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**TELECONFERENCE/VIRTUAL  
LEGISLATION AND RULES COMMITTEE  
BOARD OF NURSING**  
**Virtual, 4822 Madison Yards Way, Madison**  
**Contact: Christine Poleski (608) 266-2112**  
**August 21, 2020**

*Notice: The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Committee. A **quorum of the Board may be present during the committee meeting.***

**AGENDA**

**9:00 A.M.**

**CALL TO ORDER – ROLL CALL – OPEN SESSION**

- A. Approval of Agenda (1)**
- B. Legislative and Policy Matters – Discussion and Consideration**
- C. Administrative Rules Matters – Discussion and Consideration**
  - 1. Proposals for N 1 to 8, Relating to Requirements in Emergency Situations **(2-32)**
  - 2. N 4, Relating to Licensure of Nurse-Midwives **(33-43)**
  - 3. Pending and Possible Rulemaking Projects
- D. Public Comments**

**ADJOURNMENT**

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer at 608-266-2112, or the Meeting Staff at 608-266-5439.

## PROPOSALS FOR N 1 TO N 8

At its July 30, 2020 meeting, the Legislation and Rules Committee recommended the Board consider the following items from Emergency Order 16 in developing proposals for N 1 to N 8. The Department reviewed the items to determine the Board's statutory authority to put them into its rules and conclusions are noted in red.

- **Interstate reciprocity:** Allowed any health care provider with a valid and current license issued by another state to practice under that license and within the scope of that license in Wisconsin without first obtaining a temporary or permanent license from the Department of Safety and Professional Services, so long as certain conditions were met. **Board Counsel is reviewing this item.**
- **Requirements for credential renewal within five years of expiration:** Suspended payment of a late renewal fee, payment of the nursing workforce survey fee, and completion of the nursing workforce survey. **As all of these requirements are provided in statute, the Board does not have authority to provide a waiver or variance.**
- **Requirements for credential renewal after five years of expiration:** Suspended payment of a late renewal fee, payment of the nursing workforce survey fee, completion of the nursing workforce survey, and documentation of employment or completion of a nursing refresher course. **With the exception of the last requirement, all of the requirements are provided in statute and the Board does not have authority to provide a waiver or variance.**
- **Nursing care management and collaboration with other health care professionals:** Suspended s. N 8.10 (2) and (7), which provide an APNP shall:
  - facilitate collaboration with other health care professionals, at least 1 of whom shall be a physician or dentist, through the use of modern communication techniques; and
  - work in a collaborative relationship with a physician or dentist and document the relationship.

**The Board has rule-writing authority with regard to these provisions.**

**Prepared by:** Dale Kleven, Administrative Rules Coordinator

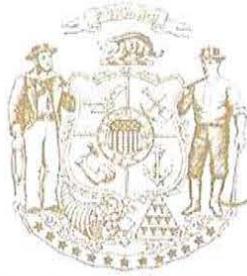
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# State of Wisconsin

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**Governor Tony Evers**

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**Secretary-designee Andrea Palm**

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## **Emergency Order #16**

### **Related to Certain Health Care Providers and the Department of Safety and Professional Services Credentialing**

**WHEREAS**, in December, 2019, a novel strain of the coronavirus was detected, now named COVID-19, and it has spread throughout the world, including every state in the United States;

**WHEREAS**, on March 12, 2020, Governor Tony Evers declared a public health emergency and directed all agencies support the efforts to respond to and contain COVID-19 in Wisconsin;

**WHEREAS**, on March 13, 2020, President Donald Trump proclaimed a National Emergency concerning COVID-19;

**WHEREAS**, as of March 26, 2020, 512,900 people around the world have tested positive for COVID-19, including 81,321 in the United States and 707 in Wisconsin;

**WHEREAS**, even before COVID-19, more than half of Wisconsin counties had a shortage of physicians, and many other types of healthcare workers were in short supply;

**WHEREAS**, the continued spread of COVID-19 demands that we have the help of as many skilled health care providers as possible;

**NOW THEREFORE**, under the authority vested in the Governor and the Department of Health by the Constitution and the Laws of the State, including but not limited to Article V, Section 4 of the Wisconsin Constitution and Sections 323.12(4) and 252.02(6) of the Wisconsin Statutes, and the public health emergency declared in Executive Order #72, I, Governor Tony Evers, and I, Secretary-designee Andrea Palm, jointly order the following:

#### **I. Interstate Reciprocity**

A. For purposes of Section I, the following definitions control:

1. "Health care provider" has the meaning given in Wis. Stat. § 146.81(1)(a) through (hg).
2. "Health care facility" refers to any system, care clinic, care provider, long-term care facility, or any other health care facility where health care services are or may be provided.

3. "Temporary License" refers to any visiting, locum tenens, temporary, or similar non-permanent license or credential

B. Any health care provider with a valid and current license issued by another state may practice under that license and within the scope of that license in Wisconsin without first obtaining a temporary or permanent license from the Department of Safety and Professional Services (DSPS), so long as the following conditions are met:

1. The practice is necessary for an identified health care facility to ensure the continued and safe delivery of health care services;
2. The health care provider is not currently under investigation and does not currently have any restrictions or limitations placed on their license by their credentialing state or any other jurisdiction;
3. The identified health care facility's needs reasonably prevented in-state credentialing in advance of practice;
4. The health care provider practicing under this section must apply for a temporary or permanent health care license within 10 days of first working at a health care facility in reliance on this Section; and
5. The health care facility must notify DSPS at [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov) within 5 days of a health care provider practicing at its facility in reliance on this Section.

C. The Office of the Commissioner of Insurance (OCI) is directed to work with health care providers practicing under this provision to ensure they have the proper liability insurance coverage.

D. DSPS may withdraw an individual's authority to temporary practice pursuant to the Order for good cause as determined by DSPS.

E. Nothing in this Order prevents civil or criminal action against a person or entity who falsely reports required information to DSPS or practices without following the requirements of this Section

## II. Temporary Licenses

A. Any temporary license, as defined under Section I(A)3. of this Order, that has been granted to a health care provider as defined under Section I(A)1 of this Order, shall remain valid for 30 days after the conclusion of the declared emergency, including any extensions.

B. The following administrative rule is suspended:

Admin. Rule:	Wis. Admin. Code § Med 3.04
Description of Rule:	Practice Limitations
Status:	Partially suspended with companion order
Companion Order:	The following language is suspended: "providing such practice is entirely limited to the medical education facility, medical research facility, or medical school where the license

holder is teaching, conducting research, or practicing medicine and surgery, and is limited to the terms and restrictions established by the board.”

### **III. Telemedicine**

A. The following is ordered as it relates to telemedicine for Wisconsin residents:

1. A physician providing telemedicine in the diagnosis and treatment of a patient who is located in this state must have a valid and current license issued by this State, another state, or Canada. Wis. Admin. § Med 24.04 and 24.07(1)(a) are suspended. Where a requirement in Wis. Admin. Med. Ch. 24 applies to physicians licensed to practice by the medical examining board, such requirements extend to any physician practicing telemedicine in this state.
2. A physician practicing under this section cannot be currently under investigation and must not currently have any restrictions or limitations placed on their license by their credentialing state or any other jurisdiction.
3. Insured patients are encouraged to continue to work with their insurance providers to ensure they are selecting providers in-network, if applicable and where possible.
4. OCI is directed to continue working with malpractice insurance carriers to facilitate coverage outside of the traditional health care facility settings and to continue working with health insurers to minimize out-of-network barriers for insured patients seeking telemedicine services.

### **IV. Specific Orders Pertaining to Physician Assistants**

A. The following administrative rules are suspended:

Admin. Rule:	Wis. Admin. Code § Med 8.05(4)
Description of Rule:	Licensure renewal notification requirements
Status:	Partially suspended with companion order
Companion Order:	The following language is suspended: “and shall notify the board within 20 days of any change of a supervising physician or podiatrist.” A physician assistant must notify the board within 40 days of any change of a supervising physician or podiatrist.

Admin. Rule:	Wis. Admin. Code § Med 8.07(1)
Description of Rule:	Scope and limitations of physician assistant practice
Status:	Partially suspended with companion order
Companion Order:	The following language is suspended: “and may not exceed the scope of practice of the physician or podiatrist providing supervision. A medical care task assigned by the supervising physician or podiatrist to a physician assistant may not be delegated by the physician assistant to another person.” A

physician assistant shall limit their practice to the scope of their experience, education, training, and capabilities. A physician assistant may delegate a care task to another clinically trained health care provider if the physician assistant has knowledge, based on personal experience with the health care provider who is being delegated the task, that the task is within the health care provider's experience, education, training, and capabilities.

Admin. Rule: Wis. Admin. Code § Med 8.07(3)  
Description of Rule: Identifying supervising physician or podiatrist  
Status: Suspended

Admin. Rule: Wis. Admin. Code § Med 8.10(1)  
Description of Rule: Provides for physician or podiatrist to physician assistant ratio and availability for consultation  
Status: Partially suspended with companion order  
Companion Order: No physician or podiatrist may supervise more than 8 on-duty physician assistants at any time. There is no limit to the number of physician assistants for whom a physician or podiatrist may provide supervision over time. A physician assistant may be supervised by more than one physician or podiatrist while on duty.

## V. Specific Orders Pertaining to Nursing

A. The following administrative rules are suspended:

Admin. Rule: Wis. Admin. Code § N. 1.08(5m)(b)  
Description of Rule: Places limit on utilization of simulation for nurse training  
Status: Suspended

Admin. Rule: Wis. Admin. Code § N. 2.31(3)  
Description of Rule: Applications to practice under a temporary permit  
Status: Suspended

Admin. Rule: Wis. Admin. Code § N. 2.34  
Description of Rule: Duration of temporary licenses  
Status: Partially suspended with companion order  
Companion Order: An issued temporary license will remain valid until end of emergency or six months after availability of NCLEX, whichever occurs last.

Admin. Rule: Wis. Admin. Code § N 2.40(2)(a)-(c)  
Description of Rule: Requirements for credential renewal within five years of expiration.  
Status: Partially suspended with companion order  
Companion Order: Subsections (b) and (c) are suspended. Any applicable late renewal fee under subsection (a) is suspended. Nothing

about this suspension should be construed to apply to a credential holder who has unmet disciplinary requirements or whose credential has been surrendered or revoked. Wis. Stat. § 441.01(7) is to be interpreted so as not to apply to applications for license renewal after expiration under Wis. Admin. Code § N 2.40(2).

Admin. Rule: Wis. Admin. Code § N 2.40(3)(a) through (d)  
Description of Rule: Requirements for credential renewal after five years of expiration  
Status: Partially suspended with companion order  
Companion Order: Subsections (b) through (d) are suspended. The late renewal fee under subsection (a) is suspended. Nothing about this suspension should be construed to apply to a credential holder who has unmet disciplinary requirements or whose credential has been surrendered or revoked. Wis. Stat. § 441.01(7) is to be interpreted so as not to apply to applications for license renewal after expiration under Wis. Admin. Code § N 2.40(2).

Admin. Rule: Wis. Admin. Code § N. 8.10(2) and (7)  
Description of Rule: Nursing care management and collaboration with other health care professionals  
Status: Suspended

## **VI. Recently Expired Credentials or Licenses**

- A. DSPS is directed to assess its records to identify health care providers with recently lapsed license who would be eligible for renewal. I direct the Department to consult with the Department of Health Services in order to identify specific practice areas of need and to conduct appropriate outreach to inform them of renewal options.
- B. The following administrative rules are suspended:

Admin. Rule: Wis. Admin. Code § Med 14.06(2)(a)  
Description of Rule: Renewal of a lapsed license within five years of expiration.  
Status: Partially suspended with companion order  
Companion Order: In Wis. Admin. Code § Med 14.06(2)(a), “and fulfillment of the continuing education requirements” is suspended  
Nothing about this suspension should be construed to apply to a licensee who has unmet disciplinary requirements or whose credential has been surrendered or revoked.

Admin. Rule: Wis. Admin Code § Rad 5.01(1) and (2)  
Description of Rule: Continuing education requirements  
Status: Partially suspended with companion order  
Companion Order: Sections Rad 5.01(1) and (2) are suspended only to the extent that they would otherwise apply to a radiographer or a limited x-ray machine operator (LMXO) permit holder whose

license or permit has expired and whose application for renewal is not timely under Wis. Stat. § 440.08(2)(a). As to such applicants, Wis. Stat. § 462.05(2)(a) shall be interpreted not to require completion of continuing education, provided the applicant meets all other criteria for renewal of a license. Nothing about this suspension should be construed to apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked.

Admin. Rule: Wis. Admin. Code § MPSW 1.08(2)  
Description of Rule: Credential renewal within five years of expiration  
Status: Partially suspended with companion order  
Companion Order: The following language is suspended: “attesting to completion of the continuing education required under s. MPSW 19.02, and paying a late renewal fee.” Nothing about this suspension should be construed to apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked.

Admin. Rule: Wis. Admin. Code § Psy 4.06(1)  
Description of Rule: Renewal of a lapsed license within five years.  
Status: Partially suspended with companion order  
Companion Order: In Wis. Admin. Code § Psy 4.06(1), “and fulfillment of 40 continuing education hours completed within 2 years prior to renewal” is suspended. Nothing about this suspension should be construed to apply to licensees who have unmet disciplinary requirements or whose license has been surrendered or revoked.

Admin. Rule: Wis. Admin. Code § Phar 5.05(2)(a) and (b)  
Description of Rule: Requirements for license renewal within five years of expiration  
Status: Partially suspended with companion order  
Companion Order: Wis. Admin Code §§ Phar 5.05(2)(b) is suspended. Any applicable late renewal fee under subsection (a) is suspended. An applicant who obtains renewal of their license under this subsection is considered unexpired for purposes of Wis. Stat. § 450.08(1). Nothing about this suspension should be construed to apply to licensees who have unmet disciplinary requirements or whose license has been surrendered or revoked.

Admin. Rule: Wis. Admin. Code § Chir 3.02(2)  
Description of Rule: Requirements for late license renewal  
Status: Partially suspended with companion order  
Companion Order: The following language is suspended: “and a late renewal fee specified in s. 440.08 (3) (a), Stats.” For purposes of a late renewal under Wis. Admin. Code § Chir 3.03(2),

requirements under Wis. Admin. Code § Chir 3.03(1)(c)-(e) are also suspended. Nothing about this suspension should be construed to apply to licensees who have unmet disciplinary requirements or whose license has been surrendered or revoked.

Admin. Rule: Wis. Admin. Code § DE 2.03(5)(a)2.-4.  
Description of Rule: Requirements for late license renewal  
Status: Partially suspended with companion order  
Companion Order: Wis. Admin. Code § DE 2.03(5)(a)3. and 4. are suspended. Any applicable late fee under Wis. Admin. Code § DE 2.03(5)(a)2. is suspended. Nothing about this suspension should be construed to apply to licensees who have unmet disciplinary requirements or whose license has been surrendered or revoked.

Admin. Rule: Wis. Admin. Code § PT 8.05(1)  
Description of Rule: Requirements for license renewal within five years of expiration.  
Status: Partially suspended with companion order.  
Companion Order: The following language is suspended: “and completion of the continuing education requirements specified in ch. PT 9.” Nothing about this suspension should be construed to apply to a licensee who has unmet disciplinary requirements or whose credential has been surrendered or revoked.

## **VII. Additional Orders**

- A. I am hereby providing the Department the discretion to suspend any fee or assessment provided for in administrative rules related to health care provider credentialing where there is a demonstrable need. Need for purposes of this provision is to be assessed by the Department in consultation with the applicant, the Department of Health Services, and identified health care facilities. “Demonstrable need” should be broadly interpreted in favor of increasing the availability of health care providers in this state.
- B. The Department may re-evaluate any fee or assessment suspension decision and impose any previously suspended fee or assessment for a permanent license 60 days after the conclusion of the public health emergency in circumstances where a practitioner has chosen to continue practicing in Wisconsin under the license issued.
- C. Nothing in this Order should be construed to permit a license or credential holder who is currently suspended or revoked to re-enter practice pursuant to this Order.
- D. This Order is enforceable by any local law enforcement official, including county sheriffs. Violation or obstruction of this Order is punishable by up to 30 days imprisonment, or up to \$250 fine, or both. Wis. Stat. § 252.25.

E. If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

F. This Order is effective immediately and shall remain in effect for the duration of the public health emergency as declared in Executive Order #72, including any extensions.



March 27, 2020

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Tony Evers  
Governor  
State of Wisconsin

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Date



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Andrea Palm  
Secretary-designee  
State of Wisconsin Department of Health Services

03-27-2020

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Date

# STATEMENT OF SCOPE

## BOARD OF NURSING

**Rule No.:** N 1 to 8

**Relating to:** Requirements in Emergency Situations

**Rule Type:** Emergency and Permanent

### **1. Finding/nature of emergency (Emergency Rule only):**

Governor Evers has issued Executive Order 72, which proclaims a public health emergency exists for the State of Wisconsin. As this emergency has potential to have a significant impact on nursing, the Board finds that emergency rules are necessary for the preservation of public health and safety.

### **2. Detailed description of the objective of the proposed rule:**

The Board will conduct a comprehensive review of its rules with the objective of establishing waivers and alternate requirements that the Board may utilize to respond to emergency situations. The review will include provisions concerning reciprocal licensure for nurses, including advanced practice nurses, licensed in other states; licensure for nurses returning to practice; clinical educational requirements for nursing students; simulation requirements for clinical hours; temporary licensure for graduate nurses and graduate practical nurses; and supervision and licensure requirements for advanced practice nurses.

### **3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:**

The Board has identified the need for a review and update of its rules as identified above to ensure the Board is prepared to address emergency situations, including the public health emergency proclaimed in Executive Order 72.

### **4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):**

Section 15.08 (5) (b), Stats., provides an examining board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 441.01 (3), Stats., provides “[t]he board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227.”

Section 441.15 (3) (c), Stats., provides “[t]he board shall promulgate rules necessary to administer this section, including the establishment of appropriate limitations on the scope of the practice of nurse-midwifery, the facilities in which such practice may occur and the granting of temporary permits to practice nurse-midwifery pending qualification for certification.”

Section 441.16 (3), Stats., requires the Board to promulgate rules necessary to administer the prescription privileges of nurses, including defining the scope of practice within which an advanced practice nurse may issue prescription orders.

**5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:**

100 hours

**6. List with description of all entities that may be affected by the proposed rule:**

Schools of nursing, nursing students, nurses licensed in Wisconsin and other states, health care facilities, and individuals in need of nursing services.

**7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:**

None

**8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):**

The proposed rule will have minimal to no economic impact on small businesses and the state's economy as a whole.

**Contact Person:** Dale Kleven, (608) 261-4472, DSPSAdminRules@wisconsin.gov

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Authorized Signature

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Date Submitted

## Chapter N 1

### APPROVAL FOR SCHOOLS OF NURSING

N 1.01	Authority and intent.
N 1.02	Definitions.
N 1.03	Authorization to plan a school of nursing.
N 1.04	Authorization to admit students.
N 1.05	Approval of school of nursing.
N 1.06	Approval of out of state school of nursing.

N 1.07	Accreditation.
N 1.08	Standards.
N 1.09	Annual pass rates.
N 1.10	Continuation of board approval.
N 1.11	Closure of a school of nursing.
N 1.12	Nursing refresher course approval.

**Note:** Chapter N 1 as it existed on January 31, 1983 was repealed and a new chapter N 1 was created effective January 1, 1983. Chapter N 1 as it existed on July 31, 2014 was repealed and a new chapter N 1 was created effective August 1, 2014.

**N 1.01 Authority and intent.** (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b) and 441.01 (3), Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to clarify requirements and develop efficient timelines for the nursing school approval process and to reduce duplication that exists between the board and nursing accreditation processes for nursing schools.

**History:** Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. (2), Register, August, 1989, No. 404, eff. 9-1-89; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1989, No. 404; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538; CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14.

**N 1.02 Definitions.** In this chapter:

(1) “Annual NCLEX pass rate” means the pass rates for those who took the NCLEX or advanced practice certification examination between January 1 and December 31.

(2) “Board” means board of nursing.

(3) “Certificate of completion” means a student has completed the portion of the program equivalent to a diploma in practical nursing or professional nursing.

(4) “Class” means a graduating class for each 12-month period.

(5) “Institution” means the college, university or governing body which has the authority to conduct a school of nursing.

(5g) “Institutional accreditation” means that the institution conforms to the standards of education prescribed by a regional accrediting commission recognized by the U.S. department of education.

(5r) “NCLEX” means national council licensure examination.

(6) “Nursing accreditation” means the school of nursing conforms to the standards of a board recognized nursing accreditation agency.

(8) “Out-of-state school” means a school operating in Wisconsin with a physical location outside of Wisconsin.

(10) “School of nursing” means a school for professional nurses or practical nurses.

(11) “School of practical nursing” means a school preparing students for practical nurse licensure.

(12) “School of professional nursing” means a school preparing nursing students at the associate, bachelor’s, or graduate degree level. This includes schools granting any of the following:

(a) Certificate of completion for practical nurse licensure or professional nurse licensure.

(b) Postlicensure bachelor’s degree.

(13) “Simulation” means planned clinical experiences to develop clinical judgment and assess learning utilizing patient

simulators in an environment and under conditions that provide a realistic clinical scenario.

**History:** Cr. Register, January, 1983, No. 325, eff. 2-1-83; r. and recr. (1), r. (5) and (7), renum. (2) to (4), (8), (10) and (11) to be (3) to (5), (7), (13) and (14), cr. (2), (8), (10) to (12) and (15), am. (6) and (9) (intro.), Register, July, 1989, No. 403, eff. 8-1-89; CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; renumbering (7) and (9) to (5r) and (5g) under s. 13.92 (4) (b) 1., Stats., Register July 2014 No. 703; CR 17-095: cr. (13) Register August 2018 No. 752, eff. 9-1-18; CR 17-096: am. (1), (5g), r. and recr. (12) Register August 2018 No. 752, eff. 9-1-18.

**N 1.03 Authorization to plan a school of nursing.**

(1) An institution planning to establish and conduct a school of nursing for professional or practical nursing shall file with the board an application including all of the following:

(a) Name and address of the controlling institution and evidence of the accreditation status of the controlling institution.

(b) Statement of intent to establish a school of nursing, including the academic and licensure levels of all programs to be offered and the primary method of instruction.

(c) Evidence of the availability of sufficient clinical facilities and resources. No contracts with clinical facilities may be signed until after the institution receives authorization to plan from the board.

(d) Plans to recruit and employ a qualified educational administrator and qualified faculty.

(f) A proposed timeline for planning and implementing the program and intended date of entry for the first class.

(2) The board shall make a decision on the application within two months of the receipt of the completed application and notify the controlling institution of the action taken.

**History:** CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; CR 17-096: am. (1) (c) Register August 2018 No. 752, eff. 9-1-18.

**N 1.04 Authorization to admit students.** (1) The school of nursing shall file with the board an application including all of the following:

(a) Verification of employment of an educational administrator meeting the qualifications in s. N 1.08 (2) (a).

(b) Evidence of employment of sufficient number of faculty meeting the qualifications in s. N 1.08 (3) to teach the courses offered for the first six months.

(c) The school of nursing’s philosophy and objectives.

(d) An overview of curriculum including all of the following:

1. Content.
2. Course sequence.
3. Course descriptions.
5. Course syllabi for the first year and plan for subsequent years.

(dm) Documentation of a school evaluation plan.

(e) Verification of the establishment of student policies for admission, progression, retention, and graduation.

(em) Documentation of a plan for student or prospective student access to student policies.

(f) Verification of the students’ ability to acquire clinical skills by providing all of the following:

1. Written agreements from clinical facilities securing clinical opportunities and documentation of the facility, type, size, number of beds, and type of patients. All written agreements shall be signed and dated after the date on which the school of nursing was granted authorization to plan by the board.

2. Documentation of simulation equipment and experiences.

3. Documentation that clinical experiences are representative of all areas of nursing practice covered by the school of nursing's curriculum.

(g) An updated timeline for implementing the program and intended date for entry of the first class.

(2) The board shall make a decision on the application within 2 months of the receipt of the completed application.

(2g) A school of nursing which has received authorization to admit students shall provide the board on the first day of March, June, September, and December until the school of nursing receives approval, evidence of employment of sufficient number of faculty meeting s. N 1.08 (3) standards to teach the courses offered four months from the date the report is due.

(2r) The board may review the school of nursing to determine whether s. N 1.08 standards are being met by requiring any of the following:

(a) A site survey.

(b) A self-assessment.

(c) A plan for improvement and any progress reports.

(3) Withdrawal of authorization may occur for failure to meet the standards in s. N 1.08.

**History:** CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (1) (d) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703; CR 17-096: am. (1) (a), (b), r. (1) (d) 4., cr. (1) (dm), (em), am. (1) (f) 1., cr. (1) (f) 3., (2g), (2r) Register August 2018 No. 752, eff. 9-1-18; correction in (2g) made under s. 35.17, Stats., Register August 2018 No. 752.

**N 1.05 Approval of school of nursing.** (1) A school of nursing may apply for approval of the school of nursing upon graduation of the first class, but may not apply later than graduation of the third class. The school of nursing shall submit all of the following:

(a) A self-evaluation report setting forth evidence of compliance with the standards in s. N 1.08.

(b) The school of nursing's ongoing systematic evaluation plan. The systematic evaluation plan shall include an evaluation of the annual pass rate of any graduates who took the NCLEX or an advanced practice certification examination.

(2) The board may conduct a site survey of the school of nursing. A determination to conduct a site survey shall occur within 2 months of receipt of completed application for approval.

(3) The board shall make a decision on the application within two months of the completed site survey or receipt of the completed application, whichever is later. The board shall approve the school based on verification that the school of nursing is in compliance with nursing education standards in s. N 1.08.

(4) The board may grant conditional approval. The notice of conditional approval shall contain a short statement in plain language of the basis, specifying the standard upon which the conditional approval is based. A school of nursing that receives a conditional approval may not admit new students to the school of nursing until the school of nursing receives full approval. The school of nursing may apply for full approval in three months from the date the school of nursing receives conditional approval.

(5) If the board denies the school of nursing approval, the notice of denial shall contain a short statement in plain language of the basis for denial, specifying the standard upon which the denial is based. The controlling institution shall do all of the following:

(a) Implement the time frame established by the board for transfer of enrolled students to an approved school of nursing and report to the board the date of transfer for each student by name.

(b) Arrange for the secure storage and access to academic records and transcripts for the next 50 years. Provide the board with the name and address of the educational institution or other organization that will be responsible for secure storage and access to academic records and transcripts for 50 years.

(c) Close the school of nursing when the last student has transferred.

(d) Submit progress reports during the closure process upon request of the board.

(6) A school of nursing denied approval or given a conditional approval may request a hearing within 30 calendar days after the mailing of a notice. The school of nursing may be granted a stay of the school closure during the appeal process.

**History:** CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (1) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703; CR 17-096: am. (1) (intro.), (b), (5) (c) Register August 2018 No. 752, eff. 9-1-18.

#### **N 1.06 Approval of out of state school of nursing.**

(1) APPROVAL. An out-of-state school of nursing shall be approved if all of the following requirements are met:

(a) The school is approved by the board of the state the school is located.

(b) The school is accredited by a nursing accreditation body recognized by the Wisconsin board.

(2) CONTINUED APPROVAL. An out-of-state school shall maintain approval as long as school of nursing meets the requirements in sub. (1).

**History:** CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (2) made under s. 13.92 (4) (b) 1., Stats., Register July 2014 No. 703.

**N 1.07 Accreditation.** (1) A school of nursing shall receive nursing accreditation by a board recognized nursing accreditation agency within three years of school approval.

(2) Schools of professional nursing that grant a certificate of completion shall hold accreditation at the level of the complete degree at which a diploma is conferred.

(3) Failure to maintain nursing accreditation shall result in withdrawal of school approval.

**History:** CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; CR 17-096: am. (1) Register August 2018 No. 752, eff. 9-1-18.

**N 1.08 Standards.** (1) ORGANIZATION AND ADMINISTRATION. The institution shall assume legal responsibility for overall conduct of the school of nursing. The institution shall do all of the following:

(a) Designate an educational administrator, establish administrative policies, and provide fiscal, human, physical, clinical, and technical learning resources adequate to support school processes, security, and outcomes.

(b) Maintain institutional accreditation.

(c) Develop and maintain written school of nursing administrative policies which are in accord with the institution.

(d) Have written documentation between the school of nursing and institutions which offer associated academic study, clinical facilities, and agencies for related services for students.

(2) EDUCATIONAL ADMINISTRATOR. (a) The qualifications for the educational administrator are all of the following:

1. Current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.

2. A graduate degree with a major in nursing. A doctoral degree is required for a school of nursing offering a graduate degree nursing program.

3. Knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation and one of the following:

a. Two years experience as an instructor in a nursing education program within the last 5 years.

b. One year experience as an instructor in a nursing education program within the last 5 years and the graduate degree included education preparation.

4. Current knowledge of nursing practice.

(b) The educational administrator shall notify the board within 5 business days of a vacancy in the educational administrator's position or change in educational administrator. Failure to report by the educational administrator is considered a violation of s. N 7.03 (1) (intro.).

(c) The institution shall designate an interim or permanent educational administrator and notify the board within 5 business days of a vacancy in the educational administrator position. The institution may request board approval of an interim educational administrator who does not meet the qualifications in par. (a).

(d) The interim educational administrator may serve no longer than 6 months. The institution may request an extension of time based upon hardship. The institution and new educational administrator shall notify the board within 5 business days of the institution's hiring of the educational administrator.

**(3) FACULTY.** (a) *Faculty standards.* The school of nursing shall have evidence of the faculty meeting the standards in this section on file in the school of nursing office and available upon request to the board.

(b) *Qualifications for professional nursing faculty.* The qualifications for the faculty of a school of professional nursing are all of the following:

1. Hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.

2. A graduate degree with a major in nursing.

3. Notwithstanding subd. 2., interprofessional faculty teaching interdisciplinary courses not specific to nursing shall have expertise and a graduate degree appropriate for the content being taught.

(c) *Qualifications for practical nursing faculty.* The qualifications for the faculty of a school of practical nursing are all of the following:

1. Hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.

2. A baccalaureate degree with a major in nursing.

(d) *Faculty exceptions.* An educational administrator may apply to the board for exceptions to faculty requirements who are not teaching graduate level courses. A minimum of 50 percent of faculty must meet the faculty qualifications. A school of nursing that is granted a faculty exception for a faculty member shall provide the faculty member with a supervisor who meets the qualifications in par. (b) or (c). The board may grant any of the following exceptions:

1. 'Standard exception.' A standard exception may be renewed upon showing proof of progress and continued active enrollment each year. The standard exception is for a person who has a baccalaureate degree in nursing and is actively enrolled in one of the following:

a. A master's program with a major in nursing.

b. A bachelor's in nursing to doctorate program in nursing.

c. A doctorate program in nursing.

2. 'Emergency exception.' A person with a bachelor's degree in nursing may be employed for a short-term, unanticipated emergency situation including medical leave. The emergency exception is for a term no longer than one semester. The emergency exception may not be renewed for the course taught or for the individual in consecutive semesters. An educational administrator

who requests a second consecutive emergency exception is required to submit a plan regarding the school of nursing staffing levels, courses being offered, and the extenuating circumstances to the board prior to the board approving another emergency exception.

3. 'Non-nursing masters degree exception.' A non-nursing master's degree exception is for a person who has a unique combination of knowledge, experience, and skills that will best serve the school of nursing, faculty, and students in a specific content area. The person shall meet all of the following:

a. A bachelor's degree in nursing.

b. A graduate degree related to the topic of the course the person is teaching.

c. Nursing experience in the area of teaching assignment.

**(4) CURRICULUM.** The curriculum shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. All curriculum shall be developed by nursing faculty with a graduate degree and designed to teach students to use a systematic approach to clinical decision-making and safe patient care. Curriculum for graduate level courses shall be developed by nursing faculty with a doctoral degree. Curriculum shall be revised as necessary to maintain a program that reflects advances in health care and its delivery. The curriculum shall include all of the following:

(a) Evidence-based learning experiences and methods of instruction consistent with the written curriculum plan. The methods of instruction may include distance education methods.

(b) Diverse didactic and clinical learning experiences consistent with program outcomes.

(c) Coursework shall include all of the following:

1. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice.

2. Content regarding professional responsibilities, legal and ethical issues, and history and trends in nursing and health care.

3. Didactic content and supervised clinical experiences in the prevention of illness and the promotion, restoration and maintenance of health in patients from diverse cultural, ethnic, social and economic backgrounds. Prelicensure programs shall include patients across the lifespan.

**(5) CLINICAL LEARNING EXPERIENCES.** (a) Patient experiences shall occur in a variety of clinical or simulated settings of nursing practice expected at the level of licensure and shall include all of the following:

1. Integrating evidence-based research with patient goals and values to produce optimal care.

3. Providing patient-centered culturally competent care by doing all of the following:

b. Recognizing that the patient or designee is the source of control and full partner in providing coordinated care.

c. Coordinating and managing patient care across settings.

d. Providing education at a level understandable by the patient.

4. Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve safe and effective patient care.

5. Experiencing quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors and collaborate in the development and testing of changes that improve the quality and safety of health care systems.

6. Using information technology to communicate, mitigate errors, and support decision-making.

(b) All entities selected for clinical experiences shall adhere to standards which demonstrate concern for the patient and evidence of the skillful application of all measures of safe nursing practices.

(c) All faculty teaching clinical or practicum courses shall be experienced in the clinical area of the course and maintain clinical expertise.

(d) Faculty-supervised clinical practice shall include all of the following:

1. Development of skills in the provision of direct patient care.
4. Delegation to and supervision of other health care providers.
5. Effective application of the nursing process.

(e) Clinical experiences shall be supervised by qualified faculty.

(f) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

**(5m) SIMULATION.** (a) Simulation used to meet clinical requirements shall adhere to all of the following:

1. Nursing faculty with documented education and training in the use of simulation shall develop, implement, and evaluate the simulation experience.

2. Prebriefing and debriefing are conducted by nursing faculty with subject matter expertise and training in simulation using evidence-based techniques.

3. The simulation provides an opportunity for each student to participate while in the role of the nurse.

(b) Simulation may not be utilized for more than 50% of the time designated for meeting clinical learning requirements.

**(6) PRECEPTORS.** (a) Preceptors shall be approved by the faculty of the school of nursing.

(b) The school of nursing shall provide each preceptor with an orientation concerning the roles and responsibilities of the students, faculty and preceptors. The preceptor shall have clearly documented roles and responsibilities.

(c) Clinical preceptors shall have an unencumbered license or privilege to practice in Wisconsin as a nurse at or above the licensure level for which the student is being prepared.

(d) Preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities.

**(7) EVALUATION.** The school of nursing shall implement a comprehensive, systematic plan for ongoing evaluation. Evidence of implementation shall reflect progress toward or achievement of program outcomes.

**History:** CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; corrections in (3) made under s. 13.92 (4) (b) 1., Stats., in (3) (a) made under s. 13.92 (4) (b) 2., Stats., and in (4) (intro.), (c) (intro.), (5) (a) (intro.), (d) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703; CR 17-095: am. (4) (intro.), (c) 3., (5) (a) (intro.), 1., r. (5) (a) 2., am. (5) (a) 3. (intro.), r. (5) (a) 3. a., r. and recr. (5) (a) 3. b., d., am. (5) (a) 4., 5., (b), (d) 1., r. (5) (d) 2., 3., cr. (5) (d) 5., (5m) Register August 2018 No. 752, eff. 9-1-18; CR 17-096: am. (1) (d), (2) (a) 2., r. and recr. (2) (a) 3., (b), cr. (2) (c), (d), r. and recr. (3) (b) 2., cr. (3) (b) 3., r. and recr. (3) (d) (intro.), 2., 3. (intro.), r. (3) (d) 3. d. Register August 2018 No. 752, eff. 9-1-18; correction in (3) (d) 2., 3. (intro.), (5) (a) 1., 5. made under s. 35.17, Stats., Register August 2018 No. 752, eff. 9-1-18.

**N 1.09 Annual pass rates.** (1) **GENERALLY.** The school of nursing NCLEX pass rate includes all precensure students taking the NCLEX in the school of nursing. The board shall consider both the registered nurse NCLEX and practical nurse NCLEX pass rates when evaluating a school of professional nursing that grants a certificate of completion for practical nursing. A school of nursing which contains graduate programs shall include all advanced practice certification examinations related to programs offered in the school of nursing.

(2) **ANNUAL PASS RATE STANDARD.** The annual pass rate of graduates taking the NCLEX or advanced practice certification examinations for all test takers is a minimum of 80%.

(3) **ANNUAL PASS RATE STANDARD NOT MET.** If the annual pass rate standard is not met, the school of nursing shall receive a warning letter. The school shall identify factors that are potentially affecting the low pass rate and submit an assessment of contribut-

ing factors and institutional plan for improvement of examination results including outcomes and timeframes. The assessment and institutional plan shall be submitted to the board within 45 days of the board notifying the school of nursing of its failure to meet the annual pass rate standard and the institutional plan shall be acted on by the board no later than July 15. Failure to have a board approved plan by July 15 results in a review of the school of nursing under s. N 1.10 (4).

**History:** CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (1) (title) made under s. 13.92 (4) (b) 2., Stats., Register July 2014 No. 703; CR 17-096: r. and recr. Register August 2018 No. 752, eff. 9-1-18.

**N 1.10 Continuation of board approval.** (1) Schools of nursing shall file with the board all of the following:

(a) Annual self-evaluation reports by February 1.

(b) All documents submitted to or received from nursing accreditation agencies relating to compliance with accreditation standards.

(c) Notification of any actions, withdrawal or change in school nursing accreditation status within 30 days.

(2) Failure to maintain nursing accreditation shall result in withdrawal of board approval and the procedures in s. N 1.11 (2) will commence.

(3) The board may review the school of nursing to determine whether s. N 1.08 standards are being met in the following situations:

(a) Change in school nursing accreditation status.

(b) Nursing accreditation reports indicate standards are not being met.

(c) Complaints regarding the conduct of the school are received and it is necessary to evaluate the complaints.

(d) Failure to meet annual pass rate standard in s. N 1.09.

(e) Violation of any of the rules under this chapter.

(4) The review of the school may include any of the following:

(a) A site survey.

(b) A self-assessment.

(c) A plan for improvement and any progress reports.

(5) If the board makes a determination that s. N 1.08 standards are not being met, all of the following procedures shall be followed:

(a) The school of nursing shall submit an institutional plan, including timelines, to correct identified deficiencies in the school of nursing.

(b) The board shall review the proposed plan and may make modifications to the plan.

(c) The school of nursing shall make progress reports to the board as requested.

(d) The board may withdraw board approval if the school of nursing continues to not meet standards.

**History:** CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (5) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703; CR 17-096: am. (1) (a) to (c), (3) (c), (d), (4) (b), (c) Register August 2018 No. 752, eff. 9-1-18.

**N 1.11 Closure of a school of nursing.** (1) **VOLUNTARY.** When a school of nursing intends to close, the institution shall do all of the following:

(a) Submit a plan of intent to close a school of nursing to the board, including all of the following:

1. The date of intended closure.

2. Reason for the closure.

3. Place for students who have not completed their nursing education.

(b) Ensure that the school of nursing is maintained, including retention of adequate number of faculty and approved curriculum, until the last student is transferred or graduates from the school of nursing.

(c) Notify the board of the name and address of the educational institution or other organization that will be responsible for secure storage and access to academic records and transcripts for 50 years.

**(2) WITHDRAWAL OF NURSING APPROVAL.** (a) If the board withdraws approval of the school of nursing, the notice of withdrawal of approval shall contain a short statement in plain language of the basis for withdrawal of approval. The school of nursing may request a hearing within 30 calendar days after the mailing date of the notice.

(b) The institution shall do all of the following if approval of the school is withdrawn:

1. Implement the time frame established by the board for transfer of enrolled students to an approved school and report to the board the date of transfer for each student by name.

2. Arrange for the secure storage and access to academic records and transcripts for the next 50 years. Provide the board with the name and address of the educational institution or other organization that will be responsible for secure storage and access to academic records and transcripts for 50 years.

3. Close the school when the last student has transferred.

4. Submit progress reports during the closure process upon request of the board.

(c) The school of nursing may be granted a stay of the closure of the school during the appeal process.

**History:** CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; corrections in (1) (intro.), (2) (b) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703.

### **N 1.12 Nursing refresher course approval.**

**(1) INTENT OF NURSE REFRESHER COURSE.** A nurse refresher course is designed for nurses who have not been practicing for five years or more.

**(2) FACULTY.** (a) The instructor shall have all of the following qualifications:

1. Masters degree in nursing.

2. Recent clinical experience or clinical teaching experience.

(b) If preceptors are used, the preceptor is selected by the instructor using criteria developed for the course and the instructor provides supervision of preceptors.

**(3) PROFESSIONAL NURSE CONTENT.** The nurse refresher course designed for professional nurse shall have all of the following content:

(a) Theory portion including all of the following:

1. Nursing process review.
2. Infection control.
3. Medication and pharmacology update.
4. Recent trends in nursing techniques and responsibilities.
5. Communication.
6. Documentation and reporting.
7. Supervision and delegation.

(b) Skills lab of at least 25 hours including basic nursing skills review and technology and equipment update.

(c) Directly supervised or precepted clinical experience of 100 hours or more performed in a hospital, clinic, long-term, or sub-acute facility.

**(4) PRACTICAL NURSE CONTENT.** The nurse refresher course designed for practical nurses shall have all of the following content:

(a) Theory portion including all of the following:

1. Nursing process review.
2. Infection control.
3. Medication and pharmacology update.
4. Recent trends in nursing techniques and responsibilities.
5. Communication.
6. Documentation and reporting.
7. Supervision and delegation.
8. Aging population.

(b) Skills lab of at least 15 hours including basic nursing skills review and technology and equipment update.

(c) Directly supervised or precepted clinical experience of 70 hours or more performed in a hospital, clinic, long-term, or sub-acute facility.

**(5) APPROVAL PROCESS.** The board will review curriculum of nurse refresher courses submitted for inclusion on a listing of approved courses. Individual course participants shall be required to submit curriculum only if the course is not on the approved list.

**History:** CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (4) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703.

## Chapter N 2

### LICENSURE

#### Subchapter I — Authority; Definitions

- N 2.01 Authority.  
N 2.02 Definitions.

#### Subchapter II — Licensure By Examination

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#### Subchapter V — Renewal

- N 2.40 Renewal.  
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**Note:** Chapter N 4 as it existed on July 31, 1981 was repealed and a new chapter N 4 was created effective August 1, 1981. Chapter N 4 as it existed on March 31, 1984 was repealed and a new chapter N 2 was created effective April 1, 1984. Chapter N 2 as it existed on July 31, 2014 was repealed and a new chapter N 2 was created effective August 1, 2014.

#### Subchapter I — Authority; Definitions

**N 2.01 Authority.** (1) This chapter is adopted pursuant to authority of ss. 15.08, 227.11, and 441.01 (3), Stats.

**History:** Cr. Register, March, 1984, No. 339, eff. 4-1-84; am. (2), Register, May, 1990, No. 413, eff. 5-1-90; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413, eff. 6-1-90; CR 14-002: r. and recr. Register July 2014 No. 703, eff. 8-1-14.

**N 2.02 Definitions.** As used in this chapter:

- (1) “Board” means board of nursing.  
(1m) “Board-approved precicensure education program” means a nurse precicensure program from a Wisconsin-approved school or a precicensure program approved by another state board of nursing.  
(2) “Board-approved school” means any of the following:  
(a) A school in Wisconsin which has been approved by the board or the board has granted authorization to admit students under ch. N 1.  
(b) A school which participates in the electronic application process.  
(3) “Certificate of approval” means the verification from a school of nursing that the applicant has been approved to take the NCLEX prior to receiving a diploma in practical nursing or professional nursing.  
(4) “Certificate of completion” means the verification from a school of nursing that the applicant has completed the portion of the program equivalent to a diploma in practical nursing or professional nursing.  
(5) “Comparable school” means any of the following:  
(a) A school holding nursing accreditation by a board-recognized nursing accreditation organization.  
(b) A school located in the United States approved by the board of nursing for that jurisdiction.  
(c) A school located in a U.S. territory or a province of Canada which is approved by the board of nursing for that jurisdiction and meets the standards of the Wisconsin board of nursing.  
(6) “Department” means the department of safety and professional services.  
(7) “Direct supervision” means immediate availability to coordinate, direct and inspect the practice of another.  
(8) “LPN” means licensed practical nurse.

(8m) “Multistate license” means a license to practice as a registered or licensed practical nurse issued by Wisconsin that authorizes the licensed nurse to practice in all nurse licensure compact party states under a multistate licensure privilege.

(9) “NCLEX” means national council licensure examination.

(9m) “Party state” means any state that has adopted the nurse licensure compact.

(10) “RN” means registered nurse.

(11) “Single state license” means a license issued by Wisconsin that does not include a multistate licensure privilege to practice in any other nurse licensure compact party state.

**History:** Cr. Register, March, 1984, No. 339, eff. 4-1-84; renum. (1), (2), (4) to (6) to be (2), (1), (5), (6) and (4) and am. (2), (4) and (5) am. (3), Register, May, 1990, No. 413, eff. 6-1-90; CR 01-049: am. (2), cr. (5m), Register October 2001 No. 550, eff. 11-1-01; correction in (3) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671; CR 14-002: r. and recr. Register July 2014 No. 703, eff. 8-1-14; CR 18-030 cr. (1m), (8m), (9m), (11) Register June 2019 No. 762, eff. 7-1-19; correction in (1m) made under s. 35.17, Stats., Register June 2019 No. 762.

#### Subchapter II — Licensure By Examination

**N 2.10 Qualifications for licensure.** (1) REGISTERED NURSE APPLICANTS FOR A SINGLE STATE LICENSE. An applicant is eligible for a registered nurse single state license if the applicant complies with all of the following requirements:

- (a) Graduates from a high school or its equivalent.  
(b) Does not have an arrest or conviction record, subject to ss. 111.321, 111.322 and 111.335, Stats.  
(c) Graduates from any of the following:  
1. A board-approved school of professional nursing.  
2. A comparable school of professional nursing.  
(d) In lieu of meeting the requirement in par. (c), evidence of general and professional educational qualifications comparable to those required in this state at the time of graduation.  
(e) Passes the NCLEX.

(1m) REGISTERED NURSE APPLICANTS FOR A MULTISTATE LICENSE. An applicant is eligible for a registered nurse multistate license if the applicant meets all of the following requirements:

- (a) Graduated from one of the following:  
1. A board-approved precicensure education program.  
2. A foreign-registered nurse precicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board-approved precicensure education program.  
(b) If a graduate from a foreign precicensure 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.

(c) Successfully passed an NCLEX or recognized predecessor examination.

(d) Is eligible for or holds an active, unencumbered license.

(e) 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.

(f) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing.

(g) Is not currently enrolled in an alternative program.

(h) Is subject to self-disclosure requirements regarding current participation in an alternative program.

(i) Holds a valid United States social security number.

**(2)** LICENSED PRACTICAL NURSE APPLICANTS FOR A SINGLE STATE LICENSE. An applicant is eligible for a single state practical nurse license if the applicant complies with all of the following requirements:

(a) Completed two years of high school or its equivalent.

(b) Is 18 years or older.

(c) Does not have an arrest or conviction record, subject to ss. 111.321, 111.322 and 111.335.

(d) Graduates from any of the following:

1. A board-approved school of practical nursing.
2. A comparable school of practical nursing.

(e) In lieu of meeting the requirement in par. (d), evidence of general and professional educational qualifications comparable to those required in this state at the time of graduation.

(f) Passes the NCLEX.

**(2m)** LICENSED PRACTICAL NURSE APPLICANTS FOR A MULTISTATE LICENSE. An applicant is eligible for a practical nurse multistate license if the applicant meets all of the following requirements:

(a) Graduated from one of the following:

1. A board-approved precicensure education program.
2. A foreign practical nurse precicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board-approved precicensure education program.

(b) If a graduate from a foreign precicensure 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.

(c) Successfully passed an NCLEX or recognized predecessor examination.

(d) Is eligible for or holds an active, unencumbered license.

(e) 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.

(f) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing.

(g) Is not currently enrolled in an alternative program.

(h) Is subject to self-disclosure requirements regarding current participation in an alternative program.

(i) Holds a valid United States social security number.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (2) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703; CR 18-030: am. (1) (intro.), (2) (intro.), cr. (1m), (2m) Register June 2019 No. 762, eff. 7-1-19; corrections in (1m) (a) 1., 2., (2m) (a) 1., 2. made under s. 35.17, Stats., Register June 2019 No. 762.

**N 2.105 Application procedure for a multistate license.** **(1)** Each applicant for a multistate license shall complete and submit an application by the electronic application process or on forms provided by the department, declare Wisconsin as the primary state of residence, and pay the fee.

**(2)** The educational administrator or designee for a board-approved precicensure education program shall submit one of the following:

(a) Via the electronic application process a verification that the applicant has graduated.

(b) A certification of graduation.

(c) An official transcript indicating graduation.

**(3)** If the applicant graduated from a foreign precicensure education program, the applicant shall submit a certificate or report demonstrating verification from an independent credentials review agency that the precicensure education program is comparable to a board-approved precicensure education program.

**(4)** If the applicant graduated from a foreign precicensure program that was not taught in English or if English is not the applicant's native language, the applicant shall submit proof of successfully passing an English proficiency examination that includes the components of reading, speaking, writing, and listening.

**(5)** (a) The board shall notify the applicant of eligibility for admission to the NCLEX once it receives verification of one of the following:

1. Certificate of approval.
2. Graduation.

(b) The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the notice of eligibility is received by the applicant.

(c) The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.

**(6)** The applicant shall submit, through an approved process, fingerprints or other biometric-based information for the purpose of obtaining an applicant's criminal history information from the federal bureau of investigation and the Wisconsin department of justice.

**(7)** If the applicant has been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense, the applicant shall provide the board all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.

**History:** CR 18-030: cr. Register June 2019 No. 762, eff. 7-1-19; corrections in (1), (2) (intro.), (3) made under s. 35.17, Stats., Register June 2019 No. 762.

**N 2.11 Application procedure for a single state license for applicants from board-approved schools.**

**(1)** Each applicant from a board-approved school shall complete and submit an application by the electronic application process or on forms provided by the department and shall pay the fee.

**(2)** The educational administrator or designee for a school of professional nursing or practical nursing shall submit any of the following:

(a) Via the electronic application process a verification that the applicant has graduated or received a certificate of completion.

(b) A certification of graduation or completion to the department.

**(3)** (a) The examination accepted by the board is the NCLEX.

(b) The board shall notify the applicant of eligibility for admission to the NCLEX once it receives verification of any of the following:

1. Certificate of approval.

2. Graduation.
3. Certificate of completion.

(c) The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the notice of eligibility is received by the applicant.

(d) The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.

(4) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relate to the practice of nursing.

(5) An applicant who has committed any act, which would be subject to discipline under ch. N 7, shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction to (3) (title) and renumbering (3) made under s. 13.92 (4) (b) 1. and 2., Stats., Register July 2014 No. 703; CR 18-030: am. (title) Register June 2019 No. 762, eff. 7-1-19.

#### N 2.12 Application procedure for a single state license for applicants from comparable schools.

(1) Each applicant from a comparable school shall complete and submit an application on forms provided by the department.

(2) The school of professional nursing or practical nursing shall forward directly to the department, official transcripts of nursing education for applicants who graduated from the school. If the applicant graduated from a school of professional nursing or practical nursing not located in the United States or a U.S. territory, the applicant shall submit any of the following:

- (a) For a professional nursing applicant, one of the following:

1. A valid certificate issued by the Commission on Graduates of Foreign Nursing Schools or another board-approved entity that evaluates education.

2. A credential evaluation service academic report and demonstration of passing a board-accepted language proficiency exam.

(b) For a practical nursing applicant, a credential evaluation service academic report and demonstration of passing a board-accepted language proficiency exam.

- (3) (a) The examination accepted by the board is the NCLEX.

(b) The board shall notify the applicant of eligibility for admission to the NCLEX once it receives verification of any of the following:

1. Certificate of approval.
2. Graduation.

(c) The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the notice of eligibility is received by the applicant.

(d) The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.

(4) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relate to the practice of nursing.

(5) An applicant who has committed any act, which would be subject to discipline under ch. N 7, shall provide the board with

all related information regarding the act necessary for the board to make a determination on the application for licensure.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction to (3) (title) and renumbering (3) made under s. 13.92 (4) (b) 1. and 2., Stats., Register July 2014 No. 703; CR 18-030: am. (title) Register June 2019 No. 762, eff. 7-1-19; CR 19-140: am. (2) (intro.), renum. (2) (a) to (2) (a) (intro.) and am., cr. (2) (a) 1., 2. Register June 2020 No. 774, eff. 7-1-20.

### Subchapter III — Licensure by Endorsement

**N 2.19 Endorsement of an applicant for a multistate license.** (1) Each applicant for a multistate license by endorsement shall complete and submit an application on forms provided by the department and shall pay the fee.

- (2) The applicant shall provide all of the following:

(a) Evidence of holding an active, unencumbered license.

(b) Declaration or evidence that Wisconsin is the primary state of residence.

- (c) Evidence of graduation from one of the following:

1. A board-approved nurse prelicensure education program.

2. A foreign nurse prelicensure education program that has been approved by the authorizing accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board-approved prelicensure education program.

(d) If the applicant graduated from a foreign prelicensure program not taught in English or if English is not the applicant's native language, evidence of successfully passing an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(e) Evidence of successfully passing an NCLEX exam or recognized predecessor.

(f) 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.

(3) The applicant shall submit, through an approved process, 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.

**History:** CR 18-030: cr. Register June 2019 No. 762, eff. 7-1-19; corrections in (2) (c) 1., 2. made under s. 35.17, Stats., Register June 2019 No. 762.

**N 2.21 Endorsement of an applicant for a single state license.** (1) (a) A license from another U.S. state, a U.S. territory, or Canada is considered to have met educational and other qualifications comparable to those required in this state provided the requirements of the initial license included all of the following:

1. Graduation from a school approved by the board in the jurisdiction of initial licensure or had education the board in the jurisdiction of initial licensure deemed to be comparable to a school that board approves.

2. Passage of the NCLEX.

(b) An applicant, whose initial license from another U.S. state, U.S. territory, or Canada does not meet the requirements in par. (a), shall submit all of the following to the board to assist the board in determining whether the qualifications are comparable:

1. Evidence of educational qualifications.

2. Evidence of passing the NCLEX or other nursing licensure examination.

(2) An applicant shall submit a completed application and pay the applicable fee. The application shall include the following:

(a) Verification of licensure from the state, territory or province in which the original license by examination was issued and the state, territory or province in which the current, active license was issued.

(b) Documentation of employment history.

(c) An applicant who has a pending criminal charge or has been convicted of any crime or ordinance violation shall provide the board with all related information necessary for the board to determine whether the circumstances of the arrest or conviction or other offense substantially relate to the practice of nursing.

(d) An applicant who has a license encumbered by adverse action shall provide the board with all related information necessary to determine whether the board deems the action taken to warrant a denial in Wisconsin.

(e) An applicant who has been terminated from any employment related to nursing within the 10 years immediately preceding the date of application shall provide the board with all related information necessary to determine current competency.

(f) An applicant who has committed any act, which would be subject to discipline under ch. N 7, shall provide the board with all related information regarding the act necessary for the board to make a determination on the application for licensure.

(3) An applicant who does not have current nursing education or been employed in a position that requires a nursing license within the last 5 years may apply to the board for a limited license to enable the applicant to complete a nursing refresher course approved by the board. Upon successful completion of an approved nursing refresher course, the license holder may petition the board for full licensure.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; correction in (1) (a) (intro.) made under s. 13.92 (4) (b) 7., Stats., Register December 2018 No. 756; CR 18-030: am. (title) Register June 2019 No. 762, eff. 7-1-19; CR 19-140: am. (title), (1) (a) (intro.), (b) (intro.), (2) (e) Register June 2020 No. 774, eff. 7-1-20.

#### Subchapter IV — Temporary Permits

**N 2.30 Definitions.** In this subchapter:

(1) “G.N.” means graduate nurse.

(2) “G.P.N.” means graduate practical nurse.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

**N 2.31 Application.** A nurse who has graduated from a board-approved school or comparable school or granted a certificate of completion by a board-approved school may be granted a temporary permit. An applicant shall submit a completed application and pay the applicable fee. The application shall include any of the following:

(1) Verification from a board-approved school via the electronic application process that the applicant has graduated or received a certificate of completion.

(2) A certification of graduation or completion from a board-approved school.

(3) An official transcript of nursing education submitted by the school of professional nursing or practical nursing directly to the department.

**Note:** A temporary permit does not grant multistate licensure privileges.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

**N 2.32 Title.** (1) A registered nurse applicant for licensure by exam who is granted a temporary permit may use the title “graduate nurse” or the letters “G.N.”

(2) A practical nurse applicant for licensure by exam who is granted a temporary permit may use the title “graduate practical nurse” or the letters “G.P.N.”

(3) A registered nurse or practical nurse for licensure by endorsement who is granted a temporary permit may use the title “registered nurse” or “licensed practical nurse.”

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

**N 2.33 Supervision.** (1) Except as provided in sub. (2), the holder of a temporary permit shall practice only under the direct supervision of a registered nurse.

(2) A holder of a temporary permit who is currently licensed as a registered nurse or practical nurse in another jurisdiction may practice without the direct supervision of a registered nurse.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

**N 2.34 Duration.** The temporary permit is valid for a period of 3 months or until the holder receives notification of failing the NCLEX, whichever occurs first. Practice under temporary permits, including renewals under s. N 2.35, may not exceed 6 months total duration.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

**N 2.35 Renewal.** (1) A temporary permit for a registered nurse or practical nurse may be renewed once by completing an application and paying applicable fees.

(2) Subsequent renewals may be granted in hardship cases including illness, family illness or death, accident, natural disaster or delay of verification from another state. The board shall consider each application for renewal under this subsection individually on its merits, and the board may grant a renewal as deemed appropriate.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14; CR 19-140: am. (1) Register June 2020 No. 774, eff. 7-1-20.

**N 2.36 Denial or revocation.** A temporary permit may be denied or revoked for the following:

(1) Providing fraudulent information on an application for licensure.

(2) Misrepresentation of being an R.N., G.N., L.P.N. or G.P.N. without holding a valid temporary permit.

(3) Violation of any of the rules of conduct set forth in ch. N 7.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

#### Subchapter V — Renewal

**N 2.40 Renewal.** (1) GENERAL. A person with an expired credential may not reapply for a credential using the initial application process.

(2) RENEWAL WITHIN 5 YEARS. A person renewing the credential within 5 years shall do all of the following:

(a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., and any applicable late renewal fee.

(b) Pay a nursing workforce survey fee.

(c) Complete the nursing workforce survey to the satisfaction of the board.

(3) RENEWAL AFTER 5 YEARS. This subsection does not apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked. A person renewing the credential after 5 years shall do all of the following:

(a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., and the late renewal fee.

(b) Pay a nursing workforce survey fee.

(c) Complete the nursing workforce survey to the satisfaction of the board.

(d) Meet one of the following requirements:

1. Documentation of employment requiring a nursing license within the last five years.

2. Completion of 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.

**Note:** The licensee may request the Board grant a limited license for the sole purpose of completing a nurse refresher course.

**History:** CR 15-099: cr. Register August 2016 No. 728, eff. 9-1-16.

**N 2.41 Reinstatement.** A credential holder who has unmet disciplinary requirements and failed to renew the credential within 5 years or whose credential has been surrendered or

revoked may apply to have the credential reinstated in accordance with all of the following:

- (1) Evidence of completion of the requirements in s. N 2.40
- (3) if the license has not been active within 5 years.
- (2) Evidence of completion of the disciplinary requirements, if applicable.
- (3) Evidence of rehabilitation or change in circumstances warranting reinstatement.
- (4) A revoked license may not be reinstated earlier than one year following revocation. This subsection does not apply to a license that is revoked under s. 440.12, Stats.

**History:** CR 15-099; cr. Register August 2016 No. 728, eff. 9-1-16.

## Chapter N 3

### EXAMINING COUNCILS

N 3.01 Duties.  
 N 3.02 Appointment.  
 N 3.03 Registered nurses council.

N 3.04 Practical nurses council.  
 N 3.05 Termination of council members.

**Note:** Chapter N 5 as it existed on July 31, 1981 was repealed and a new chapter N 5 was created effective August 1, 1981. Chapter N 5 as it existed on March 31, 1984 was repealed and a new chapter N 3 was created effective April 1, 1984. **Chapter N3 as it existed on July 31, 2014 was repealed and a new chapter N 3 was created effective August 1, 2014.**

**N 3.01 Duties.** The examining councils on registered nurses and licensed practical nurses serve the board of nursing in an advisory capacity.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

**N 3.02 Appointment. (1)** The board shall send to nursing related organizations, schools, and others a call for nominations for open council appointments prior to the expiration of a term.

**(2)** Nominations for council appointments shall be filed with the department. Consent of the person nominated shall be included. Self-nominations are allowed.

**(3)** The board shall appoint nominees from submitted nominations.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

**N 3.03 Registered nurses council. (1)** COMPOSITION. The registered nurses council shall consist of 4 registered nurses.

**(2)** QUALIFICATIONS. Qualifications for appointment to the registered nurse council are a current Wisconsin license to practice professional nursing and experience in nursing practice or nursing education within 3 years immediately preceding the appointment.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

**N 3.04 Practical nurses council. (1)** COMPOSITION. The practical nurses council shall consist of one registered nurse, 3 licensed practical nurses, and one registered nurse who is a faculty member of an approved school for practical nurses. No member may be a member of the examining council on registered nurses.

**(2)** QUALIFICATIONS. The qualifications for appointment to the practical nurses council are as follows:

(a) The 2 registered nurse members of the council shall have a current Wisconsin license to practice professional nursing. One registered nurse member shall have experience as a supervisor of practical nurses within 3 years immediately preceding the appointment. One registered nurse member shall be a faculty member of an approved school for practical nurses.

(b) The practical nurse members of the council shall have a current Wisconsin license to practice as a licensed practical nurse and experience in practical nursing within 3 years immediately preceding the appointment.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

**N 3.05 Termination of council members.** The board may terminate the appointment of a council member prior to the expiration of the term if it finds the member is not satisfactorily carrying out any of the duties or if the member is found to have violated rules of the board.

**History:** CR 14-002: cr. Register July 2014 No. 703, eff. 8-1-14.

## Chapter N 4

### LICENSURE OF NURSE–MIDWIVES

N 4.01 Authority and intent.

N 4.02 Definitions.

N 4.03 Qualifications for licensure.

N 4.04 Application procedures for licensure.

N 4.05 Temporary permits.

N 4.06 Scope of practice.

N 4.07 Limitations on the scope of practice.

N 4.08 Licensure and exception.

N 4.09 Health care facilities where practice shall occur.

N 4.10 Malpractice insurance coverage.

**Note:** Chapter N 6 as it existed on September 30, 1985 was renumbered Chapter N 4, effective October 1, 1985.

**N 4.01 Authority and intent.** (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5), 227.11 and 441.15, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter, interpreting s. 441.15, Stats., is to specify the requirements for obtaining licensure as a nurse–midwife; the scope of practice of nurse–midwifery; the types of facilities in which such practice may occur; and malpractice insurance requirements for nurse–midwives.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (2), Register, May, 1990, No. 413, eff. 6–1–90; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; CR 03–009: am (2), Register November 2003 No. 575, eff 12–1–03.

**N 4.02 Definitions.** As used in this chapter:

(1) “Board” means board of nursing.

(2) “Bureau” means bureau of health service professions within the department of safety and professional services, located at 1400 East Washington Avenue, Madison, Wisconsin.

(2m) “Collaboration” has the meaning specified in s. 441.15 (1) (a), Stats.

(4) “Complications” means those conditions which jeopardized the health or life of the patient and which deviate from normal as defined in the written agreement consistent with the standards of practice of the American College of Nurse–Midwives.

(5) “Direct supervision” means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

(5m) “Nurse–midwife” means a nurse–midwife licensed by the board.

(6) “Written agreement” means an agreement between the collaborating physician and the nurse–midwife which is permanently recorded, dated and signed by both parties, is available for inspection upon reasonable request, and consists of at least the following: framework of mutually approved guidelines including conditions of collaboration and referral.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; cr. (8), Register, September, 1985, No. 357, eff. 10–1–85; am. (2), (6) and (8), Register, May, 1990, No. 413, eff. 6–1–90; CR 03–009: renum. (3), (4) and (8) to be (4), (6) and (5) and am. (4) and (6), cr. (2m), r. (5) and (7), correction made under s. 13.93 (2m) (b) 1., Stats., Register November 2003 No. 575; correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

**N 4.03 Qualifications for licensure.** An applicant for licensure as a nurse–midwife shall be granted licensure by the board, provided that the applicant meets all of the following:

(1) Has completed an educational program in nurse–midwifery accredited by the American College of Nurse–Midwives.

(2) Holds a certificate issued by the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council.

(3) Is currently licensed to practice as a professional nurse in Wisconsin, or is currently licensed to practice professional nursing in another state which has adopted the nurse licensure compact.

ing in another state which has adopted the nurse licensure compact.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (intro.) and (3), Register, May, 1990, No. 413, eff. 6–1–90; CR 01–046: am. (3), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (intro.), (1) and (2) Register November 2003 No. 575, eff. 12–1–2003.

**N 4.04 Application procedures for licensure.** (1) An applicant for licensure to practice as a nurse–midwife shall file a completed, notarized application on a form provided by the bureau. The application shall include all of the following:

(a) Signature of the applicant.

(b) Fee specified under s. 440.05 (1), Stats.

(c) Evidence of completion of an educational program in nurse–midwifery approved by the American College of Nurse–Midwives and evidence of certification as a nurse–midwife from the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council.

(d) Identification of current licensure as a professional nurse in Wisconsin or of current licensure in another state which has adopted the nurse licensure compact, including the license number and renewal information.

(2) A separate license shall be issued by the board for the practice of nurse–midwifery.

(3) Renewal of a license to practice nurse–midwifery shall be conducted as a separate procedure from the renewal of the nurse’s license as a professional nurse.

(4) The applicant for renewal shall 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.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (1) (intro.), (c) and (d) and (3), Register, May, 1990, No. 413, eff. 6–1–90; CR 01–046: am. (1) (d) and (3), cr. (4), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (1) (intro.), (a) to (c) and (4) Register November 2003 No. 575, eff. 12–1–2003.

**N 4.05 Temporary permits.** (1) **ELIGIBILITY.** An applicant for licensure as a nurse–midwife who has completed an educational program in nurse–midwifery approved by the American college of nurse–midwives, who is currently licensed to practice as a professional nurse in Wisconsin and who has paid the fee specified in s. 440.05 (6), Stats., may be eligible for a temporary permit to practice nurse–midwifery.

(2) **ISSUING A TEMPORARY PERMIT.** The bureau of health service professions shall issue a temporary permit to an eligible applicant within one week of the determination of eligibility.

(3) **SUPERVISION REQUIRED.** The holder of a temporary permit shall practice under the direct supervision of a nurse–midwife certified under s. 441.15, Stats., or a physician. The holder may not practice beyond the scope of practice of a nurse–midwife as set forth in s. N 4.06.

(4) **TITLE.** The holder of a valid temporary permit under this section may use the title “graduate nurse–midwife” or the letters “G.N.M.”.

(5) **DURATION.** (a) Except as provided in pars. (b) to (e), the duration of a temporary permit granted by the board is:

1. For applicants who have been granted a temporary permit to practice as a registered nurse, the period which coincides with the registered nurse temporary permit.

2. For other applicants, 6 months.

(b) The temporary permit of a candidate who is unsuccessful on the examination administered by the American College of Nurse–Midwives Certification Council is void upon receipt of the examination results by the holder and shall be returned by the holder to the board immediately. Failure to return the permit promptly shall, without further notice or process, result in a board order to revoke the permit.

(c) A temporary permit may be renewed once for a period of 3 months.

(d) A second renewal for a 3–month period may be granted in hardship cases if an affidavit is filed with the board identifying the hardship. “Hardship cases”, as used in this paragraph, includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident or natural disaster or because the person is awaiting examination results.

(e) Practice under temporary permits, including renewals under pars. (c) and (d), may not exceed 12 months total duration.

(6) DENIAL. A temporary permit may be denied an applicant for any of the reasons in sub. (7) for which the board may revoke a temporary permit or for the misrepresentation of being a nurse–midwife or a graduate nurse–midwife before the granting of a permit under this section.

(7) REVOCATION. A temporary permit may, after notice and hearing, be revoked by the board for any of the following reasons:

(a) Violation of any of the rules of conduct for registered nurses in ch. N 7 or for violation of the rules governing nurse–midwives under ch. N 4.

(b) Failure to pay the required fees under s. 440.05 (6), Stats.

(c) Provision of fraudulent information on an application for licensure.

**History:** Cr. Register, September, 1985, No. 357, eff. 10–1–85; r. and recr. (5) (a), am. (1) to (3) and (6), Register, May, 1990, No. 413, eff. 6–1–90; CR 03–009: am. (5) (b) Register November 2003 No. 575, eff. 12–1–2003.

**N 4.06 Scope of practice. (1)** The scope of practice 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.

(2) The nurse–midwife shall collaborate with a physician with postgraduate training in obstetrics pursuant to a written agreement with that physician.

(3) The nurse–midwife shall consult with the consulting physician regarding any complications discovered by the nurse–midwife, or refer the patient pursuant to the written agreement.

(4) 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.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.05, Register, September, 1985, No. 357, eff. 10–1–85; CR 03–009: am. Register November 2003 No. 575, eff. 12–1–2003.

**N 4.07 Limitations on the scope of practice. (1)** The nurse–midwife shall not independently manage those complications that require referral pursuant to the written agreement.

(2) The nurse–midwife may not perform deliveries by forceps or Caesarean section. The nurse–midwife may use vacuum extractors only in emergency delivery situations.

(3) 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.

(4) Following notification of a physician as required by s. 441.15 (4), Stats., a nurse–midwife may continue to manage the delivery when complications occur if emergency measures are required and the physician has not yet arrived.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.06, Register, September, 1985, No. 357, eff. 10–1–85; CR 03–009: am. (1) and (2) Register November 2003 No. 575, eff. 12–1–2003.

**N 4.08 Licensure and exception. (1)** No person may practice or attempt to practice nurse–midwifery or use the title or letters “Certified Nurse–Midwife” or “C.N.M.”, “Nurse–Midwife” or “N.M.”, or anything else to indicate that he or she is a nurse–midwife unless he or she is licensed under this chapter.

(2) Nothing in this chapter shall be construed either to prohibit or to require a license under this chapter for any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.07, Register, September, 1985, No. 357, eff. 10–1–85; am. Register, May, 1990, No. 413, eff. 6–1–90.

**N 4.09 Health care facilities where practice shall occur.** A health care facility where the practice of nurse–midwifery may occur is one that has adequate equipment and personnel for conducting and monitoring the normal scope of practice and that has available methods for referral to or communication with a higher level care facility if the need arises.

(2) Deliveries may be arranged for only in a facility which has adequate sanitation, thermal regulation, staffing, communication systems and medical back–up.

(3) The above limitations do not apply to care given in emergency circumstances.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.08, Register, September, 1985, No. 357, eff. 10–1–85.

**N 4.10 Malpractice insurance coverage. (1)** Nurse–midwives shall maintain in effect malpractice insurance evidenced by one of the following:

(a) Personal liability coverage in the amounts specified in s. 655.23 (4), Stats.

(b) Coverage under a group liability policy providing individual coverage for the nurse–midwife in the amounts set forth in s. 655.23 (4), Stats.

(2) Notwithstanding sub. (1), malpractice insurance is not required for any of the following:

(a) A federal, state, county, city, village or town employee who practices nurse–midwifery within the scope of his or her employment.

(b) A nurse–midwife who practices as an employee of the federal public health service under 42 USC 233 (g).

(c) A nurse–midwife who does not provide care for patients.

(3) A nurse–midwife shall submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1) at the time established for credential renewal under s. 440.08 (2) (a) 50., Stats.

**Note:** Forms are available from the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

**History:** Emerg. cr. eff. 11–05–02; CR 03–009: cr., Register November 2003 No. 575, eff. 12–1–2003.

## Chapter N 6

### STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

N 6.01 Authority and intent.

N 6.02 Definitions.

N 6.03 Standards of practice for registered nurses.

N 6.04 Standards of practice for licensed practical nurses.

N 6.05 Violations of standards.

**Note:** Chapter N 10 as it existed on September 30, 1985 was renumbered Chapter N 6, effective 10-1-85.

**N 6.01 Authority and intent.** (1) This chapter is adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 and 441.001 (3) and (4), Stats., and interprets the statutory definitions of professional and practical nursing.

(2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

**History:** Cr. Register, May, 1983, No. 329, eff. 6-1-83; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register June 2006 No. 606.

**N 6.02 Definitions.** As used in this chapter,

(1) “Advanced practice nurse prescriber” means a registered nurse who holds an advance practice nurse prescriber certificate under s. 441.16, Stats.

(1m) “Basic nursing care” means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

(2) “Basic patient situation” as determined by an R.N., physician, podiatrist, dentist or optometrist means the following 3 conditions prevail at the same time in a given situation:

- (a) The patient’s clinical condition is predictable;
- (b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,
- (c) The patient’s clinical condition requires only basic nursing care.

(3) “Complex patient situation” as determined by an R.N., physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

- (a) The patient’s clinical condition is not predictable;
- (b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or,
- (c) 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.

(5) “Delegated act” means acts delegated to a registered nurse or licensed practical nurse.

(6) “Direct supervision” means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

(7) “General supervision” means regularly to coordinate, direct and inspect the practice of another.

(8) “Nursing diagnosis” means a judgment made by an R.N. following a nursing assessment of a patient’s actual or potential health needs for the purpose of establishing a nursing care plan.

(9) “Patient” means a person receiving nursing care by an R.N. or L.P.N. performing nursing services for compensation.

(10) “Protocol” means a precise and detailed written plan for a regimen of therapy.

(10m) “Provider” means a physician, podiatrist, dentist, optometrist or advanced practice nurse provider.

**Note:** There was an inadvertent error in CR 15-099. “Advanced practice nurse provider” should be “advanced practice nurse prescriber” consistent with sub. (1) and s. 441.16, Stats. The error will be corrected in future rulemaking.

(11) “R.N.” means a registered nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.

(12) “L.P.N.” means a licensed practical nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.

**History:** Cr. Register, May, 1983, No. 329, eff. 6-1-83; reprinted to correct error in (7), Register, July, 1983, No. 331; am. (5) and (12), Register, May, 1990, No. 413, eff. 6-1-90; CR 00-167: am. (2) (intro.), (3) (intro.) and (4), Register August 2001 No. 548, eff. 9-1-01; CR 15-099: renum. (1) to (1m), cr. (1) r. (4), r. and recr. (5), cr. (10m), am. (11), (12) Register August 2016 No. 728, eff. 9-1-16; correction in (1) made under s. 35.17, Stats., Register August 2016 No. 728, eff. 9-1-16; **correction in (11), (12) made under s. 13.92 (4) (b) 7., Stats., Register December 2018 No. 756.**

**N 6.03 Standards of practice for registered nurses.**

(1) **GENERAL NURSING PROCEDURES.** An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:

(a) *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

(b) *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

(c) *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.’s or less skilled assistants.

(d) *Evaluation.* Evaluation is the determination of a patient’s progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

(2) **PERFORMANCE OF DELEGATED ACTS.** In the performance of delegated acts an R.N. shall do all of the following:

(a) Accept only those delegated acts for which there are protocols or written or verbal orders.

(b) Accept only those delegated acts for which the R.N. is competent to perform based on his or her nursing education, training or experience.

(c) Consult with a provider in cases where the R.N. knows or should know a delegated act may harm a patient.

(d) Perform delegated acts under the general supervision or direction of provider.

(3) **SUPERVISION AND DIRECTION OF DELEGATED ACTS.** In the supervision and direction of delegated acts an R.N. shall do all of the following:

(a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.

(b) Provide direction and assistance to those supervised.

(c) Observe and monitor the activities of those supervised.

(d) Evaluate the effectiveness of acts performed under supervision.

**History:** Cr. Register, May, 1983, No. 329, eff. 6-1-83; am. (1) (c) and (2) (intro.), Register, May, 1990, No. 413, eff. 6-1-90; CR 00-167: am. (2) (c) and (d), Register August 2001 No. 548, eff. 9-1-01; CR 15-099: am. (2), (3) (intro.), (a) to (c) Register August 2016 No. 728, eff. 9-1-16.

**N 6.04 Standards of practice for licensed practical nurses. (1) PERFORMANCE OF ACTS IN BASIC PATIENT SITUATIONS.** In the performance of acts in basic patient situations, the L.P.N. shall, under the general supervision of an R.N. or the direction of a provider:

(a) Accept only patient care assignments which the L.P.N. is competent to perform.

(b) Provide basic nursing care.

(c) Record nursing care given and report to the appropriate person changes in the condition of a patient.

(d) Consult with a provider in cases where an L.P.N. knows or should know a delegated act may harm a patient.

(e) Perform the following other acts when applicable:

1. Assist with the collection of data.

2. Assist with the development and revision of a nursing care plan.

3. Reinforce the teaching provided by an R.N. provider and provide basic health care instruction.

4. Participate with other health team members in meeting basic patient needs.

**(2) PERFORMANCE OF ACTS IN COMPLEX PATIENT SITUATIONS.** In the performance of acts in complex patient situations the L.P.N. shall do all of the following:

(a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, dentist or optometrist.

(b) Perform delegated acts beyond basic nursing care under the direct supervision of an R.N. or provider. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepares the L.P.N. to competently perform these assignments.

**(3) ASSUMPTION OF CHARGE NURSE POSITION IN NURSING HOMES.** In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2) (b), Stats., an L.P.N. shall do all of the following:

(a) Follow written protocols and procedures developed and approved by an R.N.

(b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.

(c) Accept the charge nurse position only if prepared for the responsibilities of charge nurse based upon education, training and experience beyond the practical nurse curriculum. The L.P.N. shall, upon request of the board, provide documentation of the nursing education, training or experience which prepared the L.P.N. to competently assume the position of charge nurse.

**History:** Cr. Register, May, 1983, No. 329, eff. 6-1-83; CR 00-167: am. (1) (intro.), (d), (e) 3., (2) (a) and (b), Register August 2001 No. 548, eff. 9-1-01; CR 15-099: am. (1) (intro.), (a) to (d), (e) (intro.), 1. to 3., am. (2) (intro.), (b), (3) (intro.), (a), (b), r. and recr. (3) Register August 2016 No. 728.

**N 6.05 Violations of standards.** A violation of the standards of practice constitutes unprofessional conduct or misconduct and may result in the board limiting, suspending, revoking or denying renewal of the license or in the board reprimanding an R.N. or L.P.N.

**History:** Cr. Register, May, 1983, No. 329, eff. 6-1-83; am. Register, May, 1990, No. 413, eff. 6-1-90.

## Chapter N 7

### RULES OF CONDUCT

N 7.01 Authority and intent.  
N 7.02 Definitions.

N 7.03 Grounds for denying or taking disciplinary action.

**Note:** Chapters N 7 and 11 as they existed on September 30, 1985 were repealed and a new Chapter N 7 was created effective October 1, 1985.

**N 7.01 Authority and intent.** (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 and 227.11, Stats., and interpret s. 441.07, Stats.

(2) The intent of the board of nursing in adopting this chapter is to specify grounds for denying an initial license or certificate or limiting, suspending, revoking, or denying renewal of a license or certificate or for reprimanding a licensee or certificate holder.

**Note:** The bracketed language was unintentionally omitted in the agency's order promulgating this rule, CR 13-097.

**History:** Cr. Register, September, 1985, No. 357, eff. 10-1-85; am. (2), Register, May, 1990, No. 413, eff. 6-1-90; correction in (1) under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; CR 13-097; am. (2) Register July 2014 No. 703, eff. 8-1-14; CR 15-067; am. (2) Register August 2016 No. 728, eff. 9-1-16.

**N 7.02 Definitions.** As used in this chapter:

(1) "Board" means board of nursing.

(1m) "Certificate" means a certificate of an advanced practice nurse prescriber.

(2) "Drug" has the meaning contained in s. 450.01 (10), Stats.

(3) "License" means a license of a registered nurse, licensed practical nurse or nurse-midwife.

(4) "Licensee" means a person licensed as a registered nurse, licensed practical nurse under s. 441.10, Stats., or nurse-midwife.

(5) "Patient" means any person receiving nursing care for which the nurse is compensated.

**Note:** The board office is located at 1400 East Washington Avenue, Madison, Wisconsin. The board's mailing address is P.O. Box 8935, Madison, Wisconsin 53708-8935.

**History:** Cr. Register, September, 1985, No. 357, eff. 10-1-85; CR 13-097; cr. (1m) Register July 2014 No. 703, eff. 8-1-14; correction in (2) made under s. 13.92 (4) (b) 7., Stats., Register August 2015 No. 716.

**N 7.03 Grounds for denying or taking disciplinary action.** The grounds for denying or taking disciplinary action on a license or certificate are any of the following:

(1) Noncompliance with federal, jurisdictional, or reporting requirements including any of the following:

(a) Engaging in conduct that violates the security of the licensure examination or the integrity of the examination results.

(b) Having a license to practice nursing or a nurse licensure compact privilege to practice denied, revoked, suspended, limited, or having the credential holder otherwise disciplined in another state, territory, or country. A certified copy of the record of the board is conclusive evidence of the final action.

(c) After a request of the board, failing to cooperate in a timely manner, with the board's investigation of a complaint filed against a license holder. There is a rebuttable presumption that a credential holder who takes longer than 30 days to respond to a request of the board has failed to cooperate in a timely manner.

(d) Practicing without an active license.

(e) Practicing beyond the scope of practice permitted by law.

(f) Failing to inform the board of the advanced practice nurse prescriber's change in certification status with a national certifying body as a nurse anesthetist, nurse-midwife, nurse practitioner, or clinical nurse specialist.

(g) Violating any term, provision, or condition of any order of the board.

(h) Failing to notify the board of a felony or misdemeanor in writing within 48 hours after the entry of the judgment of conviction, including the date, place, and nature of the conviction or finding. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime in order that the board may determine whether the circumstances of the crime of which the credential holder was convicted are substantially related to the practice of nursing.

(i) Failing to report to the board or institutional supervisory personnel any violation of the rules of this chapter by a licensee. This provision does not require a nurse to report treatment information which would fall within the nurse-patient privilege set forth in s. 905.04 (1) (b), Stats.

(2) 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. A certified copy of a judgment of conviction is prima facie evidence of a violation.

(3) Confidentiality, patient privacy, consent, or disclosure violations, including any of the following:

(a) Failing to safeguard the patient's dignity, or the right to privacy.

(b) Knowingly, recklessly, or negligently divulging a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.

(c) Making statements or disclosures that create a risk of compromising a patient's privacy, confidentiality, or dignity, including statements or disclosures via electronic or social media.

(4) Misconduct or abuse, including any of the following:

(a) Soliciting, borrowing, misappropriating, obtaining, or attempting to obtain money or property from a patient or a patient's family.

(b) Obtaining or attempting to obtain any compensation by fraud, misrepresentation, deceit, duress, or undue influence in the course of nursing practice.

(c) Abusing 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.

(d) Engaging in repeated or significant disruptive behavior or interaction with health care personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.

(e) 1. Violating principles of professional boundaries, including any of the following:

a. Failing to establish, maintain, or communicate professional boundaries with the patient.

b. Engaging in relationships with patients that could impair the nurse's professional judgment.

c. Exploiting in any manner the professional relationship with a patient for the nurse's emotional, financial, sexual, or personal advantage or benefit.

d. Engaging in dual relationships if the nurse's ability to provide appropriate care would be compromised due to the nature of the additional relationship with the patient.

e. Engaging in any dual relationship in mental health nursing.

f. Engaging in self-disclosure to a patient which creates a risk or adversely impacts the patient's care and well-being.

g. Using any confidence of a patient to the patient's disadvantage or for the advantage of the nurse.

h. Accepting gifts which are more than minimal value or any cash from a patient or patient's family.

2. This paragraph does not include providing health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of or potential for exploiting the patient and contact that is necessary for a health care purpose that meets the standards of the profession.

(f) 1. Engaging in sexual misconduct, including any of the following:

a. Sexually explicit conduct, sexual contact, exposure, gratification, other sexual behavior with or in the presence of a patient.

b. Conduct that may reasonably be interpreted by a patient as sexual or any verbal behavior that is sexually harassing to a patient.

c. Posing, photographing or recording the body or any body part of a current or former patient, other than for health care purposes.

d. Transmitting information about a patient via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient.

e. Engaging or attempting to engage in sexual or seductive conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient.

2. For the purpose of this paragraph, due to the unique vulnerability of mental health patients, including patients with substance use disorders, nurses are prohibited from engaging in or attempting to engage in sexual or seductive conduct with such former patients, a former patient's immediate family or person responsible for the patient's welfare, for a period of at least 2 years after the termination of nursing services.

(5) Fraud, deception or misrepresentation, including any of the following:

(a) Falsifying or inappropriately altering reports, patient documentation, agency records, or other health documents.

(b) Intentionally making incorrect entries in a patient's medical record or other related documents.

(c) Engaging in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state laws.

(d) Submitting false claims.

(e) Fraud, deceit, or material omission in obtaining a license or certification or in the renewal of the license or certification.

(f) Impersonating another licensee or allowing another person to use the licensee's credential for any purpose.

(g) Submitting false information in the course of an investigation.

(h) Misrepresentation of credentials.

(i) Misleading, false, or deceptive advertising or marketing.

(6) Unsafe practice or substandard care, including any of the following:

(a) Failing to perform nursing with reasonable skill and safety.

(b) Lack of knowledge, skill, or ability to discharge professional obligations within the scope of nursing practice.

(c) 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.

(d) 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.

(e) Practicing nursing while under the influence of alcohol, illicit drugs, or while impaired by the use of legitimately prescribed pharmacological agents or medications.

(f) Unable to practice safely by reason of alcohol or other substance use.

(g) Unable to practice safely by reason of psychological impairment or mental disorder.

(h) Unable to practice safely by reason of physical illness or impairment.

(i) Failure to consult or delay in consultation for clinical care beyond scope of practice

(j) Failure to treat.

(k) Inadequate or improper infection control practices.

(L) Failure to provide medically necessary items or services.

(m) Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status, or disability while providing nursing services.

(n) Executing an order which the licensee knew or should have known would harm or present the likelihood of harm to a patient.

(o) Failing to execute a medical order unless the order is inappropriate and the licensee reports the inappropriate order to a nursing supervisor or other appropriate person.

(p) Failing to observe the conditions, signs and symptoms of a patient, record them, or report significant changes to the appropriate person.

(7) Improper supervision or allowing unlicensed practice, including any of the following:

(a) Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care.

(b) Knowingly aiding, assisting, advising, or allowing a person to engage in the unlawful practice of nursing.

(c) Inappropriate or inadequate supervision or delegation.

(d) Failing to supervise assigned student experiences

(8) Improper prescribing, dispensing, or administering medication or drug related offenses, including any of the following:

(a) Prescribing of any drug other than in the course of legitimate practice or as otherwise prohibited by law.

(b) Dispensing of any drug other than in the course of legitimate practice or as otherwise prohibited by law.

(c) Administering any drug other than in the course of legitimate practice or as otherwise prohibited by law.

(d) Error in prescribing, dispensing, or administering medication.

(e) Obtaining, possessing or attempting to obtain or possess a drug without lawful authority.

**History:** Cr. Register, September, 1985, No. 357, eff. 10-1-85; am. (1) (intro.), (d) to (g), (2) and (3), Register, May, 1990, No. 413, eff. 6-1-90; CR 13-097: r. and recr. Register July 2014 No. 703, eff. 8-1-14; corrections in (intro.), (1) (intro.), (3) (intro.), (4) (intro.), (e) (intro.), (f) (intro.), (5) (intro.), (6) (intro.), (7) (intro.), and (8) (intro.) made under s. 35.17, Stats., and renumbering in (4) (e) and (f) made under s. 13.92 (4) (b) 1., Stats., Register July 2014 No. 703; CR 15-067: am. (intro.) Register August 2016 No. 728, eff. 9-1-16; correction in (title) under s. 13.92 (4) (b) 2. Register August 2016 No. 728.

## Chapter N 8

### CERTIFICATION OF ADVANCED PRACTICE NURSE PRESCRIBERS

N 8.01	Authority and intent.	N 8.06	Prescribing limitations.
N 8.02	Definitions.	N 8.07	Prescription orders.
N 8.03	Certification as an advanced practice nurse prescriber.	N 8.08	Malpractice insurance coverage.
N 8.045	Renewal.	N 8.09	Dispensing.
N 8.05	Continuing education.	N 8.10	Care management and collaboration with other health care professionals.

**N 8.01 Authority and intent.** (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 (2) and 441.16, Stats., and interpret s. 441.16, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to specify education, training or experience that a registered nurse must satisfy to call himself or herself an advanced practice nurse; to establish appropriate education, training and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders; to define the scope of practice within which an advanced practice nurse prescriber may issue prescription orders; to specify the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice nurse prescriber; to specify the conditions to be met for a registered nurse to administer a drug prescribed or directed by an advanced practice nurse prescriber; to establish procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education; and to establish the minimum amount of malpractice insurance required of an advanced practice nurse prescriber.

**History:** Cr. Register, February, 1995, No. 470, eff. 3-1-95.

**N 8.02 Definitions.** As used in this chapter:

(1) “Advanced practice nurse” means a registered nurse who possesses the following qualifications:

(a) The registered nurse has a current license to practice professional nursing in this state, or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact;

(b) The registered nurse is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist; and,

(c) For applicants who receive national certification as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, the registered nurse holds a master’s or doctoral degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the board of education in the state in which the college or university is located.

(2) “Advanced practice nurse prescriber” means an advanced practice nurse who has been granted a certificate to issue prescription orders under s. 441.16 (2), Stats.

(3) “Board” means the board of nursing.

(4) “Clinical pharmacology or therapeutics” means the identification of individual and classes of drugs, their indications and contraindications, their efficacy, their side-effects and their interactions, as well as, clinical judgment skills and decision-making, based on thorough interviewing, history-taking, physical assessment, test selection and interpretation, pathophysiology, epidemiology, diagnostic reasoning, differentiation of conditions, treatment decisions, case evaluation and non-pharmacologic interventions.

(5) “Collaboration” means a process which involves 2 or more health care professionals working together, in each other’s presence when necessary, each contributing one’s respective area of

expertise to provide more comprehensive care than one alone can offer.

(6) “Health care professional” has the meaning given under s. 180.1901 (1m), Stats.

(6m) “One contact hour” means a period of attendance in a continuing education program of at least 50 minutes.

(7) “Patient health care record” has the meaning given under s. 146.81 (4), Stats.

**History:** Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 00-168: cr. (6m), Register August 2001 No. 548, eff. 9-1-01; CR 01-046: am. (1) (a), Register October 2001 No. 550, eff. 11-1-01; CR 16-020: am. (1) (c), (4) Register September 2016 No. 729, eff. 10-1-16.

**N 8.03 Certification as an advanced practice nurse prescriber.** An applicant for initial certification as an advanced practice nurse prescriber shall be granted a certificate by the board if the applicant complies with all of the following:

(1) Submits an application form and the fee under s. 440.05 (1), Stats.

(1m) Provides evidence of holding a current license to practice as a professional nurse in this state or a current license to practice professional nursing in another state which has adopted the nurse licensure compact.

(2) Provides evidence of current certification by a national certifying body approved by the board as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist.

(3) Provides 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 subsection 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.

(4) Provides evidence of completion of 45 contact hours in clinical pharmacology or therapeutics within 5 years preceding the application for a certificate.

(5) Provides evidence of passing a jurisprudence examination for advanced practice nurse prescribers.

**History:** Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 01-046: am. (1), Register October 2001 No. 550, eff. 11-1-01; CR 16-020: am. (intro.), renum. (1) to (1m) and am., cr. (1), am. (2) to (5) Register September 2016 No. 729, eff. 10-1-16.

**N 8.045 Renewal.** A person holding an advanced practice nurse prescriber certificate may renew the certificate by doing all of the following:

(1) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., the workforce survey fee, and any applicable late renewal fee.

(2) Complete the nursing workforce survey to the satisfaction of the board.

(3) Certify completion of the continuing education required under s. N 8.05.

(4) Provide evidence of current certification by a national certifying body approved by the board as a nurse practitioner, certi-

fied nurse–midwife, certified registered nurse anesthetist, or clinical nurse specialist.

**History:** CR 16–020: cr. Register September 2016 No. 729, eff. 10–1–16; correction in (3) made under s. 35.17, Stats., Register September 2016 No. 729; correction in (intro.) made under s. 35.17, Stats., Register October 2019 No. 766.

**N 8.05 Continuing education.** (1) Every advanced practice nurse prescriber shall complete 16 contact hours per biennium in clinical pharmacology or therapeutics relevant to the advanced practice nurse prescriber’s area of practice, including at least 2 contact hours in responsible prescribing of controlled substances.

(3) Every advanced practice nurse prescriber shall retain for a minimum period of 4 years, and shall make available to the board or its agent upon request, certificates of attendance issued by the program sponsor for all continuing education programs for which he or she claims credit for purposes of renewal of his or her certificate.

**History:** Cr. Register, February, 1995, No. 470, eff. 3–1–95; CR 00–168: cr. (3), Register August 2001 No. 548, eff. 9–1–01; CR 16–020: am. (1), r. (2) Register September 2016 No. 729, eff. 10–1–16.

**N 8.06 Prescribing limitations.** The advanced practice nurse prescriber:

(1) May issue only those prescription orders appropriate to the advanced practice nurse prescriber’s areas of competence, as established by his or her education, training or experience.

(2) May not issue a prescription order for any schedule I controlled substance.

(3) May not prescribe, dispense or administer any amphetamine, sympathomimetic amine drug or compound designated as a schedule II controlled substance pursuant to the provisions of s. 961.16 (5), Stats., to or for any person except for any of the following:

(a) Use as an adjunct to opioid analgesic compounds for the treatment of cancer–related pain.

(b) Treatment of narcolepsy.

(c) Treatment of hyperkinesia, including attention deficit hyperactivity disorder.

(d) Treatment of drug–induced brain dysfunction.

(e) Treatment of epilepsy.

(f) Treatment of depression shown to be refractory to other therapeutic modalities.

(4) May not prescribe, order, dispense or administer any anabolic steroid for the purpose of enhancing athletic performance or for other nonmedical purpose.

(5) Shall, upon request, present evidence to the nurse or to the administration of the facility where the prescription or order is to be carried out that the advanced practice nurse prescriber is properly certified to issue prescription orders.

**History:** Cr. Register, February, 1995, No. 470, eff. 3–1–95; correction in (3) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538; CR 16–020: am. (3) (c), (5) Register September 2016 No. 729, eff. 10–1–16.

**N 8.07 Prescription orders.** (1) Prescription orders issued by an advanced practice nurse prescribers shall:

(a) Specify the date of issue.

(b) Specify the name and address of the patient.

(c) Specify the name, address and business telephone number of the advanced practice nurse prescriber.

(d) Specify the name and quantity of the drug product or device prescribed, including directions for use.

(e) Bear the signature of the advanced practice nurse prescriber.

(2) Prescription orders issued by advanced practice nurse prescribers for a controlled substance shall be written in ink or indelible pencil or shall be submitted electronically as permitted by state

and federal law, and shall contain the practitioner’s drug enforcement agency number.

**History:** Cr. Register, February, 1995, No. 470, eff. 3–1–95; CR 16–020: am. (2) Register September 2016 No. 729, eff. 10–1–16.

**N 8.08 Malpractice insurance coverage.** (1) Advanced practice nurse prescribers who prescribe independently shall maintain in effect malpractice insurance evidenced by one of the following:

(a) Personal liability coverage in the amounts specified in s. 655.23 (4), Stats.

(b) Coverage under a group liability policy providing individual coverage for the nurse in the amounts set forth in s. 655.23 (4), Stats. An advanced practice nurse prescriber covered under one or more such group policies shall certify on forms provided by the board that the nurse will independently prescribe only within the limits of the policy’s coverage, or shall obtain personal liability coverage for independent prescribing outside the scope of the group liability policy or policies.

(2) Notwithstanding sub. (1), an advanced practice nurse prescriber who practices as an employee of this state or a governmental subdivision, as defined under s. 180.0103, Stats., is not required to maintain in effect malpractice insurance coverage, but the nurse shall certify on forms provided by the board that the nurse will prescribe within employment policies.

(3) An advanced practice nurse prescriber who prescribes under the supervision and delegation of a physician or CRNA shall certify on forms provided by the board that the nurse complies with s. N 6.03 (2) and (3), regarding delegated acts.

(4) An advanced practice nurse prescriber who prescribes in more than one setting or capacity shall comply with the provisions of subs. (1), (2) and (3) applicable to each setting or capacity. An advanced practice nurse prescriber who is not an employee of this state or a governmental subdivision, and who prescribes independently in some situations and prescribes under the supervision and delegation of a physician or CRNA in other situations, shall meet the requirements of sub. (1) with respect to independent prescribing and the requirements of sub. (3) with respect to delegated prescribing.

**Note:** Forms are available from the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(5) Every advanced practice nurse who is certified to issue prescription orders shall annually submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1).

**History:** Cr. Register, February, 1995, No. 470, eff. 3–1–95; r. and recr. (1), renum. (2) to be (5) and cr. (2), (3) and (4), Register, October, 1996, No. 490, eff. 11–1–96.

**N 8.09 Dispensing.** (1) Except as provided in sub. (2), advanced practice nurse prescribers shall restrict their dispensing of prescription drugs to complimentary samples dispensed in original containers or packaging supplied by a pharmaceutical manufacturer or distributor.

(2) An advanced practice nurse prescriber may dispense drugs to a patient at the treatment facility at which the patient is treated.

**History:** Cr. Register, February, 1995, No. 470, eff. 3–1–95; CR 16–020: am. (2) Register September 2016 No. 729, eff. 10–1–16.

**N 8.10 Care management and collaboration with other health care professionals.** (1) Advanced practice nurse prescribers shall communicate with patients through the use of modern communication techniques.

(2) Advanced practice nurse prescribers shall facilitate collaboration with other health care professionals, at least 1 of whom shall be a physician or dentist, through the use of modern communication techniques.

(3) Advanced practice nurse prescribers shall facilitate referral of patient health care records to other health care professionals and shall notify patients of their right to have their health care records referred to other health care professionals.

(4) Advanced practice nurse prescribers shall provide a summary of a patient's health care records, including diagnosis, surgeries, allergies and current medications to other health care providers as a means of facilitating care management and improved collaboration.

(5) The board shall promote communication and collaboration among advanced practice nurse prescribers, physicians, dentists and other health care professionals.

(6) The advanced practice nurse prescriber may order treatment, therapeutics, and testing, appropriate to his or her area of competence as established by his or her education, training, or experience, to provide care management.

(7) Advanced practice nurse prescribers shall work in a collaborative relationship with a physician or dentist. The collaborative relationship is a process in which an advanced practice nurse prescriber is working with a physician or dentist, in each other's presence when necessary, to deliver health care services within the scope of the practitioner's training, education, and experience. The advanced practice nurse prescriber shall document this relationship.

**History:** Cr. Register, February, 1995, No. 470, eff. 3-1-95; cr. (6) and (7), Register, October, 2000, No. 538, eff. 11-1-00; CR 16-020: am. (title), (4) to (7) Register September 2016 No. 729, eff. 10-1-16; CR 19-050: am. (2), (5), (7) Register October 2019 No. 766, eff. 11-1-19; correction in (2) made under s. 35.17, Stats., Register October 2019 No. 766.

## N 4, Relating to Licensure of Nurse-Midwives

The following draft changes for the Committee's review are identical to the changes presented to the Committee at its November 14, 2019 meeting, with the exception of the highlighted portion of s. N 4.06 (2) (d). Following are specific items for the Committee's consideration:

- Under s. N 4.02 (2m), the reference to standards of practice has been removed. The Committee should consider adding to the criteria for a written collaboration agreement under s. N 4.06 (2) a requirement that the guidelines in the agreement be consistent with scope of practice. Language for the Committee's consideration is highlighted in s. N 4.06 (2) (d).
- Under s. 4.025 (1), the Committee should consider if the terminology used is current, or if terminology should be replaced or other terminology specified (for example, "Licensed Nurse-Midwife" and "L.N.M.")
- The Committee should review the requirements for late renewal under s. N 4.043 (3) (a) 6. to determine if they are appropriate. The Committee should also consider if it would be appropriate to add a waiver of this requirement for emergency situations.
- The Legislation and Rules Committee requested an opinion from Department and Board Legal Counsel on whether the Board of Nursing has statutory authority to include homes or patient residences within the definition of the health care facilities in which a Certified Nurse Midwives may practice under normal practice conditions. Department and Board Legal Counsel hold the opinion that the Board does not have statutory authority to include homes or patients' residences when defining the health care facilities where a Certified Nurse Midwife may normally practice.

At its August 13, 2020 meeting, the Board of Nursing recommended the Committee not make substantive changes to the provisions of s. N 4.09 concerning health care facilities where practice shall occur. The draft changes to s. N 4.09 are intended to provide clarity and comply with current drafting standards, and are not intended to be substantive.

**Prepared by:** Dale Kleven, Administrative Rules Coordinator

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## Chapter N 4 LICENSURE OF NURSE-MIDWIVES

### N 4.01 Authority and intent.

- (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5), ~~227.11 (b)~~ and 441.15 (3) (c), Stats., and interpret s. 441.15, Stats.
- (2) The intent of the board of nursing in adopting rules in this chapter, ~~interpreting s. 441.15, Stats.~~, is to specify the requirements for obtaining licensure as a nurse-midwife; the scope of practice of nurse-midwifery; the types of facilities in which such practice may occur; and malpractice insurance requirements for nurse-midwives. all of the following:
  - (a) Requirements for licensure as a nurse-midwife and renewal of a license to practice nurse-midwifery.
  - (b) The scope of practice of nurse-midwifery.
  - (c) Requirements for health care facilities where the practice of nurse-midwifery may occur.
  - (d) Malpractice insurance requirements for nurse-midwives.

### N 4.02 Definitions. As used in this chapter:

- (1) "Board" means board of nursing.
- ~~(2) "Bureau" means bureau of health service professions within the department of safety and professional services, located at 1400 East Washington Avenue, Madison, Wisconsin.~~
- (2m) "Collaboration" has the meaning specified given in s. 441.15 (1) (a), Stats.
- (4) "Complications" means ~~those~~ conditions ~~which jeopardized~~ specified in a written agreement under s. N 4.06 (2) as being conditions that jeopardize the health or life of ~~the a~~ patient and ~~which~~ deviate from normal ~~as defined in the written agreement consistent with the standards of practice of the American College of Nurse-Midwives.~~
- (5) "Direct supervision" means immediate availability to continually coordinate, direct, and inspect at first hand the practice of another.
- (5m) "Nurse-midwife" means a nurse-midwife licensed by the board.
- ~~(6) "Written agreement" means an agreement between the collaborating physician and the nurse-midwife which is permanently recorded, dated and signed by both parties, is available for inspection upon reasonable request, and consists of at least the following: framework of mutually approved guidelines including conditions of collaboration and referral.~~

### N 4.025 Licensure and exception exceptions.

- ~~(1) No~~ Except as provided under subs. (2) and (3), unless licensed under this chapter no person may practice or attempt to practice nurse-midwifery or use the title or letters "Certified Nurse-Midwife", or "C.N.M.", "Nurse-Midwife", or "N.M.", or anything else any other title or letters to indicate that he or she person is a nurse-midwife unless he or she is licensed under this chapter.
- ~~(2) Nothing in this chapter shall be construed either to prohibit or to require a license under this chapter for any~~ Any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats., is not required to be licensed under this chapter.
- (3) The holder of a valid temporary permit under ~~this section~~ s. N 4.05 may use the title "graduate nurse-midwife" or the letters "G.N.M.".
- (4) A license to practice nurse-midwifery shall be issued separately from a license to practice professional nursing.

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**N 4.03 Qualifications for licensure.** An applicant for licensure as a nurse-midwife shall be granted licensure by the board, provided that the applicant meets all of the following:

- (1) Has completed an educational program in nurse-midwifery accredited by the ~~American College of Nurse-Midwives Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.~~
- (2) Holds a certificate issued by the ~~American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council~~ American Midwifery Certification Board, or another national certifying body approved by the board.
- (3) Is currently licensed to practice as a professional nurse in ~~Wisconsin, this state~~ or is currently ~~licensed~~ has the privilege to practice professional nursing in another state ~~which that~~ has adopted the nurse licensure compact.

**N 4.04 Application ~~procedures~~ for licensure.**

- (4) An applicant for ~~licensure~~ a license to practice ~~as a nurse-midwife~~ nurse-midwifery shall file a completed, ~~notarized~~ application on a form provided by the ~~bureau~~ board. The application shall include all of the following:
  - (a) ~~(1m)~~ Signature The signature of the applicant.
  - (b) ~~(2m)~~ Fee The fee specified under s. 440.05 (1), Stats.
  - (c) ~~(3m)~~ Evidence of completion of an educational program in nurse-midwifery approved by the ~~American College of Nurse-Midwives and evidence of certification as a nurse-midwife from the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council~~ Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.
  - ~~(d)~~ ~~(4m)~~ Identification Evidence of current licensure as a professional nurse in ~~Wisconsin~~ this state or of current ~~licensure~~ privilege to practice professional nursing in another state ~~which that~~ has adopted the nurse licensure compact, including the license number and renewal information.
- (5) Evidence of certification as a nurse-midwife from the American Midwifery Certification Board, or another national certifying body approved by the board.
- ~~(2) A separate license shall be issued by the board for the practice of nurse-midwifery.~~
- ~~(3) Renewal of a license to practice nurse-midwifery shall be conducted as a separate procedure from the renewal of the nurse's license as a professional nurse.~~
- ~~(4) The applicant for renewal shall 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.~~

**N 4.043 License renewal. (1) GENERAL.** Renewal of a license to practice nurse-midwifery shall be conducted as a separate procedure from the renewal of the license to practice as a professional nurse.

- (2) RENEWAL WITHIN 5 YEARS. A person renewing a license to practice nurse-midwifery by the renewal date or within 5 years after the renewal date shall do all of the following:
  - (a) Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., the workforce survey fee, and any applicable late renewal fee.
  - (b) Complete the nursing workforce survey to the satisfaction of the board.
  - (c) Provide evidence of current certification as a nurse-midwife by the American Midwifery Certification Board, or another national certifying body approved by the board.
  - (d) Provide evidence of current licensure as a professional nurse in this state or current privilege to practice professional nursing in another state that has adopted the nurse licensure compact.
  - (e) If applicable, provide evidence the malpractice insurance required under s. N 4.10 is in effect.
- (3) RENEWAL AFTER 5 YEARS. (a) A person renewing a license to practice nurse-midwifery more than 5 years after the renewal date shall do all of the following:

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1. Pay the renewal fee as determined by the department under s. 440.03 (9) (a), Stats., the workforce survey fee, and the late renewal fee.
  2. Complete the nursing workforce survey to the satisfaction of the board.
  3. Provide evidence of current certification as a nurse-midwife by the American Midwifery Certification Board, or another national certifying body approved by the board.
  4. Provide evidence of current licensure as a professional nurse in this state or current privilege to practice professional nursing in another state that has adopted the nurse licensure compact.
  5. If applicable, provide evidence the malpractice insurance required under s. N 4.10 is in effect.
  6. Provide documentation of one of the following:
    - a. Employment within the last 5 years that required a license to practice nurse-midwifery.
    - b. Successful completion of a board-approved nurse-midwifery refresher course or education equivalent to a nurse-midwifery refresher course.
- (b) Except as provided under s. N 4.047 (1), this subsection does not apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked.

**N 4.047 License reinstatement.** A license holder who has unmet disciplinary requirements and failed to renew the license within 5 years or whose license has been surrendered or revoked may apply to have the license reinstated in accordance with all of the following:

- (1) Evidence of completion of the requirements in s. N 4.043 (3) if the license has not been active within 5 years.
- (2) Evidence of completion of the disciplinary requirements, if applicable.
- (3) Evidence of rehabilitation or change in circumstances warranting reinstatement.
- (4) A revoked license may not be reinstated earlier than one year following revocation. This subsection does not apply to a license that is revoked under s. 440.12, Stats.

### **N 4.05 Temporary permits.**

- (1) ~~ELIGIBILITY APPLICATION.~~ An applicant for ~~licensure as a nurse-midwife~~ a license to practice nurse-midwifery who has completed an educational program in nurse-midwifery approved by the American college of nurse-midwives, who is currently licensed to practice as a professional nurse in Wisconsin and who has paid the fee specified in s. 440.05 (6), Stats., may be eligible for granted a temporary permit to practice nurse-midwifery. An application for a temporary permit to practice nurse-midwifery shall include all of the following:
  - (a) Verification the applicant has completed an educational program in nurse midwifery accredited by the Accreditation Commission for Midwifery Education, or another accrediting body approved by the board.
  - (b) Verification the applicant is currently licensed to practice as a professional nurse in this state or currently has the privilege to practice professional nursing in another state that has adopted the nurse licensure compact.
  - (c) The fee specified in s. 440.05 (1), Stats.
- (2) ~~ISSUING A TEMPORARY PERMIT.~~ The ~~bureau of health service professions~~ board shall issue a temporary permit to an eligible applicant within one week of the determination of eligibility.
- (3) ~~SUPERVISION REQUIRED.~~ The holder of a temporary permit shall practice under the direct supervision of a nurse-midwife ~~certified~~ licensed under s. 441.15, Stats., or a physician. The holder may not practice beyond the scope of practice of a nurse-midwife as set forth in s. N 4.06.
- (4) ~~TITLE.~~ The holder of a valid temporary permit under this section may use the title “graduate nurse-midwife” or the letters “G.N.M.”.

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## ~~(5) DURATION.~~

~~(a) Except as provided in pars. (b) to (e), the duration of a temporary permit granted by the board is:~~

- ~~1. For applicants who have been granted a temporary permit to practice as a registered nurse, the period which coincides with the registered nurse temporary permit.~~
- ~~2. For other applicants, 6 months.~~

~~(b) The temporary permit of a candidate who is unsuccessful on the examination administered by the American College of Nurse-Midwives Certification Council is void upon receipt of the examination results by the holder and shall be returned by the holder to the board immediately. Failure to return the permit promptly shall, without further notice or process, result in a board order to revoke the permit.~~

~~(c) A temporary permit may be renewed once for a period of 3 months.~~

~~(d) A second renewal for a 3-month period may be granted in hardship cases if an affidavit is filed with the board identifying the hardship. "Hardship cases", as used in this paragraph, includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident or natural disaster or because the person is awaiting examination results.~~

~~(e) Practice under temporary permits, including renewals under pars. (c) and (d), may not exceed 12 months total duration.~~

## ~~(5) DURATION.~~

~~(a) Except as provided under par. (b), a temporary permit is valid for a period of 6 months or until the permit holder receives notification of failing the examination required for certification under s. N 4.03 (2), whichever occurs first.~~

~~(b) If the holder of a temporary permit has also been granted a temporary permit to practice as a registered nurse under s. N 2.31, the temporary permit is valid for the period that coincides with the duration of the temporary permit under s. N 2.34 or until the permit holder receives notification of failing the examination required for certification under s. N 4.03 (2), whichever occurs first.~~

~~(c) Practice under a temporary permit, including renewals under sub. (6m), may not exceed 12 months.~~

~~(6) DENIAL. A temporary permit may be denied an applicant for any of the reasons in sub. (7) for which the board may revoke a temporary permit or for the misrepresentation of being a nurse-midwife or a graduate nurse-midwife before the granting of a permit under this section.~~

~~(6m) RENEWALS. A temporary permit may be renewed twice for a period of 3 months for each renewal. A second renewal under this subsection may only be granted if the holder of the temporary permit is awaiting examination results or an affidavit is filed with the board identifying a hardship. As used in this subsection, "hardship" includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident, or natural disaster.~~

~~(7) REVOCAION DENIAL OR REVOCATION. A temporary permit may, ~~after notice and hearing,~~ be denied or revoked ~~by the board~~ for any of the following reasons:~~

~~(a) Violation of any of the rules of conduct for registered nurses in ch. N 7 or for violation of the rules governing nurse-midwives under ~~ch. N 4~~ this chapter.~~

~~(b) Failure to pay ~~the required fees~~ a fee required under s. 440.05 ~~(6)~~ (1), Stats.~~

~~(c) Provision of fraudulent information on an application for licensure.~~

~~(d) Misrepresentation of being a nurse-midwife or a graduate nurse-midwife when applying for a temporary permit under this section.~~

## **N 4.06 Scope of practice.**

**(1)** The scope of practice of nurse-midwifery 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.

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- (2) ~~The~~ A nurse-midwife shall collaborate with a physician with postgraduate training in obstetrics pursuant to a written collaboration agreement ~~with that physician.~~ meeting all of the following criteria:
- (a) The agreement shall be permanently recorded.
  - (b) The agreement shall be dated and signed by both parties.
  - (c) The agreement shall be available for inspection upon reasonable request.
  - (d) The agreement shall consist of, at a minimum, a framework of mutually approved guidelines, including that are consistent with the scope of practice under this section and the limitations on the scope of practice under s. N 4.07. The guidelines shall include conditions of collaboration and referral.
- (3) ~~The~~ A nurse-midwife shall consult with ~~the consulting their collaborating~~ physician regarding any complications discovered by the nurse-midwife, or refer the patient pursuant to the written agreement under sub. (2).
- (4) Upon referral under sub. (3), the a nurse-midwife may independently manage that part of the care ~~of the~~ for a patient ~~which that~~ is appropriate to consistent with the ~~knowledge and skills~~ education, training, and experience of the nurse-midwife.

### **N 4.07 Limitations on the scope of practice.**

- (1) ~~The~~ A nurse-midwife ~~shall~~ may not independently manage ~~those~~ complications that require referral pursuant to the written agreement under s. N 4.06 (2).
- (2) ~~The~~ A nurse-midwife may not perform deliveries by forceps or Caesarean section. ~~The nurse-midwife may use vacuum extractors only in emergency delivery situations.~~
- (2m)** A nurse-midwife may use vacuum extractors only in emergency delivery situations.
- (3) ~~The~~ A nurse-midwife may not assume any responsibilities, ~~either by physician delegation or otherwise, which he or she is not competent to perform by~~ that are inconsistent with the education, training, ~~or~~ and experience of the nurse-midwife.
- (4) Following notification of a physician as required by s. 441.15 (4), Stats., a nurse-midwife may continue to manage ~~the a~~ a delivery ~~when complications occur~~ if emergency measures are required and the physician has not yet arrived.

### **~~N 4.08—Licensure and exception.~~**

- ~~(1) No person may practice or attempt to practice nurse-midwifery or use the title or letters "Certified Nurse-Midwife" or "C.N.M.," "Nurse-Midwife" or "N.M.," or anything else to indicate that he or she is a nurse-midwife unless he or she is licensed under this chapter.~~
- ~~(2) Nothing in this chapter shall be construed either to prohibit or to require a license under this chapter for any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats.~~

### **N 4.09 Health care facilities where practice shall occur. (1) ~~A~~ Except as provided under subs. (2)**

- and (3), a health care facility where the practice of nurse-midwifery may occur is one that has adequate equipment and personnel for conducting and monitoring the normal scope of practice and ~~that has~~ available methods for referral to or communication with a ~~higher-level~~ higher-level care facility if the need arises.
- (2) ~~Deliveries~~ Except as provided under sub. (3), deliveries may be arranged for only in a health care facility ~~which that~~ has adequate sanitation, thermal regulation, staffing, communication systems, and medical back-up.
- (3) The ~~above limitations~~ requirements under subs. (1) and (2) do not apply to care given in emergency circumstances.

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## N 4.10 Malpractice insurance coverage.

- (1) ~~Nurse-midwives~~ A nurse-midwife shall ~~maintain~~ have in effect malpractice insurance evidenced by one of the following:
- (a) Personal liability coverage in the amounts specified in s. 655.23 (4), Stats.
  - (b) Coverage under a group liability policy providing individual coverage for the nurse-midwife in the amounts set forth in s. 655.23 (4), Stats.
- (2) Notwithstanding sub. (1), malpractice insurance is not required for any of the following:
- (a) A nurse-midwife who practices nurse-midwifery within the scope of their employment as a federal, state, county, city, village, or town employee ~~who practices nurse-midwifery within the scope of his or her employment.~~
  - (b) A nurse-midwife who practices nurse-midwifery as an employee of the federal public health service under 42 USC 233 (g).
  - (c) A nurse-midwife who does not provide care for patients.
  - (d) A nurse-midwife whose employer has in effect malpractice liability insurance that provides coverage for the person in an amount equal to or greater than the amounts specified in sub. (1) (a) or (b).
  - (e) A nurse-midwife providing nurse-midwifery services under s. 257.03, Stats.
- ~~(3) A nurse-midwife shall submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1) at the time established for credential renewal under s. 440.08 (2) (a) 50., Stats.~~

~~Note: Forms are available from the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.~~

under par. (c), for not more than 72 consecutive hours each year without holding a license granted by the board under this subchapter if the board determines that the requirements for the nursing credential that the person holds are substantially equivalent to the requirements for licensure under this subchapter. Except in an emergency, the person shall provide to the board, at least 7 days before practicing professional or practical nursing for the person who is specified under par. (c) 2., written notice that includes the name of the person providing notice, the type of nursing credential that the person holds and the name of the state, territory, foreign country or province that granted the nursing credential. In the event of an emergency, the person shall provide to the board written notice that includes the information otherwise required under this paragraph, as soon as practicable.

(c) A person who is permitted to practice professional or practical nursing under par. (b) may practice professional or practical nursing only for the following persons:

1. A person who is being transported through or into this state for the purpose of receiving medical care.

2. A person who is in this state temporarily, if the person is a resident of the state, territory, country or province that granted the nursing credential to the person permitted to practice professional or practical nursing under par. (b).

**History:** 1983 a. 189 s. 273; 1995 a. 146; 1999 a. 22; 2013 a. 124; 2017 a. 135, 364.

**Cross-reference:** See also ch. N 6, Wis. adm. code.

#### 441.12 Administration; nonaccredited schools.

(1) The board shall enforce this chapter and cause the prosecution of persons violating it.

(2) No person may operate in this state a school for professional nurses or a school for practical nurses unless the school is approved by the board. No solicitation may be made in this state of the sale of, or registration in, a course by correspondence or conducted outside of the state for practical nurses unless all written material used in the solicitation plainly states in type as large as any other type on the material that the course is not approved by the board for training of practical nurses.

**History:** 1979 c. 34; 2013 a. 124.

**441.13 Penalty.** (1) Any person violating this subchapter or knowingly employing another in violation of this subchapter may be fined not more than \$250 or imprisoned not more than one year in the county jail.

(2) No action may be brought or other proceeding had to recover compensation for professional nursing services unless at the time such services were rendered the person rendering the same was a registered nurse or had a temporary permit issued under this subchapter.

(3) The remedy of injunction may be used in enforcing this subchapter.

**History:** 1999 a. 22.

#### 441.15 Nurse–midwives. (1) In this section:

(a) “Collaboration” means a process that involves 2 or more health care professionals working together and, when necessary, in each other’s presence, and in which each health care professional contributes his or her expertise to provide more comprehensive care than one health care professional alone can offer.

(b) “Practice of nurse–midwifery” means the 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.

(2) Except as provided in sub. (2m) and s. 257.03, no person may engage in the practice of nurse–midwifery unless each of the following conditions is satisfied:

(a) The person is issued a license by the board under sub. (3) (a).

(b) The practice occurs in a health care facility approved by the board by rule under sub. (3) (c), in collaboration with a physician with postgraduate training in obstetrics, and pursuant to a written agreement with that physician.

(c) Except as provided in sub. (5) (a), the person has in effect the malpractice liability insurance required under the rules promulgated under sub. (5) (bm).

(2m) Subsection (2) does not apply to a person granted a license to practice midwifery under subch. XIII of ch. 440.

(3) (a) Subject to s. 441.07 (1g), the board shall grant a license to engage in the practice of nurse–midwifery to any registered nurse who is licensed under this subchapter or who holds a multi-state license, as defined in s. 441.51 (2) (h), issued in a party state, as defined in s. 441.51 (2) (k), who does all of the following:

1. Submits evidence satisfactory to the board that he or she meets the educational and training prerequisites established by the board for the practice of nurse–midwifery.

2. Pays the initial credential fee determined by the department under s. 440.03 (9) (a).

3. If applicable, submits evidence satisfactory to the board that he or she has in effect the malpractice liability insurance required under the rules promulgated under sub. (5) (bm).

(b) On or before the applicable renewal date specified under s. 440.08 (2) (a), a person issued a license under par. (a) and practicing nurse–midwifery shall submit to the board on furnished forms a statement giving his or her name, residence, and other information that the board requires by rule, with the applicable renewal fee determined by the department under s. 440.03 (9) (a). If applicable, the person shall also submit evidence satisfactory to the board that he or she has in effect the malpractice liability insurance required under the rules promulgated under sub. (5) (bm). The board shall grant to a person who pays the fee determined by the department under s. 440.03 (9) (a) for renewal of a license to practice nurse–midwifery and who satisfies the requirements of this paragraph the renewal of his or her license to practice nurse–midwifery and the renewal of his or her license to practice as a registered nurse.

(c) The board shall promulgate rules necessary to administer this section, including the establishment of appropriate limitations on the scope of the practice of nurse–midwifery, the facilities in which such practice may occur and the granting of temporary permits to practice nurse–midwifery pending qualification for certification.

(4) A nurse–midwife who discovers evidence that any aspect of care involves any complication which jeopardizes the health or life of a newborn or mother shall consult with the collaborating physician under sub. (2) (b) or the physician’s designee, or make a referral as specified in a written agreement under sub. (2) (b).

(5) (a) Except for any of the following, no person may practice nurse–midwifery unless he or she has in effect malpractice liability insurance in an amount that is at least the minimum amount specified in rules promulgated under par. (bm):

1. A federal, state, county, city, village, or town employee who practices nurse–midwifery within the scope of his or her employment.

2. A person who is considered to be an employee of the federal public health service under 42 USC 233 (g).

3. A person whose employer has in effect malpractice liability insurance that provides coverage for the person in an amount that is at least the minimum amount specified in the rules.

4. A person who does not provide care for patients.

5. The provision of services by a nurse–midwife under s. 257.03.

(bm) The board shall promulgate rules establishing the minimum amount of malpractice liability insurance that is required for

a person to practice nurse–midwifery, which shall be the same as the amount established by the board under s. 441.16 (3) (e).

**History:** 1979 c. 317; 1983 a. 273; 1987 a. 264; 1991 a. 39; 1999 a. 22; 2001 a. 52, 105, 107; 2003 a. 321; 2005 a. 96, 292; 2007 a. 20, 97; 2009 a. 28, 42, 282; 2013 a. 114; 2017 a. 135, 329.

**NOTE:** Chapter 317, laws of 1979, which created this section, states legislative intent in Section 1.

**441.16 Prescription privileges of nurses. (1)** In this section:

(a) “Device” has the meaning given in s. 450.01 (6).  
 (b) “Drug” has the meaning given in s. 450.01 (10) and includes all of the following:

1. Prescription drugs, as defined in s. 450.01 (20) (a).
2. Controlled substances, as defined in s. 961.01 (4).

(c) “Prescription order” has the meaning given in s. 450.01 (21).

(2) Subject to s. 441.07 (1g), the board shall grant a certificate to issue prescription orders to an advanced practice nurse who meets the education, training, and examination requirements established by the board for a certificate to issue prescription orders, and who pays the fee specified under s. 440.05 (1). An advanced practice nurse certified under this section may provide expedited partner therapy in the manner described in s. 448.035.

(3) The board shall promulgate rules necessary to administer this section, including rules for all of the following:

(a) Establishing the education, training or experience requirements that a registered nurse must satisfy to be an advanced practice nurse. The rules promulgated under this paragraph shall require a registered nurse to have education, training or experience that is in addition to the education, training or experience required for licensure as a registered nurse.

(am) Establishing the appropriate education, training and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders.

(b) Defining the scope of practice within which an advanced practice nurse may issue prescription orders.

(c) Specifying the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice nurse.

(cm) Specifying the conditions to be met for a registered nurse to do the following:

1. Administer a drug prescribed by an advanced practice nurse who is certified to issue prescription orders.

2. Administer a drug at the direction of an advanced practice nurse who is certified to issue prescription orders.

(d) Establishing procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education.

(e) Establishing the minimum amount of malpractice liability insurance coverage that an advanced practice nurse shall have if he or she is certified to issue prescription orders. The board shall promulgate rules under this paragraph in consultation with the commissioner of insurance.

(4) Every advanced practice nurse who is certified to issue prescription orders shall annually submit to the board evidence satisfactory to the board that he or she has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board.

(5) An advanced practice nurse who is certified to issue prescription orders may not delegate the act of issuing a prescription order to any nurse who is not certified to issue prescription orders.

(6) Nothing in this section prohibits a nurse from issuing a prescription order as an act delegated by a physician, and nothing in this section prohibits an advanced practice nurse certified under this section from issuing a prescription order as an act delegated by a podiatrist.

**History:** 1993 a. 138; 1995 a. 448; 2009 a. 28, 280; 2013 a. 114; 2017 a. 227, 329.

**Cross-reference:** See also ch. N 8, Wis. adm. code.

**441.18 Prescriptions for and delivery of opioid antagonists. (1)** In this section:

- (a) “Administer” has the meaning given in s. 450.01 (1).  
 (b) “Deliver” has the meaning given in s. 450.01 (5).  
 (c) “Dispense” has the meaning given in s. 450.01 (7).  
 (d) “Opioid antagonist” has the meaning given in s. 450.01 (13v).  
 (e) “Opioid–related drug overdose” has the meaning given in s. 256.40 (1) (d).

(f) “Standing order” has the meaning given in s. 450.01 (21p).  
 (2) (a) An advanced practice nurse certified to issue prescription orders under s. 441.16 may do any of the following:

1. Prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid–related drug overdose and may deliver the opioid antagonist to that person. A prescription order under this subdivision need not specify the name and address of the individual to whom the opioid antagonist will be administered, but shall instead specify the name of the person to whom the opioid antagonist is prescribed.

2. Issue a standing order to one or more persons authorizing the dispensing of an opioid antagonist.

(b) An advanced practice nurse who prescribes or delivers an opioid antagonist under par. (a) 1. shall ensure that the person to whom the opioid antagonist is prescribed has or has the capacity to provide the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid–related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers the opioid antagonist has or receives that knowledge and training.

(3) An advanced practice nurse who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline under s. 441.07 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

**History:** 2013 a. 200; 2015 a. 115.

**441.19 Maintenance and detoxification treatment under federal waiver. (1)** In this section, “waiver” means a waiver issued by the federal department of health and human services under 21 USC 823 (g) (2) (A).

(2) With respect to the ability of an advanced practice nurse who is certified to issue prescription orders to obtain and practice under a waiver, a physician who meets any of the conditions specified in 21 USC 823 (g) (2) (G) (ii) shall be considered eligible to serve as a qualifying physician for purposes of the requirement under 21 USC 823 (g) (2) (G) (iv) (III), regardless of whether the physician himself or herself holds a waiver.

**History:** 2017 a. 262.

## SUBCHAPTER II

### ENHANCED NURSE LICENSURE COMPACT

**441.51 Enhanced nurse licensure compact. (1)** ARTICLE I — FINDINGS AND DECLARATION OF PURPOSE. (a) The party states find all of the following:

1. That 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. That violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public.

3. That 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.

## Chapter N 4

### LICENSURE OF NURSE–MIDWIVES

N 4.01 Authority and intent.

N 4.02 Definitions.

N 4.03 Qualifications for licensure.

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N 4.09 Health care facilities where practice shall occur.

N 4.10 Malpractice insurance coverage.

**Note:** Chapter N 6 as it existed on September 30, 1985 was renumbered Chapter N 4, effective October 1, 1985.

**N 4.01 Authority and intent.** (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5), 227.11 and 441.15, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter, interpreting s. 441.15, Stats., is to specify the requirements for obtaining licensure as a nurse–midwife; the scope of practice of nurse–midwifery; the types of facilities in which such practice may occur; and malpractice insurance requirements for nurse–midwives.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (2), Register, May, 1990, No. 413, eff. 6–1–90; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; CR 03–009: am. (2), Register November 2003 No. 575, eff. 12–1–03.

**N 4.02 Definitions.** As used in this chapter:

(1) “Board” means board of nursing.

(2) “Bureau” means bureau of health service professions within the department of safety and professional services, located at 1400 East Washington Avenue, Madison, Wisconsin.

(2m) “Collaboration” has the meaning specified in s. 441.15 (1) (a), Stats.

(4) “Complications” means those conditions which jeopardized the health or life of the patient and which deviate from normal as defined in the written agreement consistent with the standards of practice of the American College of Nurse–Midwives.

(5) “Direct supervision” means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

(5m) “Nurse–midwife” means a nurse–midwife licensed by the board.

(6) “Written agreement” means an agreement between the collaborating physician and the nurse–midwife which is permanently recorded, dated and signed by both parties, is available for inspection upon reasonable request, and consists of at least the following: framework of mutually approved guidelines including conditions of collaboration and referral.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; cr. (8), Register, September, 1985, No. 357, eff. 10–1–85; am. (2), (6) and (8), Register, May, 1990, No. 413, eff. 6–1–90; CR 03–009: renum. (3), (4) and (8) to be (4), (6) and (5) and am. (4) and (6), cr. (2m), r. (5) and (7), correction made under s. 13.93 (2m) (b) 1., Stats., Register November 2003 No. 575; correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

**N 4.03 Qualifications for licensure.** An applicant for licensure as a nurse–midwife shall be granted licensure by the board, provided that the applicant meets all of the following:

(1) Has completed an educational program in nurse–midwifery accredited by the American College of Nurse–Midwives.

(2) Holds a certificate issued by the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council.

(3) Is currently licensed to practice as a professional nurse in Wisconsin, or is currently licensed to practice professional nursing in another state which has adopted the nurse licensure compact.

ing in another state which has adopted the nurse licensure compact.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (intro.) and (3), Register, May, 1990, No. 413, eff. 6–1–90; CR 01–046: am. (3), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (intro.), (1) and (2) Register November 2003 No. 575, eff. 12–1–2003.

**N 4.04 Application procedures for licensure.** (1) An applicant for licensure to practice as a nurse–midwife shall file a completed, notarized application on a form provided by the bureau. The application shall include all of the following:

(a) Signature of the applicant.

(b) Fee specified under s. 440.05 (1), Stats.

(c) Evidence of completion of an educational program in nurse–midwifery approved by the American College of Nurse–Midwives and evidence of certification as a nurse–midwife from the American College of Nurse–Midwives or the American College of Nurse–Midwives Certification Council.

(d) Identification of current licensure as a professional nurse in Wisconsin or of current licensure in another state which has adopted the nurse licensure compact, including the license number and renewal information.

(2) A separate license shall be issued by the board for the practice of nurse–midwifery.

(3) Renewal of a license to practice nurse–midwifery shall be conducted as a separate procedure from the renewal of the nurse’s license as a professional nurse.

(4) The applicant for renewal shall 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.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; am. (1) (intro.), (c) and (d) and (3), Register, May, 1990, No. 413, eff. 6–1–90; CR 01–046: am. (1) (d) and (3), cr. (4), Register October 2001 No. 550, eff. 11–1–01; CR 03–009: am. (1) (intro.), (a) to (c) and (4) Register November 2003 No. 575, eff. 12–1–2003.

**N 4.05 Temporary permits.** (1) **ELIGIBILITY.** An applicant for licensure as a nurse–midwife who has completed an educational program in nurse–midwifery approved by the American college of nurse–midwives, who is currently licensed to practice as a professional nurse in Wisconsin and who has paid the fee specified in s. 440.05 (6), Stats., may be eligible for a temporary permit to practice nurse–midwifery.

(2) **ISSUING A TEMPORARY PERMIT.** The bureau of health service professions shall issue a temporary permit to an eligible applicant within one week of the determination of eligibility.

(3) **SUPERVISION REQUIRED.** The holder of a temporary permit shall practice under the direct supervision of a nurse–midwife certified under s. 441.15, Stats., or a physician. The holder may not practice beyond the scope of practice of a nurse–midwife as set forth in s. N 4.06.

(4) **TITLE.** The holder of a valid temporary permit under this section may use the title “graduate nurse–midwife” or the letters “G.N.M.”.

(5) **DURATION.** (a) Except as provided in pars. (b) to (e), the duration of a temporary permit granted by the board is:

1. For applicants who have been granted a temporary permit to practice as a registered nurse, the period which coincides with the registered nurse temporary permit.

2. For other applicants, 6 months.

(b) The temporary permit of a candidate who is unsuccessful on the examination administered by the American College of Nurse–Midwives Certification Council is void upon receipt of the examination results by the holder and shall be returned by the holder to the board immediately. Failure to return the permit promptly shall, without further notice or process, result in a board order to revoke the permit.

(c) A temporary permit may be renewed once for a period of 3 months.

(d) A second renewal for a 3–month period may be granted in hardship cases if an affidavit is filed with the board identifying the hardship. “Hardship cases”, as used in this paragraph, includes the inability to take or complete a scheduled examination because of illness, family illness or death, accident or natural disaster or because the person is awaiting examination results.

(e) Practice under temporary permits, including renewals under pars. (c) and (d), may not exceed 12 months total duration.

(6) DENIAL. A temporary permit may be denied an applicant for any of the reasons in sub. (7) for which the board may revoke a temporary permit or for the misrepresentation of being a nurse–midwife or a graduate nurse–midwife before the granting of a permit under this section.

(7) REVOCATION. A temporary permit may, after notice and hearing, be revoked by the board for any of the following reasons:

(a) Violation of any of the rules of conduct for registered nurses in ch. N 7 or for violation of the rules governing nurse–midwives under ch. N 4.

(b) Failure to pay the required fees under s. 440.05 (6), Stats.

(c) Provision of fraudulent information on an application for licensure.

**History:** Cr. Register, September, 1985, No. 357, eff. 10–1–85; r. and recr. (5) (a), am. (1) to (3) and (6), Register, May, 1990, No. 413, eff. 6–1–90; CR 03–009: am. (5) (b) Register November 2003 No. 575, eff. 12–1–2003.

**N 4.06 Scope of practice. (1)** The scope of practice 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.

(2) The nurse–midwife shall collaborate with a physician with postgraduate training in obstetrics pursuant to a written agreement with that physician.

(3) The nurse–midwife shall consult with the consulting physician regarding any complications discovered by the nurse–midwife, or refer the patient pursuant to the written agreement.

(4) 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.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.05, Register, September, 1985, No. 357, eff. 10–1–85; CR 03–009: am. Register November 2003 No. 575, eff. 12–1–2003.

**N 4.07 Limitations on the scope of practice. (1)** The nurse–midwife shall not independently manage those complications that require referral pursuant to the written agreement.

(2) The nurse–midwife may not perform deliveries by forceps or Caesarean section. The nurse–midwife may use vacuum extractors only in emergency delivery situations.

(3) 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.

(4) Following notification of a physician as required by s. 441.15 (4), Stats., a nurse–midwife may continue to manage the delivery when complications occur if emergency measures are required and the physician has not yet arrived.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.06, Register, September, 1985, No. 357, eff. 10–1–85; CR 03–009: am. (1) and (2) Register November 2003 No. 575, eff. 12–1–2003.

**N 4.08 Licensure and exception. (1)** No person may practice or attempt to practice nurse–midwifery or use the title or letters “Certified Nurse–Midwife” or “C.N.M.”, “Nurse–Midwife” or “N.M.”, or anything else to indicate that he or she is a nurse–midwife unless he or she is licensed under this chapter.

(2) Nothing in this chapter shall be construed either to prohibit or to require a license under this chapter for any person lawfully practicing professional nursing within the scope of a license granted under ch. 441, Stats.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.07, Register, September, 1985, No. 357, eff. 10–1–85; am. Register, May, 1990, No. 413, eff. 6–1–90.

**N 4.09 Health care facilities where practice shall occur.** A health care facility where the practice of nurse–midwifery may occur is one that has adequate equipment and personnel for conducting and monitoring the normal scope of practice and that has available methods for referral to or communication with a higher level care facility if the need arises.

(2) Deliveries may be arranged for only in a facility which has adequate sanitation, thermal regulation, staffing, communication systems and medical back–up.

(3) The above limitations do not apply to care given in emergency circumstances.

**History:** Cr. Register, December, 1981, No. 312, eff. 1–1–82; renum. from N. 6.08, Register, September, 1985, No. 357, eff. 10–1–85.

**N 4.10 Malpractice insurance coverage. (1)** Nurse–midwives shall maintain in effect malpractice insurance evidenced by one of the following:

(a) Personal liability coverage in the amounts specified in s. 655.23 (4), Stats.

(b) Coverage under a group liability policy providing individual coverage for the nurse–midwife in the amounts set forth in s. 655.23 (4), Stats.

(2) Notwithstanding sub. (1), malpractice insurance is not required for any of the following:

(a) A federal, state, county, city, village or town employee who practices nurse–midwifery within the scope of his or her employment.

(b) A nurse–midwife who practices as an employee of the federal public health service under 42 USC 233 (g).

(c) A nurse–midwife who does not provide care for patients.

(3) A nurse–midwife shall submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1) at the time established for credential renewal under s. 440.08 (2) (a) 50., Stats.

**Note:** Forms are available from the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

**History:** Emerg. cr. eff. 11–05–02; CR 03–009: cr., Register November 2003 No. 575, eff. 12–1–2003.