practice at the level of education, knowledge and skill ordinarily expected of one who has completed an approved nursing program. Furthermore, all nurses are expected to recognize the limits of their knowledge and experience and to appropriately address situations that are beyond their competency.

Each APNP, RN and LPN should be aware that there are additional laws and rules which may apply to their practice, depending on the practice setting. Nurses are responsible to be knowledgeable regarding all laws and rules which relate to their nursing practice.

[Link to Knowledge:](#)

Statutes and Administrative Code specific to Wisconsin can be found at the [Board of Nursing Website](#).

16. Definitions Related to Scope of Practice

Terms used in the Nurse Practice Act (NPA) have meaning specific within this context and therefore have been defined in the Act. Knowing how these words are defined is critical to developing a sound understanding of the scope of practice for each nursing role.

Instructions: *Select a tab to view the information.*

Basic Patient Situation: As determined by an RN, physician, podiatrist, dentist or optometrist means the following three conditions prevail at the same time in a given situation:

- The patient's clinical condition is predictable;
- Medical or nursing orders are not changing frequently and do not contain complex modifications; and
- The patient's clinical condition requires only basic nursing care.

Complex Patient Situation: as determined by an RN, physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

- The patient's clinical condition is not predictable;
- Medical or nursing orders are likely to involve frequent changes or complex modifications; or,
- The patient's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

Delegated Act: Acts delegated to a registered nurse or licensed practical nurse.

Direct Supervision: Immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

General Supervision: Regularly coordinates, directs and inspects the practice of another.

Protocol: A precise and detailed written plan for a regimen of therapy.

17. RN Standards of Practice

Instructions: *Select a tab to view the information.*

General Nursing Procedures: An RN utilizes the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. This standard is met through the following steps of the nursing process:

Assessment: The systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

Planning: Development of a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

Intervention: The nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to LPN's or less skilled assistants.

Evaluation: The determination of a patient's progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

Performance of Delegated Acts: In the performance of delegated acts an RN:

- Accepts only those delegated acts for which there are protocols or written or verbal orders.
- Accepts only those delegated acts for which the RN is competent to perform based on his or her nursing education, training or experience.
- Consults with a provider in cases where the RN knows or should know a delegated act may harm a patient.
- Performs delegated acts under the general supervision or the direction of a provider.

Supervision and Direction of Delegated Acts: In the supervision and direction of delegated acts an RN:

- Delegates tasks commensurate with educational preparation and demonstrated abilities of the person supervised.
- Provides direction and assistance to those supervised.
- Observes and monitors the activities of those supervised.
- Evaluates the effectiveness of acts performed under supervision.

Link to Knowledge:

Additional information regarding standards of practice can be found in [Chapter N6](#), Standards of Practice for Registered Nurses and Licensed Practical Nurses.

18. LPN Standards of Practice

Instructions: Select a tab to view the information.

Performance of Acts in Basic Patient Situations:

The LPN, under the general supervision of an RN or the direction of a provider:

- Accepts only patient care assignments which the LPN is competent to perform.
- Provides basic nursing care.
- Records nursing care given and reports changes in patient condition to the appropriate person.
- Consults with a provider in cases where an LPN knows or should know a delegated act may harm a patient.
- Performs the following other acts when applicable:
 - Assists with the collection of data.
 - Assists with the development and revision of a nursing care plan.
 - Reinforces the teaching provided by an RN provider and provides basic health care instruction.
 - Participate with other health team members in meeting basic patient needs.

Performance of Acts in Complex Patient Situations:

The LPN:

- Meets standards under the general supervision of an RN, physician, podiatrist, dentist or optometrist.
- Performs delegated acts beyond basic nursing care under the direct supervision of an RN or provider. If requested by the board, provides documentation of his or her nursing education, training or experience enabling him or her to competently perform these assignments.

Assumption of Charge Nurse Position in Nursing Homes:

When acting in this capacity, the LPN:

- Follows written protocols and procedures developed and approved by an RN.
- Manages and directs the nursing care and other activities of LPN and nursing support personnel under the general supervision of an RN.
- Accepts the charge nurse position only if prepared for the responsibilities of charge nurse based on education, training and experience beyond the practical nurse curriculum. If requested by the board, provides documentation of the nursing education, training or experience enabling him or her to competently assume the position of charge nurse.

19. Certified Nurse-Midwife (CNM) Scope of Practice and Limitations

Scope of Practice

- The scope of practice for a certified nurse-midwife is the overall management of women's health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse-Midwives and the education, training, and experience of the nurse-midwife.
- The nurse-midwife is required to collaborate with a physician who has postgraduate training in obstetrics as outlined in a written agreement with that physician.
 - The nurse-midwife consults with the physician regarding any complications discovered by the nurse-midwife, or refers the patient, also as stated in the written agreement.
 - Upon referral, the nurse-midwife may manage that part of the care of the patient which is appropriate to the knowledge and skills of the nurse-midwife.

Limitations to the Scope of Practice

- The nurse-midwife does not independently manage complications that require referral as stated in the written agreement.
- The nurse-midwife may not perform deliveries by forceps or Caesarean section. The nurse-midwife may use vacuum extractors only in emergency delivery situations.
- The nurse-midwife may not assume responsibilities, either by physician delegation or otherwise, which he or she is not competent to perform by education, training or experience.
- A nurse-midwife who discovers evidence that any aspect of care involves a complication which jeopardizes the health or life of a newborn or mother must consult with the collaborating physician or designee, or make a referral as specified in the written agreement. Following notification of the physician the nurse-midwife may continue to manage the delivery when complications occur if emergency measures are required and the physician has not yet arrived.

20. Advanced Practice Nurse Prescriber Certification

In order to be certified as an advanced practice nurse prescriber (APNP), the applicant must:

- Provide evidence of a current license to practice as a professional nurse in Wisconsin or in another state which has adopted the nurse licensure compact.
- Provide evidence of current certification as a nurse practitioner, certified nurse midwife, certified registered nurse anesthetist or clinical nurse specialist by a national certifying body approved by the board.
- Provide evidence of a master's or doctoral degree in nursing or a related health field granted by a college or university accredited by a regional accrediting organization approved by the Council for Higher Education Accreditation. This does not apply to those who received national certification as a nurse practitioner, certified nurse midwife, certified registered nurse anesthetist or clinical nurse specialist before July 1, 1998.
- Provide evidence of completion of 45 contact hours in clinical pharmacology or therapeutics within the five years preceding the application.
- Provide evidence of passing a jurisprudence exam for advanced practice nurse prescribers.

Once certification is obtained, the APNP is required to complete 16 hours of continuing education in clinical pharmacology or therapeutics relevant to the advanced practice nurse prescriber's area of practice every two years, including at least two contact hours in responsible prescribing of controlled substances.

Advanced practice nurse prescribers work in a collaborative relationship with a physician or dentist. APNPs who prescribe independently are required to maintain in effect malpractice insurance.

Link to Knowledge:

For additional information, see [Chapter N8](#), Certification of Advanced Practice Nurse Prescribers.

Lesson 3: DISCIPLINE

21. Rules of Conduct

Common reasons for denying a nursing license or taking disciplinary action against a license or certificate include, but are not limited to:

Instructions: *Select a tab to view the information.*

- Noncompliance with federal, jurisdictional, or reporting requirements, including:
 - Failure to cooperate with a board investigation in a timely manner.
 - Practicing beyond the scope of practice.
 - Failing to notify the board of a felony or misdemeanor in writing within 48 hours after the entry of the judgment of conviction.
 - Failing to report a violation of these rules to the board or institutional supervisory personnel.
- Violating or aiding and abetting a violation of any law substantially related to the practice of nursing or being convicted of any crime substantially related to the practice of nursing.
- Confidentiality, patient privacy, consent, or disclosure violations.
- Misconduct or abuse, including:
 - Abuse of a patient by a single or repeated act of force, violence, harassment, deprivation, neglect, or mental pressure which reasonably could cause physical pain, injury, mental anguish, or fear.

- Violation of professional boundaries.
- Fraud, deception or misrepresentation, including:
 - Falsification of patient documentation.
 - Engagement in abusive or fraudulent billing practices.
 - Submission of false claims.
- Unsafe practice or substandard care, including:
 - Failing to perform nursing with reasonable skill and safety.
 - Departing from or failing to conform to the minimal standards of acceptable nursing practice that may create unnecessary risk or danger to a patient's life, health, or safety. Actual injury to a patient need not be established.
 - Failing to report to or leaving a nursing assignment without properly notifying appropriate supervisory personnel and ensuring the safety and welfare of the patient or client.
 - Practicing nursing while under the influence of alcohol, illicit drugs, or while impaired by the use of legitimately prescribed pharmacological agents or medications.
 - Inability to practice safely due to alcohol or other substance use, psychological or physical illness or impairment.
 - Executing an order which the licensee knew or should have known could harm a patient.
- Improper supervision or allowing unlicensed practice.
- Improper prescribing, dispensing, or administering medication or drug related offenses.

Link to Knowledge:

Details regarding grounds for denying or taking disciplinary action can be found in [Chapter N7](#), Rules of Conduct.

22. Process for Review of Complaints

All complaints submitted to the Board of Nursing are reviewed and may be opened for investigation based on specific criteria, forwarded to a screening panel for further review, referred to another department, or closed based on criteria established by the board.

When a case is opened, the investigator and attorney conduct an initial investigation and request a response from the licensee. A member of the board is designated as the case advisor. The board may close the case with no action, take non-disciplinary action, or propose a discipline order.

Non-disciplinary action may include the following two examples:

- An administrative warning is used for minor violations and first occurrences if the board feels a warning will adequately protect the public. It is public record when a nurse receives an administrative warning, but details of the complaint are not available to the public.
- A remedial education order is used for violations that can be corrected with education while sufficiently protecting the public.

23. Discipline Process

If the board determines that a disciplinary order is appropriate, the licensee may accept or reject the order. If the order is rejected, the case may go to the Administrative Law Judge, who will decide if a hearing will be held.

According to *State v. Aldrich*, 71 Wis. 2d 206, 237 N.W.2d 689 (1976), the three purposes of discipline are "(1) to promote the rehabilitation of the licensee; (2) to protect the public from other instances of

misconduct; and (3) to deter other licensees from engaging in similar conduct.” When the board considers discipline, it is always in the context of these three purposes.

Disciplinary options available to the board include:

- **Reprimand** is a public warning of the licensee for a violation.
- **License Limitation** imposes conditions and requirements upon the licensee, restricts the scope of practice, or both.
- **Suspension** withdraws and withholds for a period of time all rights, privileges and authority previously conferred by the credential.
- **Revocation** terminates the credential and all rights, privileges and authority previously conferred by the credential.

24. Professional Assistance Procedure (PAP)

The Professional Assistance Procedure (PAP) is a voluntary non-disciplinary program to provide support for credentialed professionals with substance abuse disorder who are committed to their own recovery. The goal is to protect the public by promoting early identification of chemically dependent professionals and encouraging rehabilitation. It provides an opportunity for qualified participants to continue practicing, without public discipline, while being monitored and supported in their recovery.

Link to Knowledge:

Follow the link to learn more about the [Professional Assistance Procedure](#) and to complete an application for admission to the program.