VIRTUAL/TELECONFERENCE
BOARD OF NURSING
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
July 10, 2025

The following agenda describes the issues that the Board 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 record of the actions of the Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A.   **Adoption of Agenda (1-5)**

B.   **Approval of Minutes of June 12, 2025 (6-11)**

C.   **Reminders: Conflicts of Interests, Scheduling Concerns**

D.   **Introductions, Announcements and Recognition – Discussion and Consideration**
1.   **Recognition**: Shelley Sabourin, Registered Nurse Member (Resigned: 6/30/2025)

E.   **Administrative Matters – Discussion and Consideration**
1.   Department, Staff and Board Updates
2.   Election of Officers, Appointments of Liaisons and Alternates, Delegation of Authorities
3.   Board Members – Term Expiration Dates
     a.   Anderson, John G.– 7/1/2025
     b.   Guyton, Vera L. – 7/1/2025
     c.   Kane, Amanda K. – 7/1/2027
     d.   Malak, Jennifer L. – 7/1/2026
     e.   McNally, Patrick J. – 7/1/2026
     f.   Saldivar Frias, Christian – 7/1/2023
     g.   Weinman, Robert W. – 7/1/2027

F.   **Education and Examination Matters – Discussion and Consideration (12-61)**
1.   Presentation: Fernando Fleurquin and Julie Monteiro de Castro, Michigan Language Assessment – WI Board of Nursing considering the Michigan English Test for Foreign Educated Nursing Applicants **(13-19)**
2.   Presentation: Joy Ingwerson and Gary Neale, Occupational English Test – WI Board of Nursing considering the Occupational English Test for Foreign Educated Nursing Applicants **(20-61)**

G. Legislative and Policy Matters – Discussion and Consideration (62)
1.   2025 WI Assembly Bill 257
2.   2025 WI Assembly Bill 294 and 2025 WI Senate Bill 282

H. Administrative Rule Matters – Discussion and Consideration (63-67)
1.   Scope Statement: N 1, relating to faculty accreditation standards **(64-65)**
2.   Pending and Possible Rulemaking Projects **(66-67)**

I.   Credentialing Matters – Discussion and Consideration

J. Newsletter Matters – Discussion and Consideration (68)

K. Interdisciplinary Advisory Committee – Discussion and Consideration (69-75)
1.   Draft IV Hydration Guidance Document **(70-75)**
2.   Future Topics

L. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration

M.   Nurse Licensure Compact (NLC) Update – Discussion and Consideration

N.   Liaison Reports – Discussion and Consideration

O.   Discussion and Consideration of Items Added After Preparation of Agenda:
1.   Introductions, Announcements and Recognition
2.   Administrative Matters
3.   Election of Officers
4.   Appointment of Liaisons and Alternates
5.   Delegation of Authorities
6.   Education and Examination Matters
7.   Credentialing Matters
8.   Practice Matters
9.   Legislative and Policy Matters
10. Administrative Rule Matters
11. Liaison Reports
12. Board Liaison Training and Appointment of Mentors
13. Public Health Emergencies
14. Informational Items
15. Division of Legal Services and Compliance (DLSC) Matters
16. Presentations of Petitions for Summary Suspension
17. Petitions for Designation of Hearing Examiner
18. Presentation of Stipulations, Final Decisions and Orders
19. Presentation of Proposed Final Decisions and Orders
20. Presentation of Interim Orders
21. Petitions for Re-Hearing
22. Petitions for Assessments
23. Petitions to Vacate Orders
24. Requests for Disciplinary Proceeding Presentations
25. Motions

26. Petitions
27. Appearances from Requests Received or Renewed

P.   Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

Q.   Credentialing
    1.   Full Board Review
        a.   K.P. – Registered Nurse Applicant (IA-480602) **(76-134)**

R.   Deliberation on Division of Legal Services and Compliance Matters
    1.   Administrative Warnings
        a.   24 NUR 0212 – J.M.D. **(135-136)**
        b.   24 NUR 0323 – S.A.T. **(137-138)**
        c.   24 NUR 0329 – S.J.A. **(139-141)**
        d.   25 NUR 0005 – M.T.E. **(142-143)**
        e.   25 NUR 0036 – V.L.B. **(144-145)**
    2.   Case Closings
        a.   22 NUR 293 – B.J.T., D.A.B., G.A.P., J.H.K., J.A.H., J.A.L.M., M.A.M., M.A.L., R.C.A., R.W.W., W.M.P. **(146-161)**
        b.   23 NUR 630 – D.N.S. **(162-167)**
        c.   23 NUR 710 – U. **(168-171)**
        d.   23 NUR 753 – D.L.B. **(172-178)**
        e.   24 NUR 0252 – M.L. **(179-183)**
        f.   24 NUR 0587 – A.B. **(184-189)**
        g.   25 NUR 0169 – V.L.F. **(190-195)**
        h.   25 NUR 0281 – T.L.W. **(196-207)**
    3.   Proposed Stipulations, Final Decisions, and Orders
        a.   23 NUR 302, 23 NUR 326, 23 NUR 345 – Lys A. Loney **(208-215)**
        b.   23 NUR 579 – Rosemary L. Teskie **(216-228)**
        c.   23 NUR 592 – Shannon L. Richardson **(229-235)**
        d.   23 NUR 733 – Janet Bruenning **(236-242)**
        e.   23 NUR 760 – Valerie J. Thompson **(243-251)**
        f.   24 NUR 0165 – Veronica Lara-Zimmer **(252-258)**
        g.   24 NUR 0238 – Amy L. Strebe **(259-264)**
        h.   24 NUR 0429 – Krystal D. Mattila **(265-270)**
        i.   24 NUR 0482 – Natalie C. Perkic **(271-277)**
        j.   24 NUR 0493 – Julie A. Blundon **(278-284)**
        k.   24 NUR 0709 – Jaime L. Bauman **(285-290)**
        l.   24 NUR 0788 – Dana K. Bessen **(291-296)**
        m.   25 NUR 0127 – Jessica A. Dahlke **(297-303)**

S. Proposed Final Decision and Orders
   1. Armando J. Gameros, Respondent (DHA Case Number SPS-25-0026/ DLSC Case Number 24 NUR 0296) (304-317)

T. Deliberation on Matters Relating to Costs/Orders Fixing Costs
   1. Susan K. Drzewiecki – (DHA Case Number SPS-23-0008/ DLSC Case Number 21 NUR 148) **(318-337)**
   2. Thomas L. Collins – (DHA Case Number SPS-23-0030/ DLSC Case Number 22 NUR 455) **(338-358)**
   3. Sharon L. Cadeau – (DHA Case Number SPS-23-0084/ DLSC Case Number 22 NUR 867) **(359-382)**

U. Deliberation of Items Added After Preparation of the Agenda
   1. Education and Examination Matters
   2. Credentialing Matters
   3. DLSC Matters
   4. Monitoring Matters
   5. Professional Assistance Procedure (PAP) Matters
   6. Petitions for Summary Suspensions
   7. Petitions for Designation of Hearing Examiner
   8. Proposed Stipulations, Final Decisions and Order
   9. Proposed Interim Orders
   10. Administrative Warnings
   11. Review of Administrative Warnings
   12. Proposed Final Decisions and Orders
   13. Matters Relating to Costs/Orders Fixing Costs
   14. Case Closings
   15. Board Liaison Training
   16. Petitions for Assessments and Evaluations
   17. Petitions to Vacate Orders
   18. Remedial Education Cases
   19. Motions
   20. Petitions for Re-Hearing
   21. Appearances from Requests Received or Renewed

V. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

W. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

X. Open Session Items Noticed Above Not Completed in the Initial Open Session

Y. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration

Z. Board Strategic Planning and its Mission, Vision and Values – Discussion and Consideration

ADJOURNMENT

NEXT MEETING: SEPTEMBER 11, 2025

<p style="text-align:center">VIRTUAL/TELECONFERENCE
BOARD OF NURSING
MEETING MINUTES
JUNE 12, 2025</p>

PRESENT: John Anderson, Vera Guyton *(excused at 10:30 a.m.)*, Amanda Kane, Jennifer Malak, Patrick McNally, Robert Weinman

ABSENT: Shelly Sabourin, Christian Saldivar Frias

STAFF: Brad Wojciechowski, Executive Director; Whitney DeVoe, Legal Counsel; Sofia Anderson, Administrative Rules Coordinator; Brenda Taylor, Board Services Supervisor; and other Department Staff

CALL TO ORDER

Robert Weinman, Chairperson, called the meeting to order at 8:00 a.m. A quorum was confirmed with six (6) members present.

ADOPTION OF THE AGENDA

MOTION: Patrick McNally moved, seconded by Amanda Kane, to adopt the Agenda as published Motion carried unanimously.

APPROVAL OF MINUTES MAY 8, 2025

MOTION: Jennifer Malak moved, seconded by John Anderson, to approve the Minutes of May 8, 2025, as published. Motion carried unanimously.

PUBLIC AGENDA REQUESTS

Wisconsin Nurses Association – Presentation relating to N 1

MOTION: Robert Weinman moved, seconded by Amanda Kane, to acknowledge and thank Gina Dennik-Champion, Executive Director, Wisconsin Nurses Association for her appearance and presentation to the Board. Motion carried unanimously.

Wisconsin Hospitals Association – Presentation relating to N 1

MOTION: Patrick McNally moved, seconded by Jennifer Malak, to acknowledge and thank Ann Zenk, Senior Vice President Workforce & Clinical Practice, Wisconsin Hospital Association for her appearance and presentation to the Board. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Pending and Possible Rulemaking Projects

MOTION: John Anderson moved, seconded by Jennifer Malak, to request DSPS staff draft a Scope Statement N 1, relating to comprehensive review, and to delegate authority to the Chairperson to approve the Scope Statement for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chairperson is authorized to approve the required notice of hearing. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS

Herzing University-Kenosha – 2024 NCLEX Performance Assessment and Improvement Plan

MOTION: Robert Weinman moved, seconded by Amanda Kane, to acknowledge and thank Dr. David P. Zapencki, Nursing Program Chair, from Herzing University-Kenosha for his appearance before the Board, and for submission of their plan. Motion carried unanimously.

MOTION: Robert Weiman moved, seconded by Patrick McNally, to approve the NCLEX Pass Rate improvement plan of Herzing University-Kenosha. Motion carried unanimously.

SPEAKING ENGAGEMENTS, TRAVEL, OR PUBLIC RELATION REQUESTS, AND REPORTS – DISCUSSION AND CONSIDERATION

2025 NLC and NCSBN Annual Meeting, Chicago, IL – August 12-15, 2025

MOTION: Patrick McNally moved, seconded by John Anderson, to designate Jennifer Malak, Amanda Kane, and Robert Weinman, and DSPS Staff to attend the 2025 NLC and NCSBN Annual Meeting on August 12-15, 2025, in Chicago, IL. Motion carried unanimously.

CLOSED SESSION

MOTION: Amanda Kane moved, seconded by Jennifer Malak, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigation with administrative warnings (ss. 19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and, to confer with legal counsel (s. 19.85(1)(g), Stats.). Robert Weinman, Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: John Anderson-yes; Vera Guyton-yes; Amanda Kane -yes; Jennifer Malak-yes; Patrick McNally-yes; and Robert Weinman-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:40 a.m.

Proposed Stipulations and Final Decisions and Orders

MOTION: Jennifer Malak moved, seconded by Vera Guyton, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of the following cases:
22 NUR 744 – Eric L. Nysse
23 NUR 449 – Erica C. Erickson
23 NUR 497 – Brenda S. Creager
23 NUR 571 – Margie R. Scholler
23 NUR 607 – Rachael A. Lee
23 NUR 693 and 24 NUR 0666 – Jasmine N. Williams
24 NUR 0200 – Amy J. Wallace
24 NUR 0305 – Vickie L. Ford
24 NUR 0488, 24 NUR 0771, and 25 NUR 0013 – Cole G. Peckham
24 NUR 0495 & 24 NUR 0798 – Caitlin M. Alvey
24 NUR 0613 – Hannah Brian
24 NUR 0695 – Tiah D. Badger
24 NUR 0697 – Evelyn M. Talavera
24 NUR 0757 – Rachel R. Leonhard
24 NUR 0763 – Darnesha D. Barry
Motion carried unanimously.

24 NUR 0195 – Shelli S. Bauersfeld

MOTION: Amanda Kane moved, seconded by Jennifer Malak, to adopt Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Shelli S. Bauersfeld, DLSC Case Number 24 NUR 0195 with correction. Motion carried unanimously.

(Robert Weinman recused themself and left the room for deliberation and voting in the matter concerning Adrian Nieves, DLSC Case Number 23 NUR 422.)

DELIBERATION ON PROPOSED FINAL DECISION AND ORDERS

Amy M. Hibbs, Respondent (DHA Case Number SPS-24-0059/ DLSC Case Number 24 NUR 005)

MOTION: Jennifer Malak moved, seconded by John Anderson, to delegate to DSPS Chief Legal Counsel the Board's authority to preside over and resolve the matter of disciplinary proceedings against Amy M. Hibbs, Respondent – DHA Case Number SPS-24-0059/ DLSC Case Number 24 NUR 005. Motion carried unanimously.

(Robert Weinman recused himself and left the room for deliberation and voting in the matter concerning Amy M. Hibbs, Respondent – DHA Case Number SPS-24-0059/ DLSC Case Number 24 NUR 005.)

Philip W. Schanen, Respondent (DHA Case Number SPS-24-0054/ DLSC Case Numbers 23 NUR 663 & 23 NUR 779)

MOTION: Jennifer Malak moved, seconded by Amanda Kane, to postpone consideration until the July 10, 2025 meeting of the matter of disciplinary proceedings against Philip W. Schanen, Respondent – DHA Case Number SPS-24-0054/ DLSC Case Numbers 23 NUR 663 & 23 NUR 779. Motion carried unanimously.

(Robert Weinman recused himself and left the room for deliberation and voting in the matter concerning Philip W. Schanen, Respondent – DHA Case Number SPS-24-0054/ DLSC Case Numbers 23 NUR 663 & 23 NUR 779.)

PROPOSED STIPULATIONS AND INTERIM ORDERS

24 NUR 0761 – Matthew J. Toledo

MOTION: Patrick McNally moved, seconded by Vera Guyton, to adopt the Findings of Fact, Conclusions of Law and Interim Order in the matter of disciplinary proceedings against Matthew J. Toledo, DLSC Case Number 24 NUR 0761. Motion carried unanimously.

CREDENTIALING

Full Board Review

K.P. – Registered Nurse Applicant (IA-480602)

MOTION: Jennifer Malak moved, seconded by Patrick McNally, to authorize Board Counsel to request additional information from Applicant (IA- 480602). Motion carried unanimously.

V.H. – Registered Nurse Applicant (IA-196328)

MOTION: Amanda Kane moved, seconded by John Anderson, to authorize Board Counsel to request additional information from Applicant (IA-196328). Motion carried unanimously.

DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

Administrative Warnings

MOTION: Vera Guyton moved, seconded by Patrick McNally, to issue an Administrative Warning in the following DLSC Cases:
22 NUR 615 – A.A.B.
23 NUR 825 and 24 NUR 101 – S.J.K.
23 NUR 861 – C.M.M.
24 NUR 0262 – N.J.C.
24 NUR 0336 – J.S.
24 NUR 0784 – J.R.M.
25 NUR 0041 – E.K.B.
25 NUR 0106 – W.L.B.
25 NUR 0203 – M.A.G.
Motion carried unanimously.

Case Closings

MOTION: Jennifer Malak moved, seconded by Robert Weinman, to close the following DLSC Cases for the reasons outlined below:
22 NUR 772 – S.L.B. – Insufficient Evidence
23 NUR 664 – L.M.E. – Insufficient Evidence
23 NUR 761 – U. – Insufficient Evidence
23 NUR 854 – C.D.A. – Insufficient Evidence
24 NUR 019 – C.I.C. – Insufficient Evidence
24 NUR 040 – W.M.D. – No Violation
24 NUR 0534 – D.M.H. – No Violation
24 NUR 0589 – J.L.V. – No Violation
25 NUR 0131 – K.M.B. – Insufficient Evidence
25 NUR 0182 – A.F.G. – No Violation
Motion carried unanimously.

25 NUR 0231 – D.L.D.

MOTION: Amanda Kane moved, seconded by Patrick McNally, to refer back DLSC Case Number 25 NUR 0231, against D.L.D., to DLSC for further investigation. Motion carried unanimously.

Vera Guyton excused at 10:30 a.m.

RECONVENE TO OPEN SESSION

MOTION: John Anderson moved, seconded by Patrick McNally, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 10:33 a.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Jennifer Malak moved, seconded by John Anderson, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)

ADJOURNMENT

MOTION: Amanda Kane moved, seconded by Patrick McNally, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:35 a.m.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Brad Wojciechowski, Executive Director	**6/25/2025**
	Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:
Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
7/10/2025	☒ Yes ☐ No	**Education and Examination Matters – Discussion and Consideration** 1) **Presentation: Fernando Fleurquin and Julie Monteiro de Castro, Michigan Language Assessment – WI Board of Nursing considering the Michigan English Test for Foreign Educated Nursing Applicants** 2) **Presentation: Joy Ingwerson, Occupational English Test – WI Board of Nursing considering the Occupational English Test for Foreign Educated Nursing Applicants**

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete Appearance Request for Non-DSPS Staff)*	9) Name of Case Advisor(s), if applicable:
☒ Open Session ☐ Closed Session	☐ Yes <Appearance Name(s)> ☐ No	<Click Here to Add Case Advisor Name or N/A>

10) Describe the issue and action that should be addressed:
<Click Here to Add Description>

11)   Authorization

[signature]

                                                                                 6/25/2025

Signature of person making this request	Date

Supervisor (Only required for post agenda deadline items)	Date

Executive Director signature (Indicates approval for post agenda deadline items)	Date

Directions for including supporting documents:
1. This form should be saved with any other documents submitted to the **Agenda Items** folders.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Revised 03/2021

Brad Wojciechowski
Wisconsin Board of Nursing
Department of Safety and Professional Services
brad.wojciechowski@wisconsin.gov

October 4, 2024

Re: Supporting an Expanded Nursing Workforce with MET

Dear Mr. Wojciechowski and members of the Wisconsin Board of Nursing,

As you consider international applicants to meet the demand for critical healthcare positions, we would like to invite you to accept the Michigan English Test (MET) as an English language proficiency credential suitable for use in the licensing of internationally trained nurses and other healthcare professionals.

Developed by our team of linguists and assessment experts, MET is built on a solid academic foundation and is a valid, reliable, and secure measure of English language proficiency, backed by our parent organizations, the University of Michigan and Cambridge University Press & Assessment, part of the University of Cambridge.

MET is accepted federally (Health Resources & Services Administration) and by a growing number of state boards of nursing and credentialing agencies. It is securely administered at our authorized test centers and throughout the global Prometric test center network to support the urgent need for healthcare workers.

MET is a rigorous and valid exam that is also the option that many applicants prefer. We have received very positive feedback about MET from nurses, boards of nursing, and recruitment agencies that help candidates to prepare for licensure. They mention that MET Is an accessible and affordable option to accurately assess the level of English proficiency.

The enclosed proposal provides background information about Michigan Language Assessment and MET. We would be grateful to hear from you with your questions and next steps.

Thank you for your kind attention to this matter.

Sincerely,

Dr. Fernando Fleurquin
Director, Marketing, Communications and Stakeholder Relations

Michigan English Test

for Licensure of Internationally Trained Nurses Applying to

Wisconsin Board of Nursing

Michigan Language Assessment is pleased to present the Michigan English Test (MET) for consideration as an approved examination to demonstrate English language proficiency for internationally trained nurses and healthcare providers who seek licensure in Wisconsin.

The Health Resources & Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, recognizes MET as an accepted English proficiency assessment for internationally trained nurses and healthcare professionals who wish to practice in the U.S. HRSA's recognition of MET gives healthcare professionals an affordable, trusted option for advancing their immigration process with the U.S. Department of Homeland Security. MET is also accepted by a large number of state Boards of Nursing for licensure by examination and endorsement, and by all major credential evaluation agencies.

MET contributes to address the healthcare workforce crisis by:

1. Providing an accessible and equitable option to certify English language proficiency

- MET is a more affordable option than other English language exams.

- MET tasks are familiar to test takers, reducing the need for special preparation courses, thus eliminating a costly barrier.

- MET is commonly described as a friendlier exam due to the use of format and tasks that reflect how students are taught throughout their academic career.

2. Making it easier to share and receive results

- MET results are typically ready within 5 days. Once accepted, nurses can immediately share their results with as many institutions as they would like.

- Nurses share MET results for free via our online portal.

- Through the online portal, institutions may securely access MET results for free and easily request verification of test results directly submitted to them.

3. Supporting applicants

- Our dedicated customer service team is ready to support test takers throughout their test taking experience.

About MET

Developed by Michigan Language Assessment, MET is an internationally recognized standardized assessment that measures proficiency in reading, writing, listening, and speaking English for academic or professional use.

Developed over 15 years ago and offered digitally since October 2021, MET is available around the world and is securely administered at Prometric and Michigan Authorized Test Centers, as well as remotely with advanced protocols, AI technology and live proctors.

MET comprises four sections covering listening, reading, writing, and speaking and takes 155 minutes to complete. Our team of assessment professionals develops MET in accordance with the highest standards in educational measurement that includes rigorous quality procedures during item development, statistical analysis and bias reviews.

Writing	Listening
2 tasks, 45 minutes 1. Write short answers to three questions 2. Write an essay with multiple paragraphs to respond to a question	50 multiple-choice questions, 35 minutes 3 parts: 1. Short conversations followed by a question 2. Longer conversations followed by multiple questions 3. Short talks followed by multiple questions
Reading	**Speaking**
50 multiple-choice questions, 65 minutes 3 parts: 1. Grammar: sentence-level reading 2. Extended reading passages followed by multiple questions 3. Sets of thematically-linked passages followed by multiple questions	5 stages, 10 minutes 1. Describe an image 2. Talk about a personal experience 3. Give an opinion 4. Explain the advantages and disadvantages of a given situation 5. Provide convincing arguments on their point of view on a situation

MET requires candidates to engage a wide range of cognitive processes and to perform language functions, following established theories of second language acquisition and language proficiency assessment. Test items reflect the wide range of situations in which candidates will need to use English: public spaces, workplace settings, and educational settings. Test tasks intentionally involve a variety of registers and text types, as success in professional or academic settings depends on the ability to cope with formal and informal language and a variety of written and spoken texts. The table below shows a breakdown of the subskills that MET assesses in terms of listening comprehension, reading comprehension, written expression, and verbal communication.

MET scoring and recommended minimum score for internationally-educated nurses

MET assesses English proficiency from high beginning to advanced proficiency, covering the intermediate and advanced proficiency levels that are most appropriate for professional and academic contexts (levels B2 and C1 on the Common European Framework of Reference for Languages, or CEFR).

MET scaled scores range from 0 to 80. MET score ranges are included on the back side of the MET score reports for easier reference and interpretation of its results.

High beginning	Low intermediate	High intermediate	Advanced

CEFR	A2	B1												B2										C1
MET	27-39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64-80
MELAB	--	62	63	64	65	67	68	69	71	72	73	75	76	77	79	80	81	82	83	84	85	86	87	88	89	91-100

The recommended MET passing score of 55 overall, with a minimum speaking section score of 55, has been approved by HRSA for internationally trained nurses who wish to practice in the United States, and is the level adopted by Boards of Nursing across the country.

MET is accepted in jurisdictions across the United States

MET is accepted as proof of English proficiency to apply for licensure by 27 Boards of Nursing, including the states of Alabama, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, West Virginia, and Wyoming, and is undergoing review and adoption in many other jurisdictions. Credentials evaluation agencies, such as CGFNS and Josef Silny, approve MET and receive results on behalf of internationally trained nurses to support their applications for occupational visas and licensure.

Additional MET features valued by institutions

- *Diversity.* Increased access to a diverse pool of international candidates. MET is available almost anywhere in the world any day of the year.

- *Michigan Language Assessment's reputation and high standards*, backed by our parent organizations, the University of Michigan and Cambridge University Press and Assessment, part of the University of Cambridge.

- *Enhanced security*, through partnership with Prometric, live proctors and AI monitoring, unique test forms for each test taker.

- *Flexibility,* allowing candidates to book a test on their own schedule almost any day of the year.

- *Fast results* – typically within 5 days.

- *No cost to share results* - Results are shared with recognizing organizations at no cost.

- *Easy, immediate, and secure access to candidates' results* through the encrypted customer portal.

- *Competitively priced exam*, making the application process more affordable (see pricing by country on the MET registration page).

- *Single section retake* allows candidates to retake one section within a limited period of time to enable them to show their best performance and to reduce stress and expenses.

MET Resources for Candidates

We provide a complete guide, practice materials and Youtube channel to help candidates familiarize themselves with MET's sections and digital format.

As MET tasks are very similar to those found in English courses and textbooks, candidates do not need to invest in a preparation course prior to taking MET, which removes a costly barrier from the application process.

- MET Study Guide: Comprehensive guide with test section overviews, preparation tips, and a convenient MET Readiness Checklist.

- MET practice materials, sample test, and YouTube Channel.

- MET Registration and Scheduling Guide: Detailed instructions for the registration and scheduling process to take MET from the comfort of home, with information about our secure check-in procedures and equipment required on exam day.

- Sharing Your MET Results Guide and video guide: Instructions to share MET results with institutions quickly and easily through our customer portal.

Recognizing MET

Once you are ready to accept MET to certify the level of English proficiency of internationally trained nurses, we would appreciate it if you could fill out the form to register the Wisconsin Board of Nursing as a recognizing organization. After we receive the recognition form, we will add the Wisconsin Board of Nursing to the list of recognizing organizations with whom applicants can choose to share their MET results. We will also schedule an onboarding meeting to give you access to the customer portal and access results directly from us.

About Michigan Language Assessment

Michigan Language Assessment, a collaboration between the University of Michigan and Cambridge University Press and Assessment, part of the University of Cambridge, has provided English language assessments internationally for 70 years.

Michigan Language Assessment has a long and prestigious history and leadership role in the field of language assessment, language teaching, and applied linguistics research. We provide a comprehensive range of English language tests to enable English language learners worldwide to expand their personal opportunities, gain internationally recognized certification, and improve their educational and professional prospects. We also lend our expertise to other reputable organizations to raise standards in the learning, teaching, and assessment of English

as a second or foreign language.

Our rich history began with the establishment of the University of Michigan English Language Institute in 1941 as the first university-based language research, teaching, and testing program of its kind. Today, we administer standardized secure exams at our Authorized Test Centers and Prometric Test Centers and remotely all over the world. Our exams are recognized by universities, educational organizations, and Ministries of Education around the world.

All our exams share features critically important for high-stakes decisions:

- Each exam, backed by comprehensive research, assesses all four academic language skills – listening, speaking, reading and writing.

- Our exams are developed by language assessment experts in accord with the highest standards in educational measurement and following practices that support the validity and reliability of the exams.

- Test security is paramount, from test development to delivery and scoring, through post-administration. Our authorized test centers administer the exams on set dates/times, under strict security conditions, with new exams for each test date. And we score the exams and release results only after comprehensive post-administration reviews.

- Michigan Language Assessment offers a free, online results verification service to recognizing institutions. Test results can be securely shared with recognizing organizations through an encrypted customer portal. You will be given access to the portal once your institution notifies us that you will be accepting MET results. You will also be able to verify test results that you receive directly from candidates through the portal or our score verification webpage.

Consideration of Occupational English Test (OET Nursing) to Determine English Proficiency for Internationally Educated Licensure Applicants

Summary of Request:

We request approval of the Occupational English Test (OET Nursing) as proof of English proficiency for internationally educated candidates applying for NCLEX® testing and licensure by examination and endorsement in Wisconsin.

Many boards have relied on evidenced-based decisions by NCSBN to add new English proficiency tests to their list. **Attachment "A"** contains the October 2017 OET-IELTS benchmarking study that covers the pertinent points of the study and the recommendation from NCSBN of accepted exams for this purpose. Since 2014, NCSBN has not engaged in English score setting exercises. **Attachment "B"** contains the latest (July 2025) updated list of states approving OET, supplied by OET. **Attachment "C"** contains the Occupational English Test (OET) powerpoint presentation submitted to the Board.

Attachment "A"

October 2017
NCSBN
recommendation
and OET-IELTS
Benchmarking Study

April 3, 2025: NCSBN conducted a series of standard setting exercises on English proficiency examinations between 2012 to define legally defensible passing scores for boards of nursing.

- MELAB (Michigan Language Assessment - MLA). 14_NCLEX_technicalbrief_SettinganEnglishLanguageProficiencyPassing.pdf
- IELTS

IELTS NCSBN standard setting

- TOEFL

TOEFL iBT_Proficiency_Standard_Process.pdf

- PTE

(99+) Setting an English Language Proficiency Passing Standard for Entry-Level Nursing Practice Using the Pearson Test of English Academic | Philip Dickison - Academia.edu

In 2019, OET approached NCSBN and suggested that a standard setting exercise be performed on the OET Nursing test. I personally met with the Cambridge Assessment Research and Validation Team and concluded that the OET Nursing test was valid and fit for purpose for nursing in the US. Addition, I concluded at that time that a standard setting exercise was not necessary and was satisfied that the benchmarking exercise that was performed on IELTS and OET (link to report) was reliable and as most boards accept the IELTS test, they could use their existing IELTS passing scores to map OET passing scores.

- The overall 6.5 score for IELTS is equivalent to OET 300 in reading, writing, listening and speaking.
- The 6.0 score for IELTS is equivalent to OET 250.

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The Occupational English Test and IELTS:
A Benchmarking Report

Gad S Lim

Cambridge Assessment English

May 2016, updated October 2017

Introduction

The Occupational English Test (OET) is an international language test specifically designed to assess the language communication skills of healthcare professionals who seek to register and practise in an English-speaking environment. Distinct versions of the test are available for twelve healthcare professions. OET is recognised by regulatory healthcare bodies and councils in the UK, Australia, New Zealand, Singapore, Dubai and Namibia as well as by the Australian Department of Immigration and Border Protection and Immigration New Zealand for a number of visa categories.

Originally developed in the 1980s, OET is backed by over 30 years of research by the Language Testing Research Centre at the University of Melbourne, and has gone through a continuous cycle of research, validation and evaluation to ensure it remains relevant and fit for purpose. In 2013, ownership of the test passed to Cambridge Boxhill Language Assessment (CBLA).

CBLA is committed to continually enhancing the quality and accessibility of the test. In this report, with data provided by CBLA, we detail the findings of a study into the relationship between candidates' performance on OET and on IELTS Academic, another test used to evaluate the language abilities of prospective migrant health professionals, as well as steps taken subsequent to the study.

The Occupational English Test (OET) and IELTS

Test users often need to compare scores on different tests for various reasons. However, making comparisons is not a straightforward enterprise; according to the Standards for Educational and Psychological Testing (AERA, APA, NCME, 1999), scores can be considered 'equivalent' only when the tests' features are identical or closely similar to each other. In this case, the comparison is between a specific purpose test of English for health contexts and a more general test of English for academic purposes. It should therefore be expected that performance on the two tests will differ to some extent.

<u>Data and Method</u>

CBLA invited OET candidates who took the test in 2013 and who had also taken IELTS to submit their scores on the two exams. In total, 359 candidates representing 25 nationalities responded to the invitation. The number of candidates reported upon in this analysis was reduced somewhat because some respondents provided incomplete information, and because the data needed to be counterbalanced to account for expected bias in sampling (Lim, Geranpayeh, Khalifa & Buckendahl, 2013). Candidates who did better on OET than on IELTS are more likely to respond to a call from OET which, left uncorrected, would provide a skewed picture of the relationship between the two tests. Such candidates (who took IELTS first and then OET second[1], because they did not get the desired result on the first test) indeed outnumbered those who took OET then IELTS in this data. The final sample was therefore adjusted to include an equal number of candidates who had taken the tests in each order.

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[1] Candidates provided the date they took each test.

Given the nature of the data, scores on the two exams were linked using the equipercentile method (Kolen & Brennan, 2004). This method was also employed by previous studies with similar data and purpose (e.g. ETS, 2010; Lim et al., 2013; Pommerich, Hanson, Harris & Sconing, 2000).

<u>Results</u>

OET reports grades from A to E whereas IELTS reports band scores from 0 to 9 in half band increments. Table 1 shows means, standard deviations and ranges for each subtest of each exam, with OET grades converted to a scale of 1 to 5 (E=1...A=5). Because OET reports fewer possible grades, score variation is expectedly smaller.

Table 1. Means, Standard Deviations, and Ranges

	Mean	SD	Range	Population Mean
OET Listening	3.8	0.6	2 - 5	3.7
OET Reading	3.9	0.6	2 - 5	3.7
OET Speaking	3.8	0.6	1 - 5	3.6
OET Writing	3.8	0.7	2 - 5	3.8
IELTS Listening	7.2	0.9	5.0 - 9.0	-
IELTS Reading	6.9	0.9	3.5 - 9.0	-
IELTS Speaking	7.0	0.8	3.0 - 9.0	-
IELTS Writing	6.4	0.7	3.0 - 9.0	-
IELTS Overall	6.9	0.8	4.0 - 9.0	6.8

In general, this sample of candidates is just slightly stronger than the overall population. OET candidates in this sample were on average a tenth of a grade stronger than the total population of test takers in 2013. The IELTS website reports an average Overall score of 6.8 for candidates who took the Academic version of the test in 2012 for the purpose of registering as doctors (IELTS, 2014), the latest year for which information is available, whereas the average for this sample was 6.9. Few candidates in this sample obtained OET grades of D and E, mirroring the wider population. The sample can therefore be taken as fairly representative of the population.

Table 2 shows the correlations (all significant at p<0.01) between scores on OET and IELTS. Correlations were on the whole moderate but somewhat weak in the case of Writing. This relationship between the two exams is not unexpected given that they are measuring fairly different constructs.

Table 2. Correlations Between OET and IELTS Scores

	Correlation
Listening	0.48
Reading	0.52
Speaking	0.48
Writing	0.36

Having considered the nature of the data, the results of the equipercentile linking for each of the four subtests are presented in Figure 1. Only OET grades A to C are shown, as there was insufficient data to make a clear determination of what the lower-bound IELTS band score is for grades D and E. As neither test was designed to measure test takers below the equivalent of IELTS band 4, that represents a safe lower bound for concordance purposes.

Because OET reports fewer grades, each OET grade level naturally covers several IELTS (half) bands. CBLA recognises that a finer-grain score reporting system would better serve

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users who want to further distinguish candidates of different ability within each grade, and

has included this among the improvements in modernisation plans.

Figure 1. Indicative Relationship Between OET and IELTS Scores, 2013

Listening

OET	IELTS
C	5.5
	6.0
	6.5
B	7.0
	7.5
	8.0
A	8.5
	9.0

Reading

OET	IELTS
C	5.5
	6.0
B	6.5
	7.0
	7.5
	8.0
A	8.5
	9.0

Speaking

OET	IELTS
C	5.5
	6.0
	6.5
B	7.0
	7.5
	8.0
A	8.5
	9.0

Writing

OET	IELTS
C	5.5
	6.0
B	6.5
	7.0
A	7.5
	8.0
	8.5
	9.0

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It can also be seen that the range covered by each grade/band level is not the same across subtests. For example, an OET B covers IELTS bands 7.0 – 8.0 in Listening, whereas the same grade covers 6.5 – 7.0 in Writing. This reflects, on the one hand, the fact that different exams divide up the ability range in different ways. On the other hand, this could also be due to the fact that IELTS is not naturally 'flat', as the average score candidates get on Academic Writing is approximately half a band lower than the score they get for Listening (IELTS, 2014).

Discussion

Many test users accept a grade of B on OET at the same time that they accept a band score of 7.0 on IELTS. As this data shows, the two are not entirely comparable, for entirely expected reasons.

As previously noted, IELTS is a test of English for academic contexts, whereas OET is a test of English for healthcare contexts. The cut scores on OET were originally arrived at by consulting a group of healthcare professionals, who had experience supervising international healthcare professionals, on what level of English is necessary for them to perform their job safely (Lumley, Lynch & McNamara, 1994; McNamara, 1996). While the challenges of oral communication across the two contexts are comparable, the requirements for textual communication are quite different: reading and writing of extended texts features less in healthcare settings (Macqueen, et al, 2012; Vidakovic & Khalifa, 2013). With that in mind, the cut scores for Reading and Writing being set closer to IELTS 6.5 are appropriate.

Even so, there is a fairness issue involved when OET Bs and IELTS 7s are being accepted as comparable outcomes. For that reason, taking all things into account, CBLA has since the conclusion of the study reported here adjusted the cut scores for OET Reading and Writing grade B, so that they are closer in line with accepted IELTS equivalents. A more recent standard setting exercise (Knoch, Elder, Flynn, Manias, McNamara, Zhang, & Huisman, 2017) provides further confirmatory evidence in support of the adjustments made.

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Something that has become clear to CBLA as a result of the study reported here is that the current OET score reporting system (A-E) could use greater granularity, so that candidates within each grade can be further distinguished. A grade of C, for instance, spans the ability range covered by IELTS bands 5.5 to 6.5, and the need has indeed arisen among some users of the test to identify people who are at IELTS 6.5. With that in mind, based on the information this study provides, a grade of C+ has been introduced that is comparable to that IELTS band score.

Thus, following this study, the best approximate overall IELTS score ranges covered by each OET grade at present are as follows:

OET	IELTS
A	8.0 – 9.0
B	7.0 – 7.5
C+	6.5
C	5.5 – 6.0
D	4.0 – 5.0*

see Results section

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Attachment "B"

Occupational English Test (OET)

List of Updated State Board Approvals - July 2025

July 2025

A list of states currently approving OET, with passing scores, is presented below as an appendix for consideration by the board.

<u>References</u>

Appendix – list of US state boards of nursing accepting OET results, with passing scores.

State	Method of acceptance	R	W	L	S	Type of Test accepted	Validity of results	Results achieved in a single test administration sitting?
Alabama	Share OET results with Alabama board of nursing	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Alaska	Share OET results with Alaska Board of Nursing	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Arizona	Share OET results with TruMerit to apply for Visascreen certificate. Visascreen accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Arkansas	Share OET results with TruMerit to apply for credentials report, which is accepted to demonstrate English proficiency	300	300	300	300	• Paper at a venue • Computer at a venue	2 years	YES
Colorado	Share OET results with TruMerit or other NACES agency to apply for credentials report, which is accepted to demonstrate English proficiency	300	300	300	300	• Paper at a venue • Computer at a venue	2 years	YES

1 The leading English test for healthcare professionals

State		Listening	Reading	Writing	Speaking	Test Format	Validity	
Connecticut	Share OET results with TruMerit to apply for Certification Program CP certificate accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Delaware	Share OET results with TruMerit to apply for CES certificate CES certificate accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
DC	Share OET results with DC Board of Nursing	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Florida	Share OET results with Florida Board of Nursing	300	300	300	300	• Paper at a venue • Computer at a venue	2 years	YES
Hawaii	Share OET results with TruMerit to apply for Certification Program CP certificate accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Idaho	Share OET results with Idaho Board of Nursing	300	300	300	300	• Paper at a venue • Computer at a venue	2 years	YES
Illinois	Share OET results with Illlinois Board of Nursing	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES

![OET logo]

State	Requirements					Test format	Validity	
Indiana	Share OET results with TruMerit to apply for Certification Program CP certificate accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Iowa	Share OET results with TruMerit to apply for CES certificate CES certificate accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Kansas	Share OET results with Kansas Board of Nursing	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Kentucky	Share OET results with Kentucky Board of Nursing	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Louisiana	Share OET results with Louisiana Board of Nursing	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Maryland	Share OET results with Maryland Board of Nursing	300	300	300	300	• Paper at a venue • Computer at a venue	2 years	YES
Massachusetts	Share OET results with Massachusetts Board of Nursing	300	300	300	300	• Paper at a venue • Computer at a venue	2 years	Not specified
Michigan	Share OET results with Michigan Board of Nursing	300	300	300	300	• Paper at a venue • Computer at a venue	2 years	Not specified
Mississippi	Share OET results with TruMerit to apply for CES certificate CES certificate accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Missouri	Share OET results with Missouri Board of Nursing	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES

3 The leading English test for healthcare professionals

State	Requirements					Test format	Validity	Accepted
Nebraska	Share OET results with Nebraska Board of Nursing	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
New Hampshire	Share OET results with TruMerit to apply for CES certificate CES certificate accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
New Jersey	Share OET results with TruMerit to apply for CES certificate CES certificate accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue Computer at a venue	2 years	YES
New Mexico	Share OET results with New Mexico Board of Nursing	300	300	300	350	• Paper at a venue Computer at a venue	2 years	YES
North Carolina	Share OET results with TruMerit to apply for Visascreen certificate. Visascreen is accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue Computer at a venue	2 years	YES
North Dakota	Share OET results with North Dakota Board of Nursing	300	300	300	350	• Paper at a venue Computer at a venue	2 years	YES
Oregon	Share OET results directly with the Oregon board If you are using TruMerit for CES, share with TruMerit	300	300	300	350	• Paper at a venue Computer at a venue	2 years	YES
Pennsylvania	Share OET results with Pennsylvania Board of Nursing	300	300	300	350	• Paper at a venue Computer at a venue	2 years	YES
South Carolina	Share OET results with South Carolina Board of Nursing	350	350	350	350	• Paper at a venue • Computer at a venue	2 years	YES
South Dakota	Share OET results with TruMerit to apply for CES certificate CES certificate accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES

4 The leading English test for healthcare professionals

Tennessee	Share OET results with TruMerit to apply for CES certificate CES certificate accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Utah	Share OET results with Utah Board of Nursing	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Vermont	Share OET results with TruMerit to apply for CES certificate CES certificate accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Virginia	Share OET results with TruMerit to apply for credentials report, which is accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Washington	Share OET results with Washington Board of Nursing	300	300	300	280	• Paper at a venue • Computer at a venue	2 years	YES
West Virginia	Share OET results with TruMerit to apply for CES certificate CES certificate accepted to demonstrate English proficiency	300	300	300	350	• Paper at a venue • Computer at a venue	2 years	YES
Wyoming	Share OET results with Wyoming Board of Nursing	300	300	300	300	• Paper at a venue • Computer at a venue	2 years	YES

![OET]

States and territories not requiring English proficiency for licensure	
New York	
Montana	
North Mariana Islands	
American Samoa	OET test results are not required for license application but can be used to apply for healthcare worker certification which is required for occupational visas.
US Virgin Islands	
Guam	

States that may offer an English proficiency exemption for nurse licensure applicants who took their nursing education in English (no national jurisdiction is specified for nursing education). Please check with the state nursing board for confirmation of eligibility.	
Maine/ Wisconsin	OET test results are not required for license application but can be used to apply for healthcare worker certification which is required for occupational visas.

Attachment "C"

Occupational English Test

(OET Nursing)

Proposal- July 2025

1 July 2025

Brad Wojciechowski
Executive Director
Department of Safety and Professional Services

Dear Mr. Wojciechowski,

As you consider the benefit to the healthcare workforce of a pipeline of highly qualified international applicants for licensure, we recommend the approval of the Occupational English Test (OET Nursing).

Internationally trained health care workers have played a crucial role in addressing the nursing shortage in the United States. These skilled workers bring with them years of experience and are often willing to establish long term commitment to rural or underserved areas where it can be a struggle to attract and retain qualified nursing staff.

OET is the only English proficiency test approved by HRSA that was specifically designed for healthcare professionals seeking certification for practice, making it a preferred test among nursing professionals and ensuring nurses are workforce ready immediately post licensure.

The OET website attracts hundreds of thousands of qualified nurses from countries all over the world who are choosing between those English-speaking countries where they can use their OET results for applications. By accepting OET Nursing test results, the Board is increasing its opportunity to recruit international nurses who have demonstrated the highest standards of communicative skill in the context of professional nursing during their English proficiency assessment.

The proposal below includes an Executive Summary and a series of slides providing the most relevant information about the test.

We are grateful for the opportunity to propose acceptance of the test and look forward to answering any questions that you may have at the forthcoming board meeting.

Sincerely

Gary Neale   Joy Ingwerson, MSN, RN, CNE

VP Americas, OET USA LLC   Nursing Consultant and Subject Matter
                                                                   Expert, OET USA LLC

OET USA LLC, Delaware North, 1209 North
Orange Street, Wilmington, DE 19801-1120

EXECUTIVE SUMMARY
OCCUPATIONAL ENGLISH TEST

The Occupational English Test (OET) is the only globally accepted English language proficiency test that is specific to healthcare, covering 12 healthcare professions. The largest number of test takers worldwide choose OET Nursing, which tests the ability of internationally educated nurse (IEN) candidates to communicate effectively in all four skills (reading, listening, speaking and writing) using authentic healthcare scenarios. Test materials are developed by expert English test writers in conjunction with subject-matter experts (practicing professionals and healthcare educators).

The **unique focus** on use of English **in healthcare scenarios** engages candidates significantly more than general English tests designed for academic purposes such as college admission. Independent studies suggest that candidates will study harder, engage more with preparation and communicate more effectively in clinical situations immediately following licensure. The candidate is better prepared for the workplace by developing language skills that support patient safety and interprofessional communication. It is critical that these communication skills are developed and assessed in candidates entering the US healthcare workforce.

The test was commissioned by the Australian Federal Government in the late 1980s, driven by a recognition of the unique importance of relevant communication skills in the healthcare sector and since 2013 has been co-owned by Cambridge University Press and Assessment, a department of Cambridge University and Boxhill Institute in Melbourne, Australia

The test is accepted by all the major worldwide nursing regulators in UK, Ireland, Australia, New Zealand and Canada, and in the US is accepted by HRSA, TruMerit (formerly CGFNS), Josef Silny, IEE and by many US state boards of nursing for healthcare worker certification and licensure. Also, **OET Medicine** has been used by the Educational Commission for Foreign Medical Graduates (**ECFMG)/ Intealth** since July 2020 as the **exclusive means** of assessing English proficiency for international medical graduates entering US Graduate Medical Education.

OET

The leading English test for healthcare professionals.

Presentation to the Wisconsin State Board of Nursing (DSPS)

About the OET Test

- Majority owned by Cambridge University Press and Assessment

- Uniquely tailored for healthcare, unlike general or academic English tests

- Mirrors the language candidates use every day in healthcare settings

- Provides a valid and fair assessment of all four language skills: speaking, listening, reading and writing

- Accepted by regulators and healthcare organizations worldwide

Our vision.

To connect the world to better healthcare.
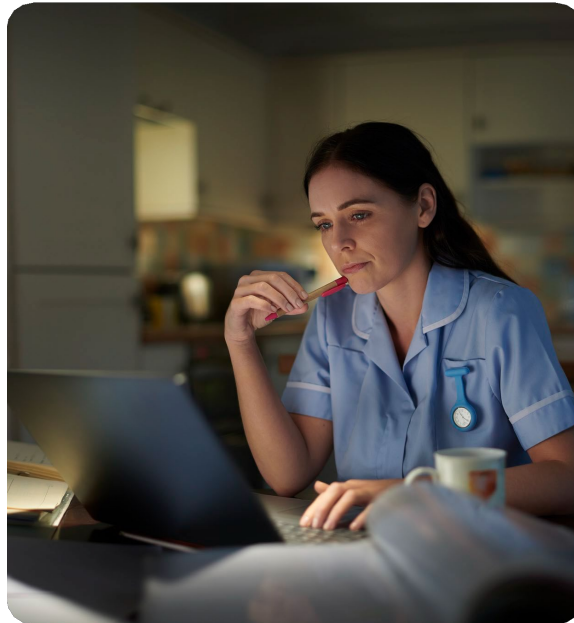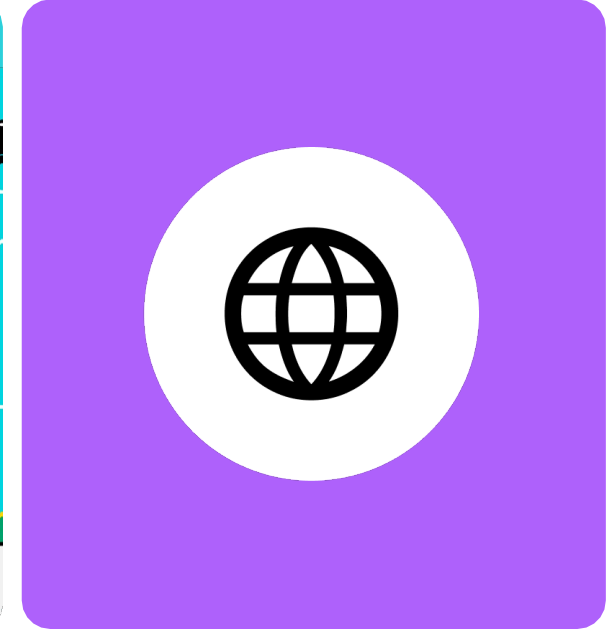
Our mission.

We set the benchmark for global healthcare communication skills, through industry-wide collaboration, to facilitate the mobility and development of healthcare professionals throughout their careers.

Healthcare professions

Dentistry

Dietetics

Medicine

Nursing

Occupational Therapy

Optometry

Pharmacy

Physiotherapy

Podiatry

Radiography
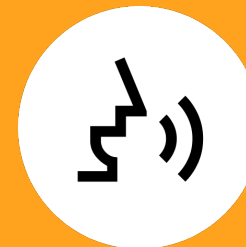
Speech Pathology

Veterinary Science

Our test is an easy choice for healthcare professionals

Recognized worldwide

US – ECFMG, CGFNS, HRSA

CAN – FMRAC, CNRC, NAPRA

UK – GMC, NMC

IRE – NMBI, MCI

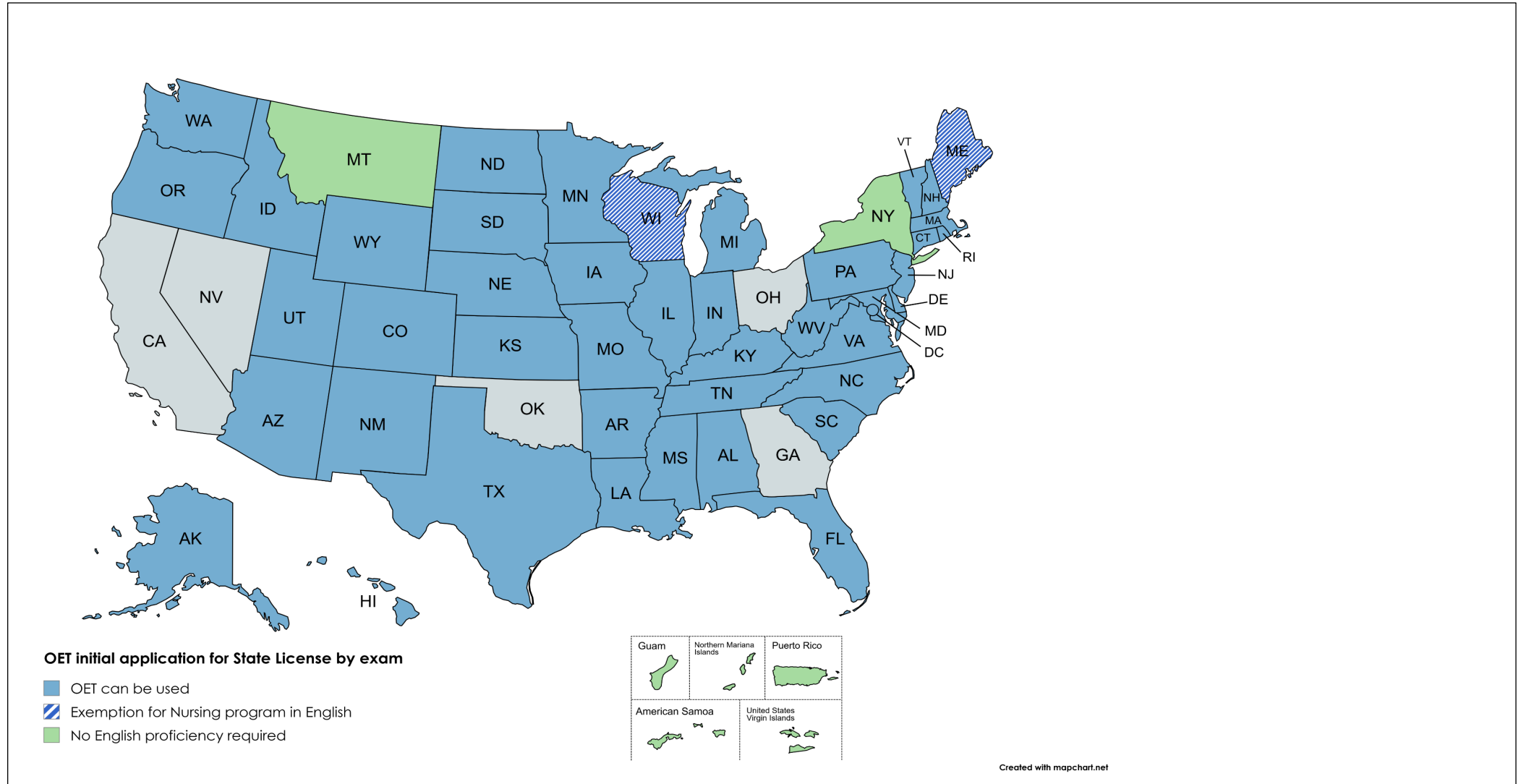AUS – AHPRA, DHA

NZ – MCNZ, NCNZ, INZ

Relevant and familiar

We've collaborated with healthcare specialists to create a test that reflects real workplace tasks and the medical terminology used every day, ensuring candidates select a test that's directly relevant to global healthcare careers.

Builds confidence

We've designed our tests to mirror the language used in healthcare careers, ensuring candidates are well-equipped to communicate confidently and effectively with patients, colleagues, and healthcare teams.

Initial application for state licensure with OET

OET initial application for State License by exam

- OET can be used
- Exemption for Nursing program in English
- No English proficiency required

Designed for healthcare professionals

Backed by research and developed in consultation with subject-matter experts

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OET Test

Writing

Write an essay on a general topic.

Writing

Write healthcare correspondence, usually a referral letter or discharge summary based on case notes.

Speaking

Structured interview on a general topic

Speaking

Healthcare professional to patient role plays

Testing available globally

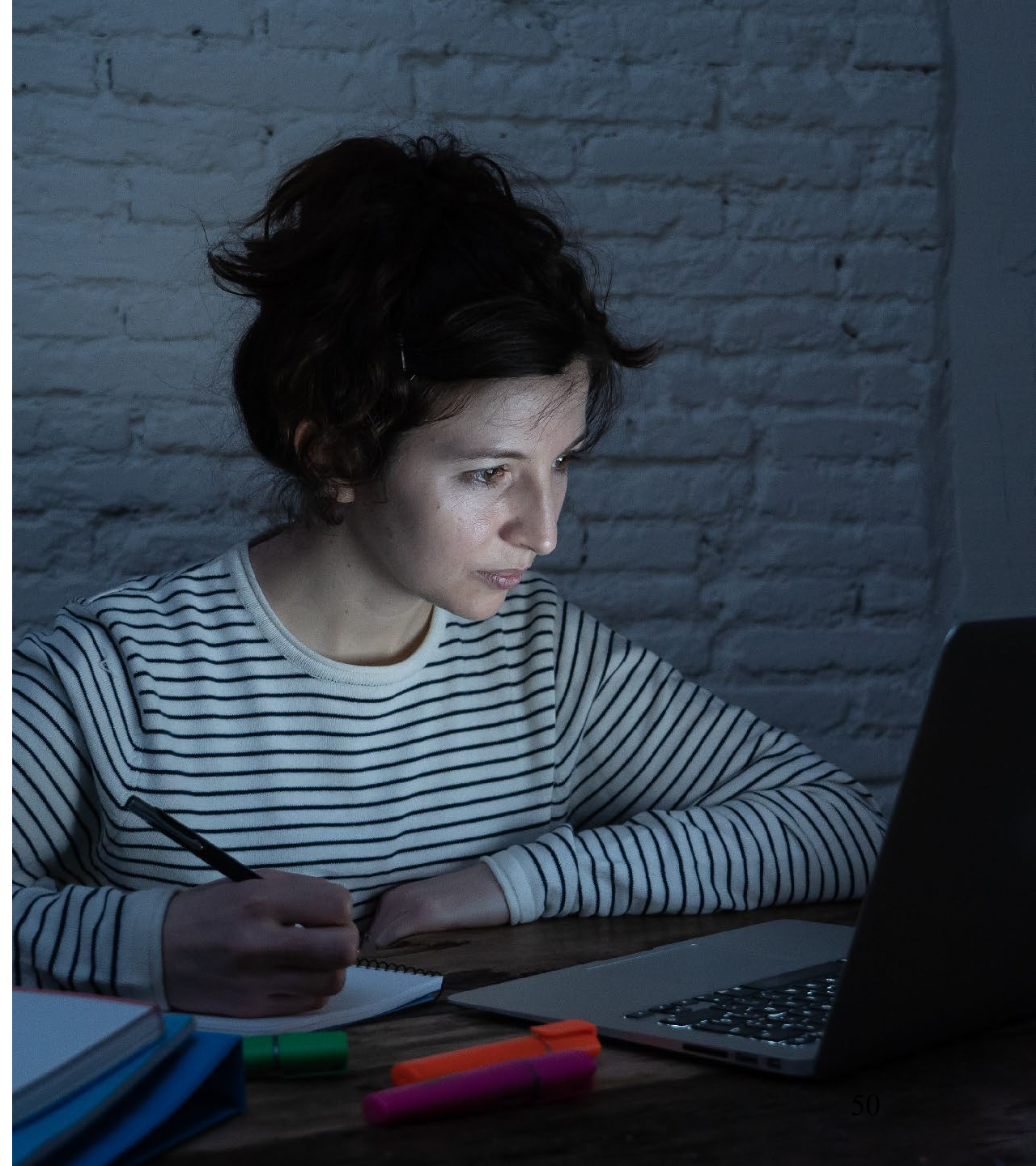# Our test is available throughout the world via three delivery modes

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The same test candidates know and love but on a computer.

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The same test candidates know and love but on a computer, at home, via remote proctoring.

Four OET sub-tests

Listening

Follow and answer questions about a range of health-related spoken materials.

Reading

Read and understand different types of text on health-related subjects.

Writing
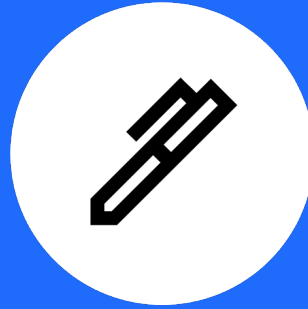
Write a letter that is relevant for the reader in a clear and accurate way.

Speaking

Effectively communicate in a real life context using role plays.

Writing

Total time: 5 minutes reading, 40 minutes writing

- Profession-specific task based on a set of clinical case notes

- Most often a letter of referral

Speaking

Total time: 20 minutes

- Candidate takes part in two role plays as the healthcare professional, while interlocutor plays a patient or client

- Recorded and marked by two different assessors

Adopting a patient-centered approach

Empathetic conversations

Clear & concise communications

Relationship building

Assessment focuses on patient-centred care, to give you an advantage in the job market.

Use empathetic language and communication skills to deal with sensitive topics and reassure patients.

Deliver effective communication by demonstrating comprehension of medical terms.

Experience conversation dynamics that reflect real interactions in the workplace.

Listening

Total time: 3 parts – approximately 40 minutes

- Part A: Two separate consultations between a healthcare professional and a patient

- Part B: Six short dialogues or monologues in workplace settings

- Part C: Two long presentations or interviews with healthcare professionals

Reading

Total time: 3 parts – 60 minutes

- Part A: An expeditious (fast) reading task

- Part B: Six short workplace extracts

- Part C: Two long passages

OET results table

OET grade	OET score	OET band descriptors	CEFR band	IELTS band
A	450-500	Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language.	C2	8.0-9.0
B	350-440	Can communicate effectively with patients and health professionals using appropriate register, tone and lexis, with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts.	C1	7.0-7.5
C+	300-340	Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in their field of specialization.	B2	6.5
C	200-290			5.5-6.0

Security throughout the process.

Prior to the test

- Candidate booking requires valid ID
- Notifications of malpractice, and investigations
- Online monitoring and sweeps for OET Test materials — takedown of offending posts and sites

On test day

- Multiple identity checks including ID and image capture
- Environmental and candidate person checks
- Constant monitoring by trained invigilators/proctors

After the test

- Statistical analysis of results to identify abnormal score patterns
- Malpractice committee reviews test-day security breaches and candidate results and anomalies
- Test venue audits — unannounced site visits and follow-up audits (OET Test venues only)

Two parts of test preparation

Language proficiency

✓ Grammar
✓ Vocabulary
✓ Pronunciation
✓ Fluency
✓ Accuracy

Test familiarity

✓ Test format
✓ Tasks
✓ Timing
✓ Skills
✓ Strategies
✓ Time management
✓ Criteria awareness

Preparation materials

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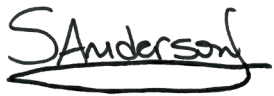
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USA

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State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Brad Wojciechowski, Executive Director	**6/26/2025**
	Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
7/10/2025	☒ Yes ☐ No	**Legislative and Policy Matters – Discussion and Consideration** 1) **2025 WI AB 257** 2) **2025 WI AB 294 and 2025 WI SB 282**

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete Appearance Request for Non-DSPS Staff)*	9) Name of Case Advisor(s), if applicable:
☒ **Open Session** ☐ **Closed Session**	☐ Yes <Appearance Name(s)> ☐ No	**<Click Here to Add Case Advisor Name or N/A>**

10) Describe the issue and action that should be addressed:

<Click Here to Add Description>

11)   **Authorization**

6/26/2025

Signature of person making this request	Date
Supervisor (Only required for post agenda deadline items)	Date
Executive Director signature (Indicates approval for post agenda deadline items)	Date

Directions for including supporting documents:
1. **This form should be saved with any other documents submitted to the Agenda Items folders.**
2. **Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.**
3. **If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.**

Revised 03/2021

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Sofia Anderson, Administrative Rules Coordinator	06/27/2025
	Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

3) Name of Board, Committee, Council, Sections:

Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
July 10, 2025	☒ Yes ☐ No	Administrative Rules Matters – Discussion and Consideration 1. Scope Statement: N 1, relating to faculty accreditation standards. 2. Pending and Possible rulemaking projects.

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete **Appearance Request** for Non-DSPS Staff)*	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	N/A

10) Describe the issue and action that should be addressed:

Attachments:

1. Scope Statement: N 1, relating to faculty accreditation standards.
2. Nursing rule projects chart.

11)   Authorization

SAnderson

06/27/2025

Signature of person making this request	**Date**
Supervisor (if required)	**Date**
Executive Director signature (indicates approval to add post agenda deadline item to agenda)	**Date**

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
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Revised 03/2021

STATEMENT OF SCOPE

BOARD OF NURSING

Rule No.:   N 1

Relating to: Faculty Accreditation Standards

Rule Type: Emergency and permanent

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

This rule is essential for the public welfare by enabling nursing schools to broaden their clinical faculty. The expeditious promulgation of this proposed rule directly serves Wisconsin's economic interests and public well-being by alleviating nursing school staffing shortages and reducing barriers to nursing practice.

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

The Board's primary objective is to alleviate nursing school faculty shortages and reduce barriers to nursing practice by allowing greater flexibility in clinical faculty availability. The goal is to promote a bigger nursing workforce, which is essential to the well-being of the state as a whole.

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:

Chapter N 1 broadly covers the approval process for nursing schools, which includes specific faculty accreditation standards that schools must adhere to for approval and continued operation. These standards generally outline the criteria for employing qualified educational administrators and faculty members. The Board has identified the need to clarify these provisions to allow more flexibility in clinical faculty available to teach nursing students in clinical settings.

The alternative is to not update these provisions, which would restrict the flow of new nursing graduates into the workforce.

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 227.24 (1) (a), Stats., provides "[a]n agency may, except as provided in s. 227.136 (1), promulgate a rule as an emergency rule without complying with the notice, hearing, and publication requirements under this chapter if preservation of the public peace, health, safety, or welfare necessitates putting the rule into effect prior to the time it would take effect if the agency complied with the procedures."

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."

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

80 hours

Rev. 3/6/2012

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

Nursing students, nursing school graduates, entities that hire or may hire nursing students and nursing school graduates, and individuals accessing health care 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: Sofia Anderson, Administrative Rules Coordinator, DSPSAdminRules@wisconsin.gov, (608) 261-4463.

Approved for publication: Approved for implementation:

_____   _____
Authorized Signature   Authorized Signature

_____   _____
Date Approved   Date Approved

Board of Nursing
Rule Projects (Updated 06/27/2025)

Permanent Rules

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
24-031	030-23	11/15/2025	2/9/2023	N 6	Delegated Acts	Review and update chapter N 6 to clarify and further define delegated acts.	Adoption Order signed and submitted for publication on May 21, 2025.	Rule effective July 1, 2025.
25-012	106-24	05/04/2027	04/11/2024	N 8	Advanced Practice Nurse Prescribers	The Board will conduct a review of the educational and renewal requirements for APNPs licensure.	Final Rule Draft and Legislative Report submitted to Legislature on May 29, 2025.	Legislative Review.

Scope Statements

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
			10/8/2020	N 8	APNP prescribing limitations	Review of limitations in N8 regarding APNPs prescribing certain drugs.	Scope submitted to Governor's Office, 11/24/20.	

			7/30/2020	N 8	Collaboration with other health care providers	Review of the collaboration requirements in N8 and other changes throughout the chapter.	Scope submitted to Governor's Office, 10/15/20.	
			6/11/2020	N 2	Temporary permits	Requirements for temporary permits to respond to a future emergency and may promulgate a permanent rule to allow the Board to grant a waiver of or variance to the requirements in emergency situations.	Scope submitted to Governor's Office on 10/15/20	

2

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: **Brenda Taylor, Board Services Supervisor**	**6/24/2025**

3) Name of Board: Board of Nursing

4) Meeting Date: **7/10/2025**	**5) Attachments:** ☐ Yes ☒ No	**6) How should the item be titled on the agenda page?** **Newsletter Matters**

7) Place Item in: ☒ **Open Session**	**8) Is an appearance before the Board being scheduled?** ☒ No	**9) Name of Case Advisor(s), if applicable:** **N/A**

10) Describe the issue and action that should be addressed:

Please discuss deadlines and consider topics for the next newsletter.

November 2025 issue
- Chairs Corner: Attrition rate and workforce efforts
Articles:
- Rob – Article on timely reporting
- Patrick – critical care
- Jenny – specialty spotlights
- Amanda – CSB – PDMP update & reminder
- A.I. exam room [Phil as resource]
- Ethics in A.I. [Gina/WNA] BOTS calling themselves "Nurse" when a live nurse is not present
- Orders update May 2025-October 2025
- Deadline: Wednesday, October 1, 2025

Articles/Ideas:
- Rotating Articles on Professional Nursing Roles
- New Member introductions with headshots *(As needed for new appointments, subject to oath receipts)*
- Rotating Articles on Nurse Administrative Code
- Shelly – Spotlight ambulatory operations
- Possible N6/Rules Status update
- Reminder to Update Contact Information – DSPS Staff
- Archive: https://dsps.wi.gov/Pages/BoardsCouncils/Nursing/Newsletter.aspx

11)	**Authorization**

6/24/25

Signature of person making this request	**Date**

Directions for including supporting documents:
1. **This form should be saved with any other documents submitted to the Agenda Items folders.**
2. **Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.**
3. **If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.**

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) **Name and title of person submitting the request:**	2) **Date when request submitted:**
Whitney DeVoe on behalf of the Interdisciplinary Advisory Committee	6/26/2025 *Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting*

Name of Board, Committee, Council, Sections and Meeting Dates:

Physician Assistant Affiliated Credentialing Board, 6/26/2025
Board of Nursing, 7/10/2025
Controlled Substances Board, 7/11/2025
Medical Examining Board, 7/16/2025
Cosmetology Examining Board, 7/28/2025
Pharmacy Examining Board, 8/21/2025

5) **Attachments:**	6) **How should the item be titled on the agenda page?**
☒ **Yes [Draft Doc]** ☐ **No**	**Interdisciplinary Advisory Committee – Discussion and Consideration** 1. Draft IV Hydration Guidance Document 2. Future Topics

7) **Place Item in:**	8) **Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)*	9) **Name of Case Advisor(s), if applicable:**
☒ **Open Session** ☐ **Closed Session**	☒ **No**	**n/a**

10) **Describe the issue and action that should be addressed:**

Seeking Board approval of the IV Hydration Guidance Document and referral back to IAC for finalization and discussion of potential future topics.

11)	Authorization	
Whitney De Voe		6/26/2025
Signature of person making this request		**Date**

Directions for including supporting documents:
1. This form should be saved with any other documents submitted to the **Agenda Items** folders.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Revised 03/2021

JOINT ADVISORY OPINION OF THE WISCONSIN EXAMINING BOARDS OF MEDICAL, NURSING, PHARMACY, AND COSMETOLOGY, AND THE PHYSICIAN ASSISTANT AFFLIATED CREDENTIALING BOARD, AND THE WISCONSIN CONTROLLED SUBSTANCES BOARD

It is the overall duty of each Examining Board to improve the profession they supervise, both within and outside its own profession, to bring about a better relationship between the profession and the general welfare of this state. Each Examining Board is empowered to set standards of professional competency and conduct for the profession it supervises. With these principles in mind, the Interdisciplinary Advisory Committee (Committee) consisting of the Wisconsin Medical Examining Board, Pharmacy Examining Board, Board of Nursing, Physician Assistant Affiliated Credentialing Board, Cosmetology Examining Board and Controlled Substances Board was established to discuss issues of mutual concern.

In recent years, Wisconsin has seen an increase in the intravenous (IV) hydration therapy business and the Wisconsin Department of Safety and Professional Services (DSPS) has seen an increase in questions from healthcare professionals concerning the legal requirements for IV hydration therapy businesses.

IV hydration therapy businesses provide patients with IV fluids with or without prescription medications, vitamins, minerals and/or amino acids. Based on inquiries received by DSPS, there appears to be confusion among healthcare professionals and the public as it relates to understanding the responsibilities of healthcare professionals engaged in these businesses. Because of the concern over the lack of any industry-specific guidelines or laws regarding the operation of these businesses and the potential harm to the residents of Wisconsin, the Committee puts forth this guidance document. **This guidance document is based upon the existing laws of Wisconsin and sets forth the relevant laws and standards of care implicated by IV hydration therapy businesses within the context of a retail or "on-demand" business setting**.[1]

For purposes of this guidance document, the Committee has divided the practice occurring at IV hydration businesses into three main stages: assessment, compounding, and administration. The guidance below is meant to assist licensees in understanding the laws and regulations implicated at each stage. Please note, this is not an exhaustive list, but rather a list addressing the most commonly raised practice concerns.

<u>BACKGROUND</u>

Prior to discussion of the specific stages, the Committee believes it is crucial to highlight that services offered by IV hydration therapy businesses constitute the practice of medicine and surgery.

The practice of medicine and surgery is defined as meaning:

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[1] This guidance is meant to specifically address the emerging market for IV Hydration therapy or businesses offering IV Hydration therapy services. Underlying principles established in this guidance may be applicable to other services offered by healthcare professionals. Please contact private counsel to review your specific business model for compliance with relevant laws and regulations.

35   [t]o examine into the fact, condition or cause of human health or
36   disease, or to treat, operate, prescribe or advise for the same, by any
37   means or instrumentality … [t]o apply principles or techniques of
38   medical sciences in the diagnosis or prevention of any of the
39   conditions described in par. (a) and in sub. (2) … [t]o penetrate,
40   pierce or sever the tissues of a human being … [t]o offer, undertake,
41   attempt or do or hold oneself out in any manner as able to do any of
42   the acts described in this subsection.

43 *See* Wis. Stat. § 448.01(9). Further, pursuant to Wis. Stat. § 448.03, "[n]o person may practice
44 medicine or surgery, or attempt to do so or make a representation as authorized to do so, without a
45 license to practice medicine or surgery" except for "[a]ny person lawfully practicing within the
46 scope of a license, permit, registration, certificate, or certification granted to practice…
47 professional or practical nursing or nurse-midwifery under ch. 441… to practice as a physician
48 assistant under subch. IX… or as otherwise provided by statute."

49 At its core, the IV hydration therapy business model involves offering patients, including on a
50 walk-in basis, a menu of pre-selected mixtures ("cocktails") of additives to basic IV saline. The
51 cocktails may include fluids with or without prescription medications, vitamins, minerals and/or
52 amino acids. Some basic health screening generally occurs prior to the selection and administration
53 of the IV. It is of concern to the Committee that the basic health screening and selection of IVs are
54 being performed by unlicensed individuals or licensees whose scope of practice does not allow for
55 the practice of medicine or surgery.

56 Although many IV hydration therapy businesses may have a physician, physician assistant (PA)
57 or advanced practice nurse prescriber (APNP) associated with the business, in some instances a
58 registered nurse (RN) may be the only licensed health care professional interacting with the patient.
59 The Committee wants to make clear that a registered nurse (RN), or any individual not holding the
60 proper credential, undertaking the diagnosing and prescribing of medications falls outside an RN's
61 scope of practice[2] and can result in disciplinary action against not only the RN's license, but also
62 the physician, PA, or APNP overseeing the practice.

63 Moreover, IV hydration therapy fluids and additives are prescription drugs requiring purchase and
64 storage by a qualified practitioner which may include a physician, PA, or APNP. Fluids and
65 additives must be purchased from FDA licensed manufacturers, distributors licensed in the state
66 where they are being purchased, or from compounding pharmacies designated and licensed as
67 503B compounding facilities. Non-qualified individuals, including, but not limited to RNs or
68 licensed practical nurses (LPNs), may not possess or store prescription drugs in any location not
69 appropriately licensed by the Pharmacy Examining Board.

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[2] It is not within the scope of practice for an RN or LPN to independently engage in acts that require independent medical diagnosis, or the ordering, compounding, or prescribing of IV fluids, IV medications, or IV therapeutic regimens. See Wis. Stat. § 441.001(4) and Wis. Admin. Code § N 6.03.

72 **ASSESSMENT**

73 The patient must be assessed prior to ordering any IV Hydration treatment. Practitioners who may
74 order treatment appropriate to their area of competence as established by their education, training,
75 or experience include:

76 • A physician licensed to practice medicine and surgery in this state as defined in Wis. Stat.
77 § 448.01(5).
78 • A PA licensed pursuant to Wis. Stat. § 448.974.
79 • An APNP licensed pursuant to Wis. Stat. § 441.16.

80 Although telehealth may be utilized to perform the initial patient assessment, it is the
81 recommendation of this Committee that patient assessment should be done in person, as a
82 complete medical assessment is difficult to conduct via telehealth.[3] Certain conditions may be
83 hard to evaluate without an in-person assessment including an assessment of necessary organ
84 systems. An assessment consisting merely of a simple questionnaire without an appropriate
85 clinical assessment would not meet the standard of care and is considered unprofessional conduct
86 pursuant to Wis. Admin. Code § Med 24.07(2). A patient assessment should include at minimum
87 a history and physical exam. Although a nurse may complete certain delegated portions of the
88 assessment, a patient assessment should not rely solely on findings from a nursing assessment.

89 As part of the assessment, the practitioner may diagnose the patient's condition and shall make
90 recommendations consistent with the findings from the history and physical as to treatment.
91 Treatment recommendations may include a discussion with the patient surrounding which
92 therapies, including the addition of specific additives, may be appropriate to treat the patient's
93 condition. These discussions should include a description of risks, benefits and alternative
94 options. To be clear, this constitutes the practice of medicine and should only be undertaken by a
95 practitioner with statutory authority to diagnose and treat. The discussion with a patient and
96 recommendation shall be provided by the practitioner.

97 Following the assessment, the practitioner may prescribe the appropriate therapy or treatment. The
98 use of standing orders outside of an established practitioner-patient relationship for an
99 individualized assessment, diagnosis and treatment of patients may be considered prescribing in a
100 manner inconsistent with the standard of minimal competence pursuant to Wis. Admin. Code §
101 Med 10.03(2)(c).

102 To ensure the assessment complies with the standard of care, after evaluating the patient and
103 making treatment recommendations, a comprehensive medical record must be created.
104 Additionally, informed consent shall be obtained to be consistent with the standard of care.
105 Informed consent should include, but not be limited to, the risks of additives to saline, the risks of
106 IV fluids, and the risks of an IV itself. Medical records must be stored in compliance with state
107 and federal law, including those with the Wisconsin Department of Health Services.
108
109

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[3] Telehealth is only acceptable if it meets established regulations. See Wis. Admin. Code chs. Med 24, PA 3 and N 8.

COMPOUNDING

After determining a course of treatment, a cocktail containing the additives ordered may need to be prepared. When an individual adds medications, vitamins, minerals and/or amino acids to IV bags, they are engaging in the practice of compounding, and federal and state law including section 503A of the Food, Drug, and Cosmetic Act apply. Application of these laws help ensure patients receive their treatment in sanitary conditions.

Pursuant to Wis. Stat. § 450.01(16), the practice of pharmacy includes the compounding, packaging, and labeling of drugs and devices. Further, pursuant to Wis. Stat. § 450.01(3), compound "means to mix, combine or put together various ingredients or drugs for the purpose of dispensing." Federal law allows either a licensed pharmacist or a physician to perform compounding.

The United States Pharmacopeia (USP) is the recognized publication that contains standardized requirements for compounding, including sterile compounding found in USP <797> and has been adopted by the FDA and the Wisconsin Pharmacy Examining Board as the enforceable standard. USP <797> applies to all individuals who prepare compounded sterile preparations (CSPs) and all places where CSPs are prepared for human and animal patients.

The utilization of the "immediate use" provision of USP <797> does not circumvent USP sterile compounding requirements. Additionally, the "immediate use" provision requires certain conditions be met, including,

- Aseptic techniques, processes, and procedures are followed, and written SOPs are in place to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs.
- Personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility's SOPs.
- The preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs (e.g., approved labeling, stability and compatibility studies).
- The preparation involves not more than 3 different sterile products. **Please note, Saline Solution utilized in IV Hydration is a sterile product and must be included in this analysis.**
- Any unused starting component from a single-dose container must be discarded after preparation is complete. Single-dose containers must not be used for more than one patient.
- Administration begins within 4 hours following the start of preparation. If administration has not begun within 4 hours following the start of preparation, it must be promptly, appropriately, and safely discarded.
- Unless it is directly administered by the person who prepared it or administration is witnessed by the preparer, the CSP must be labeled with the names and amounts of all

149   active ingredients, the name or initials of the person who prepared the preparation, and the
150   4-hour time period within which administration must begin.[4]

151 The provision of USP <797> allowing for immediate use should not be viewed as a workaround
152 for the standards governing sterile product preparation. Failure to comply with these standards
153 may result in unsanitary and unsafe conditions for patients.[5]

154 ADMINISTRATION

155 Upon receipt of an order for IV hydration therapy, an individual with appropriate training and
156 experience[6], including an RN or LPN (consistent with the requirements of Wis. Admin. Code ch.
157 N 6), may administer the treatment.

158 While the patient undergoes the IV administration, an RN should perform a nursing assessment of
159 the patient including monitoring their vital signs. Please note that the performance of a nursing
160 assessment is outside the scope of an LPN. An RN should monitor the patient for side effects,
161 allergic reactions or any unusual or unexpected effects. An RN is expected to document all nursing
162 acts performed by the RN as part of the administration and monitoring of the patient.

163 CONCLUSION

164 The practices engaged in at IV hydration clinics involve the practice of multiple professions.
165 Individuals engaged in these practices must hold the appropriate license and practice within the
166 scope of practice allowed by their credentials. Licensees who fail to follow the laws governing
167 their practice could be subject to disciplinary proceedings as appropriate.

168 Licensees are charged with protecting the public by ensuring their practice complies with the laws
169 and regulations of Wisconsin and any relevant federal regulations, including satisfying all
170 applicable professional standards.

171 ACKNOWLEDGEMENT SECTION

172 These materials may have been consulted in the preparation of the above document.

173 ARIZONA STATE BOARD OF NURSING, *Advisory Opinion Intravenous Hydration and Other Therapies* (Revised date
174 May 2024), Available at https://azbn.gov/sites/default/files/AO-IV-Hydration-Other-Therapies.pdf

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[4] Handling of sterile hazardous drugs must comply with USP <800> as well.

[5] See FDA highlights concerns with compounding of drug products by medical offices and clinics under insanitary conditions https://www.fda.gov/drugs/human-drug-compounding/fda-highlights-concerns-compounding-drug-products-medical-offices-and-clinics-under-insanitary

[6] For example, if an electrolyte is being administered by IV, the IV should be administered using a volumetric infusion pump or rate-controller tubing to ensure the electrolytes are administered at an appropriate rate to avoid and prevent adverse reactions. The individual administering the IV in this case should have training and experience using these devices.

KENTUCKY.GOV, *Joint Statement of the Kentucky Boards of Medical Licensure, Nursing, and Pharmacy Regarding Retail IV Therapy* (March 28, 2025), available at https://kbn.ky.gov/KBN%20Documents/Joint%20Statement%20-%20IV%20Hydration%20Clinics.pdf

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