



VIRTUAL/TELECONFERENCE
BOARD OF NURSING
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
August 11, 2022

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 (1-7)**
- B. Approval of Minutes:**
 - 1) June 9, 2022 **(8-14)**
 - 2) July 25, 2022 **(15-16)**
- C. Reminders: Conflicts of Interests, Scheduling Concerns**
- D. Introductions, Announcements and Recognition – Discussion and Consideration**
 - 1) Introduction of Rosalyn McFarland, Registered Nurse Member (Succeeds: Kallio)
- E. APPEARANCE: Secretary Dan Hereth, Statements of Graduation – Discussion and Consideration (17)**
- F. Administrative Matters – Discussion and Consideration**
 - 1) Department, Staff and Board Updates
 - 2) Election of Officers and Appointment of Liaisons and Alternates
 - 3) Board Members – Term Expiration Dates
 - a. Edelstein, Janice A. – 7/1/2024
 - b. Guyton, Vera L. – 7/1/2025
 - c. McFarland, Rosalyn L. – 7/1/2026
 - d. Saldivar Frias, Christian – 7/1/2023
 - e. Scott, Linda D. – 7/1/2023
 - f. Weinman, Robert W. – 7/1/2023
 - g. Zentz, Emily – 7/1/2023
- G. Education and Examination Matters – Discussion and Consideration**
- H. Options for Addressing Department Resources – Discussion and Consideration**
- I. Legislative and Policy Matters – Discussion and Consideration**

- 1) 2021 Wisconsin Act 158, Relating to Practice of Certain Skilled Health Services by Military Medical Personnel and Granting Rule Making Authority

J. Administrative Rule Matters – Discussion and Consideration

- 1) Pending and Possible Rulemaking Projects **(18-41)**
 - a. Discussion Possible Rule Project: N1 and N2, Relating to Approval of Out of State Schools

K. Credentialing Matters – Discussion and Consideration

- 1) Credentialing Statistics and License Counts **(42-45)**

L. Division of Legal Services and Compliance (DLSC) Matters – Discussion and Consideration

- 1) Work Settings for Nurses on Stipulations

M. Newsletter Planning – Discussion and Consideration

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

- 1) Travel Report: NCSBN Executive Officer Leadership Summit – June 20-23, 2022 – Chicago, IL

O. COVID-19 – Discussion and Consideration

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

Q. Board of Nursing Liaison Reports – Discussion and Consideration

R. 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) Informational Items
- 14) Division of Legal Services and Compliance (DLSC) Matters
- 15) Presentations of Petitions for Summary Suspension
- 16) Petitions for Designation of Hearing Examiner
- 17) Presentation of Stipulations, Final Decisions and Orders
- 18) Presentation of Proposed Final Decisions and Orders
- 19) Presentation of Interim Orders
- 20) Petitions for Re-Hearing
- 21) Petitions for Assessments
- 22) Petitions to Vacate Orders
- 23) Requests for Disciplinary Proceeding Presentations
- 24) Motions

- 25) Petitions
- 26) Appearances from Requests Received or Renewed
- 27) Speaking Engagements, Travel, Public Relation Requests, and Reports

S. 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.).

T. Review of Administrative Warning

- 1) **9:00 A.M. APPEARANCE:** Alicia Kennedy, DLSC Attorney and C.V.K.,
Respondent: 21 NUR 556 – C.V.K. **(46-82)**

U. Credentialing Matters

- 1) **Application Reviews**
 - a. Kelly M. Crowder, L.P.N. – Licensed Practical Nurse Renewal Applicant **(83-170)**

V. Deliberation on Division of Legal Services and Compliance Matters

- 1) **Administrative Warnings**
 - a. 21 NUR 707 – A.M.M. **(171-172)**
 - b. 21 NUR 823 – J.B.C. **(173-174)**
 - c. 22 NUR 040 – L.L.K. **(175-176)**
 - d. 22 NUR 065 – M.E.K. **(177-178)**
 - e. 22 NUR 142 – H.M.J. **(179-180)**
 - f. 22 NUR 356 – H.A.O. **(181-182)**
 - g. 22 NUR 371 – A.A.K. **(183-184)**
- 2) **Case Closings**
 - a. 20 NUR 220 – T.C.G. **(185-194)**
 - b. 20 NUR 505 – E.H.H. **(195-202)**
 - c. 20 NUR 575 – A.G. **(203-208)**
 - d. 21 NUR 080 – C.L.K. **(209-218)**
 - e. 21 NUR 154 – K.S.A. **(219-233)**
 - f. 21 NUR 216 – T.S.B., B.A.H. **(234-244)**
 - g. 21 NUR 247 – L.M.G. **(245-251)**
 - h. 21 NUR 308 – M.T.S. **(252-257)**
 - i. 21 NUR 426 – W.D.W. **(258-265)**
 - j. 21 NUR 469 – D.D., N.M., M.C. **(266-271)**
 - k. 21 NUR 508 – C.S.L. **(272-277)**
 - l. 21 NUR 653 – J.R.M. **(278-281)**
 - m. 21 NUR 672 – T.L.T. **(282-288)**
 - n. 21 NUR 767 – N.L.L. **(289-299)**
 - o. 21 NUR 771 – S.L.R. **(300-317)**
 - p. 21 NUR 774 – J.M.R. **(318-325)**

- q. 21 NUR 780 – M.J.L. **(326-335)**
 - r. 22 NUR 015 – A.R. **(336-340)**
 - s. 22 NUR 060 – A.M.M. **(341-346)**
 - t. 22 NUR 063 – I.M.L **(347-351)**
 - u. 22 NUR 065 – M.E.K. **(352-359)**
 - v. 22 NUR 086 – E.C.P. **(360-364)**
 - w. 22 NUR 095 – M.A.F. **(365-368)**
 - x. 22 NUR 115 – K.A.S. **(369-376)**
 - y. 22 NUR 139 – Unknown **(377-380)**
 - z. 22 NUR 156 – S.B. **(381-390)**
 - aa. 22 NUR 162 – T.M. **(391-395)**
 - bb. 22 NUR 178 – L.A.T. **(396-401)**
 - cc. 22 NUR 214 – T.S.S. **(402-405)**
 - dd. 22 NUR 248 – R.R.R. **(406-410)**
 - ee. 22 NUR 257 – D.M.W. **(411-414)**
 - ff. 22 NUR 263 – M.E.N. **(415-420)**
 - gg. 22 NUR 267 – A.M.H. **(421-425)**
 - hh. 22 NUR 280 – A.A.W. **(426-430)**
 - ii. 22 NUR 324 – L.A.S. **(431-436)**
 - jj. 22 NUR 325 – B.N.T. **(437-439)**
 - kk. 22 NUR 364 – K.M. **(440-443)**
- 3) **Proposed Stipulations, Final Decisions, and Orders**
- a. 20 NUR 061 – Lori Cluck, L.P.N. **(444-449)**
 - b. 20 NUR 174 – Paige J. O’Connor, R.N. **(450-457)**
 - c. 20 NUR 295 – Abigail J. Miller, R.N. **(458-464)**
 - d. 20 NUR 329 – Theresa A. Minikel, L.P.N. **(465-476)**
 - e. 20 NUR 616, 21 NUR 342 – Sasha L. Leikip, R.N. **(477-782)**
 - f. 21 NUR 002 – Francisco J. Solis, R.N. **(483-489)**
 - g. 21 NUR 103 – Diane F. White, R.N. **(490-498)**
 - h. 21 NUR 141 – Susan E. Barbee, L.P.N. **(499-504)**
 - i. 21 NUR 154 – Kim M. Johnson, R.N. **(505-511)**
 - j. 21 NUR 308 – Ashley R. Tobin, R.N. **(512-517)**
 - k. 21 NUR 383 – Christie E. Sims, R.N. **(518-523)**
 - l. 21 NUR 393 – Devon W. Deloy, R.N. **(524-529)**
 - m. 21 NUR 412 – Kimberly A. Wing, R.N. **(530-535)**
 - n. 21 NUR 588 – Kathryn H. Hazell, R.N. **(536-547)**
 - o. 21 NUR 668 – Rebecca L. Schmidt, R.N. **(548-559)**
 - p. 21 NUR 696, 22 NUR 150 – Julie A. Kaczor, R.N. **(560-565)**
 - q. 21 NUR 791 – Stephanie A. Annala-Hakes, R.N. **(566-571)**
 - r. 21 NUR 809, 22 NUR 172 – Amelia K. Fay, R.N. **(572-578)**
 - s. 21 NUR 811 – Nicole L. Luke, R.N. **(579-586)**
 - t. 21 NUR 825 – Rose E. Solem, R.N. **(587-592)**
 - u. 22 NUR 013 – Nichole E. Madison, L.P.N. **(593-601)**
 - v. 22 NUR 027 – David W. Erickson, R.N., A.P.N.P. **(602-607)**

- w. 22 NUR 046 – Amanda L. Ocacio, L.P.N. **(608-614)**
 - x. 22 NUR 113 – Susan E. Ziebert, L.P.N. **(615-620)**
 - y. 22 NUR 122 – Kristina C. Turner, R.N. **(621-632)**
 - z. 22 NUR 130 – April R. Simmons, R.N. **(633-638)**
 - aa. 22 NUR 175 – Angela K. Pettis, R.N. **(639-645)**
 - bb. 22 NUR 206 – Pamela J. Masteller, L.P.N. **(646-657)**
 - cc. 22 NUR 240 – Jason J. Diaz, R.N. **(658-670)**
 - dd. 22 NUR 303 – Kurtis Stoddard, R.N. **(671-681)**
 - ee. 22 NUR 400 – April I. Smith, L.P.N., R.N. **(682-688)**
- 4) **Proposed Stipulations and Interim Orders**
- a. 22 NUR 022 – Nicole M. Riesterer, R.N. **(689-694)**
 - b. 22 NUR 242 – Ashley M. Dietrich, R.N. **(695-699)**
- 5) **Monitoring Matters (700-701)**
- a. **Monitor Wagner**
 - 1. Mitchell W. Babcock, R.N. – Requesting Full Licensure **(702-710)**
 - 2. Cheyanne Cochran (CYR), R.N. – Requesting Virginia as Primary Monitoring State **(711-735)**
 - 3. Sara Elflein, R.N. – Requesting Full Licensure **(736-756)**
 - 4. Travis Floyd, R.N. – Requesting Full Licensure **(757-777)**
 - 5. Robert J. Fox, R.N., A.P.N.P. – Requesting Full Licensure for Both Credentials **(778-810)**
 - 6. Erica Koerner, R.N. – Review of Fitness to Practice Evaluation **(811-829)**
 - 7. Brook Morrison, R.N. – Requesting Full Licensure **(830-852)**
 - 8. Lobsang Phintso, R.N. – Requesting a Reduction in Drug Testing Frequency **(853-872)**
 - 9. Kimberly Reilly, R.N. – Requesting Full Licensure and/or Reduction in Drug Test Frequency **(873-892)**
 - b. **Monitor Schramm**
 - 1. Lacie Borde, R.N. – Requesting to Use OWI Treatment Court Drug and Alcohol Testing in Place of Approved Program **(893-913)**
 - 2. Jennifer Busche, R.N. – Requesting Full Licensure **(914-937)**
 - 3. Mackenzie Campbell, R.N. – Requesting Termination of Drug and Alcohol Testing and a Reduction in the Frequency of AA/NA Meetings to Once Per Week **(938-957)**
 - 4. James Hansen, R.N. – Requesting Reduction in Drug and Alcohol Screens to 25 per year and that Drug and Alcohol Screens be Scheduled Every Other Week **(958-971)**
 - 5. Amanda J. Kaufman, R.N. – Requesting Decrease in Drug Test Frequency, Termination of Direct Supervision Requirement, and Termination or Decrease in Frequency of AA/NA Meetings **(972-998)**
 - 6. Jennifer Kosmicki, R.N. – Requesting Full Licensure **(999-1008)**
 - 7. Deborah Le Sieur, L.P.N. – Requesting Reduction in Work Reports to Bi-annually **(1009-1019)**

8. Scott Moscoso (Woik), R.N. – Requesting Full Licensure **(1020-1035)**
9. Stacy Rutsch, R.N. – Requesting Termination of Direct Supervision and Practice Limitations **(1036-1063)**

W. Deliberation on Matters Relating to Costs/Orders Fixing Costs

- 1) Ernest W. Colburn, R.N., Respondent – DHA Case Number SPS-21-0052/DLSC Case Number 19 NUR 525 **(1064-1081)**
- 2) Amanda G. Dryer, R.N., Respondent – DHA Case Number SPS-21-0078/DLSC Case Number 21 NUR 194 **(1082-1100)**
- 3) Tiffany Gimenez, L.P.N., Respondent – DHA Case Number SPS-21-0056/DLSC Case Number 20 NUR 529 **(1101-1124)**
- 4) Francie A. Heaser, R.N., Respondent – DHA Case Number SPS-21-0084/DLSC Case Number 21 NUR 182 **(1125-1144)**
- 5) Melanie J. Hunter, R.N., Respondent – DHA Case Number SPS-21-0059/DLSC Case Number 19 NUR 215 **(1145-1171)**
- 6) Allison G. Krawza, R.N., Respondent – DHA Case Number SPS-21-0063/DLSC Case Number 21 NUR 189 **(1172-1191)**
- 7) Alicia R. Krisher-Behm, R.N., Respondent – DHA Case Number SPS-20-0020/DLSC Case Number 18 NUR 076 **(1192-1211)**
- 8) Leora R. Taylor-Sanderson, R.N., A.P.N.P., Respondent – DHA Case Number SPS-21-0072/DLSC Case Number 21 NUR 173 **(1212-1229)**
- 9) Glenda S. Walstrom, L.P.N., Respondent – DHA Case Number SPS-21-0086/DLSC Case Numbers 20 NUR 097, 20 NUR 554, 21 NUR 274 **(1230-1257)**
- 10) Andrea L. Wilke, R.N., Respondent – DHA Case Number SPS-21-0058/DLSC Case Number 20 NUR 096 **(1258-1274)**
- 11) Crystal A. Zimmerman, R.N., Respondent – DHA Case Number SPS-21-0027/DLSC Case Number 19 NUR 452, 20 NUR 346 **(1275-1297)**

X. Deliberation on Proposed Final Decision and Orders

- 1) Brian D. Borowski, R.N., Respondent – DHA Case Number SPS-22-0017/DLSC Case Number 21 NUR 253 **(1298-1308)**

Y. 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

Z. Consulting with Legal Counsel

- 1) **Report of Cases Delegated to Chief Legal Counsel**
 - a. Interim Order 22 NUR 058, 22 NUR 059 – Kandise L. Sporer, R.N. **(1309-1312)**
- 2) Planned Parenthood of Wisconsin, Inc. v. Wisconsin Board of Nursing, Et Al; USDC, Western District of Wisconsin

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- AA. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate
- BB. Open Session Items Noticed Above Not Completed in the Initial Open Session
- CC. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration
- DD. Board Strategic Planning and its Mission, Vision and Values – Discussion and Consideration

ADJOURNMENT

NEXT MEETING: SEPTEMBER 8, 2022

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

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board’s agenda, please visit the Department website at <https://dps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer at 608-266-2112, or the Meeting Staff at 608-266-5439.

**BOARD OF NURSING
MEETING MINUTES
JUNE 9, 2022**

PRESENT: Rosemary Dolatowski (*arrived at 8:10 a.m.*), Janice Edelstein, Vera Guyton (*via Zoom*), Paul Hinkfuss (*via Zoom*), Christian Saldivar Frias (*via Zoom*), Robert Weinman (*via Zoom*), Emily Zentz (*via Zoom*)

EXCUSED: Linda Scott

STAFF: Brad Wojciechowski, Executive Director; Jameson Whitney, Legal Counsel; Sofia Anderson, Administrative Rules Coordinator; Katlin Schwartz, Bureau Assistant; and other Department Staff

CALL TO ORDER

Robert Weinman, Chairperson, called the meeting to order at 8:07 a.m. A quorum was confirmed with six (6) members present.

ADOPTION OF THE AGENDA

Amendments to the Agenda

- OPEN SESSION: Under item D. "Introductions, Announcements, and Recognition" ADD "2) Recognition of Paul Hinkfuss, Public Member (Resigned: 6/10/2022)"

MOTION: Christian Saldivar Frias moved, seconded by Vera Guyton, to adopt the Agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF MAY 12, 2022

MOTION: Vera Guyton moved, seconded by Janice Edelstein, to approve the Minutes of May 12, 2022 as published. Motion carried unanimously.

Rosemary Dolatowski arrived at 8:10 a.m.

INTRODUCTIONS, ANNOUNCEMENTS, AND RECOGNITION

Recognition of Rosemary Dolatowski, R.N. or L.P.N. Member (Expires: 7/1/2022)

MOTION: Janice Edelstein moved, seconded by Emily Zentz, to recognize and thank Rosemary Dolatowski for her years of dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

Recognition of Paul Hinkfuss, Public Member (Resigned: 6/10/2022)

MOTION: Vera Guyton moved, seconded by Emily Zentz, to recognize and thank Paul Hinkfuss for his dedicated service to the Board and State of Wisconsin. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS

Nicolet Area Technical College – Review of Plan for Improvement of NCLEX Pass Rates (PN)

MOTION: Rosemary Dolatowski moved, seconded by Robert Weinman, to acknowledge and thank Amy Gatton MSN, RN, CNE, Laurie Paugel, MSN, RN, and Ashley Steigerwaldt from Nicolet Area Technical College, for appearing before the Board of Nursing. Motion carried unanimously.

MOTION: Janice Edelstein moved, seconded by Christian Saldivar Frias, to accept the NCLEX Pass Rates improvement plan of Nicolet Area Technical College. Motion carried unanimously.

Madison Area Technical College – Request for Final School Approval (PN)

MOTION: Janice Edelstein moved, seconded by Vera Guyton, to acknowledge and thank Lisa Greenwood, Ed D., RN, MSN, APRN-BC, CWOCN, CNS and Program Chair Kerri Kliminiski from Madison Area Technical College, for appearing before the Board of Nursing. Motion carried unanimously.

MOTION: Christian Saldivar Frias moved, seconded by Robert Weinman, to grant the request of Madison Area Technical College for final approval of their school of nursing. Motion carried unanimously.

QUARTERLY BOARD CHAIR CONNECTION MEETING REPORT

MOTION: Rosemary Dolatowski moved, seconded by Janice Edelstein, to express the Board’s support for proper funding for adequate staff for DSPS to ensure efficient processing of nursing applications. Motion carried unanimously.

BOARD OF NURSING LIAISON REPORTS

LIAISON APPOINTMENTS	
Credentialing	Janice Edelstein <i>Alternate: Vera Guyton</i>

CLOSED SESSION

MOTION: Rosemary Dolatowski moved, seconded by Robert Weinman, 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: Rosemary Dolatowski-yes; Janice Edelstein-yes; Vera Guyton-yes; Paul Hinkfuss-yes; Christian Saldivar Frias-yes; Robert Weinman-yes; and Emily Zentz-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:07 a.m.

CREDENTIALING MATTERS

Application Reviews

Lisa M. Hawkins, R.N. – Registered Nurse Applicant

MOTION: Vera Guyton moved, seconded by Janice Edelstein, to deny the request of Lisa M. Hawkins, R.N. for a modification of the terms of her limited license offer. Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

Administrative Warnings

MOTION: Robert Weinman moved, seconded by Emily Zentz, to issue an Administrative Warning the following DLSC Cases:

1. 20 NUR 531 – S.J.W.
2. 21 NUR 497 – R.L.D.
3. 21 NUR 543 – S.L.G.
4. 21 NUR 742 – L.M.S.
5. 22 NUR 287 – K.L.M.

Motion carried unanimously.

Case Closings

MOTION: Rosemary Dolatowski moved, seconded by Robert Weinman, to close the following DLSC Cases for the reasons outlined below:

1. 20 NUR 515 – C.J.A. – No Violation
2. 20 NUR 531 – A.L.S. – No Violation
3. 21 NUR 227 – L.B., S.M. – Insufficient Evidence
4. 21 NUR 276 – D.M.B. – No Violation
5. 21 NUR 338 – W.P.A. – Insufficient Evidence
6. 21 NUR 348 – B.M.C., R.A.C. – Insufficient Evidence
7. 21 NUR 380 – K.L.V. – No Violation
8. 21 NUR 384 – C.M.A. – No Violation
9. 21 NUR 410 – L.A.W. – No Violation
10. 21 NUR 441 – M.F.V.M. – No Violation
11. 21 NUR 511 – J.H. – Insufficient Evidence
12. 21 NUR 541 – S.B. – Insufficient Evidence
13. 21 NUR 568 – S.N.M. – Insufficient Evidence
14. 21 NUR 681 – N.J.G. – Prosecutorial Discretion (P2)
15. 21 NUR 770 – C.A.S. – No Violation
16. 21 NUR 796 – P.D. – No Violation
17. 22 NUR 073 – V.A.M. – Insufficient Evidence
18. 22 NUR 080 – L.F.T. – Prosecutorial Discretion (P2)
19. 22 NUR 088 – T.M.C. – Insufficient Evidence

Motion carried unanimously.

Proposed Stipulations and Final Decisions and Orders

MOTION: Janice Edelstein moved, seconded by Robert Weinman, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings of the following cases:

1. 20 NUR 035 – Miranda L. Rykiel, R.N.
2. 20 NUR 246 – Nancy J. Hicks, R.N.
3. 20 NUR 505 – Jodie L. Tierney, R.N., N.H.A.
4. 20 NUR 532, 21 NUR 181 – Amber L. Resch, R.N.
5. 21 NUR 132 – Gina M. Hernandez, R.N.
6. 21 NUR 133 – Christine E. Fritsche, R.N.
7. 21 NUR 477 – Tonya L. Crouch, R.N.
8. 21 NUR 544 – James T. Morgan, R.N.
9. 21 NUR 575 – Laura A. Stuebs, L.P.N.
10. 21 NUR 708 – Caressa S. Barth, R.N.
11. 21 NUR 792 – Kelly R. Eckman-Dax, R.N.
12. 22 NUR 036 – Andrew S. Lehr, R.N., A.P.N.P.

Motion carried unanimously.

Proposed Stipulations and Interim Orders

21 NUR 590 – Angela D. Ramos, R.N.

MOTION: Emily Zentz moved, seconded by Vera Guyton, to adopt the Findings of Fact, Conclusions of Law and Interim Order in the matter of disciplinary proceedings against Angela D. Ramos, R.N., DLSC Case Number 21 NUR 590. Motion carried unanimously.

(Janice Edelstein recused herself and left the room for deliberation and voting in the matter concerning Angela D. Ramos, R.N., DLSC Case Number 21 NUR 590.)

Monitoring Matters

Charles Bower, R.N.

Requesting Reduction in Drug Test Frequency to 24 Annually, Termination of AA/NA Meetings, Termination of AODA Treatment, Removal of Alcohol Consumption Limitation, and/or Access to Controlled Substances

MOTION: Vera Guyton moved, seconded by Emily Zentz, to grant the request of Charles Bower, R.N. for a reduction in drug test frequency to 36 plus one (1) hair test annually, termination of AA/NA meetings, and termination of AODA treatment, and deny the request for removal of alcohol consumption limitation, and access to controlled substances. **Reason for Denial:** Insufficient time under the Board Order (2/13/2020) to demonstrate adequate compliance. Motion carried unanimously.

Abigail Frase, R.N.

Requesting Full Licensure or Termination of Drug and Alcohol Screening

MOTION: Rosemary Dolatowski moved, seconded by Janice Edelstein, to grant the request of Abigail Frase, R.N. for full licensure. Motion carried unanimously.

Joel Haase, R.N.

Requesting Voluntary Surrender of License

MOTION: Robert Weinman moved, seconded by Paul Hinkfuss, to grant the request of Joel Haase, R.N. for surrender of his nursing license. Motion carried unanimously.

DELIBERATION ON PROPOSED FINAL DECISIONS AND ORDERS

Angela Hamilton, L.P.N., Respondent – DHA Case Number SPS-22-0006/DLSC Case Number 19 NUR 703

MOTION: Robert Weinman moved, seconded by Emily Zentz, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against Angela Hamilton, L.P.N., Respondent – DHA Case Number SPS-22-0006/DLSC Case Number 19 NUR 703. Motion carried unanimously.

(Rosemary Dolatowski recused herself and left the room for deliberation and voting in the matter concerning Angela Hamilton, L.P.N., Respondent – DHA Case Number SPS-22-0006/DLSC Case Number 19 NUR 703.)

Nancy M. Mokaya, R.N., Respondent – DHA Case Number SPS-22-0007/DLSC Case Number 21 NUR 212

MOTION: Rosemary Dolatowski moved, seconded by Vera Guyton, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against Nancy M. Mokaya, R.N., Respondent – DHA Case Number SPS-22-0007/DLSC Case Number 21 NUR 212. Motion carried unanimously.

(Emily Zentz recused herself and left the meeting connection for deliberation and voting in the matter concerning Nancy M. Mokaya, R.N., Respondent – DHA Case Number SPS-22-0012/DLSC Case Number 21 NUR 212.)

RECONVENE TO OPEN SESSION

MOTION: Christian Saldivar Frias moved, seconded by Robert Weinman, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 10:04 a.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Emily Zentz moved, seconded by Christian Saldivar Frias, 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: Rosemary Dolatowski moved, seconded by Robert Weinman, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:05 a.m.

DRAFT

**VIRTUAL/TELECONFERENCE
BOARD OF NURSING
MEETING MINUTES
JULY 25, 2022**

PRESENT: Janice Edelstein, Vera Guyton, Rosalyn McFarland, Linda Scott, Robert Weinman

EXCUSED: Christian Saldivar Frias, Emily Zentz

STAFF: Brad Wojciechowski, Executive Director; Jameson Whitney, Legal Counsel; Katlin Schwartz, Bureau Assistant; and other Department Staff

CALL TO ORDER

Robert Weinman, Chairperson, called the meeting to order at 11:01 a.m. A quorum was confirmed with five (5) members present.

ADOPTION OF THE AGENDA

Amendments to the Agenda

- OPEN SESSION: REMOVE Item D. Presentations of Petitions for Summary Suspension and for Designation of Hearing Official 1) 11:00 A.M. APPEARANCE – Gretchen Mrozinski, DLSC Attorney; Kristina C. Turner, R.N., Respondent; and Steven Jesser, Attorney for the Respondent: 22 NUR 122 – Kristina C. Turner, R.N.
- CLOSED SESSION: REMOVE Item H. Deliberation on Petitions for Summary Suspension and Designation of Hearing Official 1) 22 NUR 122 – Kristina C. Turner, R.N.

MOTION: Linda Scott moved, seconded by Robert Weinman, to adopt the Agenda as amended. Motion carried unanimously.

CLOSED SESSION

MOTION: Rosalyn McFarland moved, seconded by Vera Guyton, 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: Janice Edelstein-yes; Vera Guyton-yes; Rosalyn McFarland-yes; Linda Scott-yes; and Robert Weinman-yes. Motion carried unanimously.

The Board convened into Closed Session at 11:08 a.m.

DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

Proposed Stipulations and Interim Orders

22 NUR 058, 22 NUR 059 – Kandise L. Sporer, R.N.

MOTION: Robert Weinman moved, seconded by Linda Scott, to delegate to DSPS Chief Legal Counsel the Board’s authority to preside over and resolve the matter of the Interim Order against Kandise L. Sporer, R.N., DLSC Case Numbers 22 NUR 058, 22 NUR 059. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Robert Weinman moved, seconded by Janice Edelstein, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 11:15 a.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Janice Edelstein moved, seconded by Rosalyn McFarland, 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.)

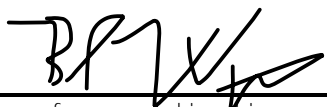
ADJOURNMENT

MOTION: Rosalyn McFarland moved, seconded by Linda Scott, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:16 a.m.

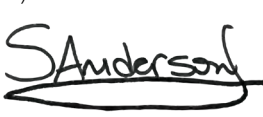
**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Brad Wojciechowski		2) Date When Request Submitted: 08/01/2022	
		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: July 14, 2021	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Appearances – Secretary Dan Hereth, Statements of Graduation – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed:			
11) Authorization			
		08-01-2021	
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. 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: Sofia Anderson, Administrative Rules Coordinator		2) Date when request submitted: 8/1/2022 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: August 11, 2022	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rules Matters – Discussion and Consideration 1. Pending and Possible rulemaking projects a. Discussion possible rule project: N1 and N2, relating to approval of out of state schools.	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Attachments: 1. Chapter N1. 2. Chapter N2. 3. Section 441 of Wisconsin Statutes. 4. Nursing rule projects chart.			
11) Authorization <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">  <hr/> Signature of person making this request </div> <div style="text-align: center;"> 7/29/2022 <hr/> Date </div> </div> <div style="margin-top: 10px;"> <hr/> <div style="display: flex; justify-content: space-between;"> Supervisor (if required) Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date </div> </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 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.			

Chapter N 1

APPROVAL FOR SCHOOLS OF NURSING

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

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

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

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

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

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

N 1.02 Definitions. In this chapter:

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

(2) “Board” means board of nursing.

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

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

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

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

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

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

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

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

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

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

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

(b) Postlicensure bachelor’s degree.

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

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

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

N 1.03 Authorization to plan a school of nursing.

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Content.
2. Course sequence.
3. Course descriptions.

5. Course syllabi for the first year and plan for subsequent years.

(dm) Documentation of a school evaluation plan.

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

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

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

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

2. Documentation of simulation equipment and experiences.

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

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

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

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

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

- (a) A site survey.
- (b) A self-assessment.
- (c) A plan for improvement and any progress reports.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

N 1.06 Approval of out of state school of nursing.

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

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

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

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

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

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

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

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

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

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

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

(b) Maintain institutional accreditation.

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

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

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

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

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

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

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

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

4. Current knowledge of nursing practice.

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

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

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

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

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

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

2. A graduate degree with a major in nursing.

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

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

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

2. A baccalaureate degree with a major in nursing.

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

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

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

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

c. A doctorate program in nursing.

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

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

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

a. A bachelor's degree in nursing.

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

c. Nursing experience in the area of teaching assignment.

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

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

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

(c) Coursework shall include all of the following:

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

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

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

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

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

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

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

c. Coordinating and managing patient care across settings.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

History: CR 14-004: cr. Register July 2014 No. 703, eff. 8-1-14; corrections in (3) made under s. 13.92 (4) (b) 1., Stats., in (3) (a) made under s. 13.92 (4) (b) 2., Stats., and in (4) (intro.), (c) (intro.), (5) (a) (intro.), (d) (intro.) made under s. 35.17, Stats., Register July 2014 No. 703; CR 17-095: am. (4) (intro.), (c) 3., (5) (a) (intro.), 1., r. (5) (a) 2., am. (5) (a) 3. (intro.), r. (5) (a) 3. a., r. and recr. (5) (a) 3. b., d., am. (5) (a) 4., 5., (b), (d) 1., r. (5) (d) 2., 3., cr. (5) (d) 5., (5m) Register August 2018 No. 752, eff. 9-1-18; CR 17-096: am. (1) (d), (2) (a) 2., r. and recr. (2) (a) 3., (b), cr. (2) (c), (d), r. and recr. (3) (b) 2., cr. (3) (b) 3., r. and recr. (3) (d) (intro.), 2., 3. (intro.), r. (3) (d) 3. d. Register August 2018 No. 752, eff. 9-1-18; correction in (3) (d) 2., 3. (intro.), (5) (a) 1., 5. made under s. 35.17, Stats., Register August 2018 No. 752, eff. 9-1-18; CR 21-009: r. (5m) (a) 3. Register December 2021 No. 792, eff. 1-1-22.

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

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

(3) ANNUAL PASS RATE STANDARD NOT MET. If the annual pass rate standard is not met, the school of nursing shall receive a warning letter. The school shall identify factors that are potentially affecting the low pass rate and submit an assessment of contributing factors and institutional plan for improvement of examination results including outcomes and timeframes. The assessment and

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

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

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

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

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

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

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

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

(a) Change in school nursing accreditation status.

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

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

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

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

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

(a) A site survey.

(b) A self-assessment.

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

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

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

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

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

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

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

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

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

1. The date of intended closure.

2. Reason for the closure.

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

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

(c) Notify the board of the name and address of the educational institution or other organization that will be responsible for secure

storage and access to academic records and transcripts for 50 years.

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

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

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

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

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

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

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

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

N 1.12 Nursing refresher course approval.

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

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

1. Masters degree in nursing.

2. Recent clinical experience or clinical teaching experience.

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

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

(a) Theory portion including all of the following:

1. Nursing process review.

2. Infection control.

3. Medication and pharmacology update.

4. Recent trends in nursing techniques and responsibilities.

5. Communication.

6. Documentation and reporting.

7. Supervision and delegation.

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

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

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

(a) Theory portion including all of the following:

1. Nursing process review.

2. Infection control.

3. Medication and pharmacology update.

4. Recent trends in nursing techniques and responsibilities.

5. Communication.

6. Documentation and reporting.

7. Supervision and delegation.

8. Aging population.

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

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

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

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

Chapter N 2

LICENSURE

Subchapter I — Authority; Definitions

- N 2.01 Authority.
N 2.02 Definitions.

Subchapter II — Licensure By Examination

- N 2.10 Qualifications for licensure.
N 2.105 Application procedure for a multistate license.
N 2.11 Application procedure for a single state license for applicants from board-approved schools.
N 2.12 Application procedure for a single state license for applicants from comparable schools.

Subchapter III — Licensure by Endorsement

- N 2.19 Endorsement of an applicant for a multistate license.
N 2.21 Endorsement of an applicant for a single state license.

- N 2.23 Reciprocal credentials for service members, former service members, and their spouses.

Subchapter IV — Temporary Permits

- N 2.30 Definitions.
N 2.31 Application.
N 2.32 Title.
N 2.33 Supervision.
N 2.34 Duration.
N 2.35 Renewal.
N 2.36 Denial or revocation.

Subchapter V — Renewal

- N 2.40 Renewal.
N 2.41 Reinstatement.

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

Subchapter I — Authority; Definitions

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

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

N 2.02 Definitions. As used in this chapter:

(1) “Board” means board of nursing.

(1m) “Board-approved precicensure education program” means a nurse precicensure program from a Wisconsin-approved school or a precicensure program approved by another state board of nursing.

(2) “Board-approved school” means any of the following:

(a) A school in Wisconsin which has been approved by the board or the board has granted authorization to admit students under ch. N 1.

(b) A school which participates in the electronic application process.

(3) “Certificate of approval” means the verification from a school of nursing that the applicant has been approved to take the NCLEX prior to receiving a diploma in practical nursing or professional nursing.

(4) “Certificate of completion” means the verification from a school of nursing that the applicant has completed the portion of the program equivalent to a diploma in practical nursing or professional nursing.

(5) “Comparable school” means any of the following:

(a) A school holding nursing accreditation by a board-recognized nursing accreditation organization.

(b) A school located in the United States approved by the board of nursing for that jurisdiction.

(c) A school located in a U.S. territory or a province of Canada which is approved by the board of nursing for that jurisdiction and meets the standards of the Wisconsin board of nursing.

(6) “Department” means the department of safety and professional services.

(7) “Direct supervision” means immediate availability to coordinate, direct and inspect the practice of another.

(8) “LPN” means licensed practical nurse.

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

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

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

(10) “RN” means registered nurse.

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

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

Subchapter II — Licensure By Examination

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

(a) Graduates from a high school or its equivalent.

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

(c) Graduates from any of the following:

1. A board-approved school of professional nursing.

2. A comparable school of professional nursing.

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

(e) Passes the NCLEX.

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

(a) Graduated from one of the following:

1. A board-approved precicensure education program.

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

(b) If a graduate from a foreign precicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency

examination that includes the components of reading, speaking, writing, and listening.

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

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

(e) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law.

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

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

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

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

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

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

(b) Is 18 years or older.

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

(d) Graduates from any of the following:

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

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

(f) Passes the NCLEX.

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

(a) Graduated from one of the following:

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

(b) If a graduate from a foreign precicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.

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

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

(e) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law.

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

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

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

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

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

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

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

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

(b) A certification of graduation.

(c) An official transcript indicating graduation.

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

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

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

1. Certificate of approval.

2. Graduation.

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

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

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

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

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

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

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

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

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

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

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

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

1. Certificate of approval.

2. Graduation.
3. Certificate of completion.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Certificate of approval.
2. Graduation.

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

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

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

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

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

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

Subchapter III — Licensure by Endorsement

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

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

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

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

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

1. A board-approved nurse prelicensure education program.

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

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

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

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

(3) The applicant shall submit, through an approved process, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the federal bureau of investigation and the Wisconsin department of justice.

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

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

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

2. Passage of the NCLEX.

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

1. Evidence of educational qualifications.

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

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

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

(b) Documentation of employment history.

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

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

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

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

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

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

N 2.23 Reciprocal credentials for service members, former service members, and their spouses. A reciprocal multistate or single state license shall be granted to a service member, former service member, or the spouse of a service member or former service member who the board determines meets all of the requirements under s. 440.09 (2), Stats. Subject to s. 440.09 (2m), Stats., the board may request verification necessary to make a determination as to service member or former service member status under this subsection.

Note: Forms to apply for a reciprocal credential are available from the department of safety and professional services' website at www.dps.wi.gov.

History: CR 21-044: cr. Register March 2022 No. 795, eff. 4-1-22; title created under s. 13.92 (4) (b) 2., Stats., Register March 2022 No. 795.

Subchapter IV — Temporary Permits

N 2.30 Definitions. In this subchapter:

(1) "G.N." means graduate nurse.

(2) "G.P.N." means graduate practical nurse.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subchapter V — Renewal

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

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

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

(b) Pay a nursing workforce survey fee.

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

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

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

(b) Pay a nursing workforce survey fee.

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

(d) Meet one of the following requirements:

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

2. Completion of a board approved nursing refresher course or education equivalent to a nursing refresher course. A nursing refresher course requires a limited license for the purpose of completing the clinical component of the course.

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

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

N 2.41 Reinstatement. A credential holder who has

unmet disciplinary requirements and failed to renew the credential within 5 years or whose credential has been surrendered or revoked may apply to have the credential reinstated in accordance with all of the following:

(1) Evidence of completion of the requirements in s. N 2.40 (3) if the license has not been active within 5 years.

(2) Evidence of completion of the disciplinary requirements, if applicable.

(3) Evidence of rehabilitation or change in circumstances warranting reinstatement.

(4) A revoked license may not be reinstated earlier than one year following revocation. This subsection does not apply to a license that is revoked under s. 440.12, Stats.

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

CHAPTER 441

BOARD OF NURSING

SUBCHAPTER I REGULATION OF NURSING

441.001	Definitions.
441.01	Board of nursing.
441.06	Licensure; civil liability exemptions.
441.07	Disciplinary proceedings and actions.
441.08	Temporary permit.
441.10	Licensed practical nurses.
441.11	Nurse anesthetists.
441.115	Exceptions; temporary practice.

441.12	Administration; nonaccredited schools.
441.13	Penalty.
441.15	Nurse–midwives.
441.16	Prescription privileges of nurses.
441.18	Prescriptions for and delivery of opioid antagonists.
441.19	Maintenance and detoxification treatment under federal waiver.

SUBCHAPTER II NURSE LICENSURE COMPACT

441.51	Nurse licensure compact.
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Cross-reference: See definitions in s. 440.01.

SUBCHAPTER I REGULATION OF NURSING

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

441.001 Definitions. In this subchapter:

(1g) BOARD. “Board” means the board of nursing.

(1r) COMPENSATION. “Compensation” includes indirect compensation, direct compensation, and the expectation of compensation, whether actually received or not.

(2) NURSE. Except as provided under s. 441.08, “nurse,” when used without modification or amplification, means only a registered nurse.

(2m) NURSING. “Nursing,” when used without modification or amplification, means professional nursing.

(3) PRACTICAL NURSING. (a) “Practical nursing” means the performance for compensation of any simple acts in the care of convalescent, subacutely or chronically ill, injured or infirm persons, or of any act or procedure in the care of the more acutely ill, injured or infirm under the specific direction of a nurse, physician, podiatrist licensed under ch. 448, chiropractor licensed under ch. 446, dentist licensed under ch. 447 or optometrist licensed under ch. 449, or under an order of a person who is licensed to practice medicine, podiatry, chiropractic, dentistry or optometry in another state if that person prepared the order after examining the patient in that other state and directs that the order be carried out in this state.

(b) In par. (a), “simple act” means an act to which all of the following apply:

1. The act does not require any substantial nursing skill, knowledge, or training, or the application of nursing principles based on biological, physical, or social sciences, or the understanding of cause and effect in the act.

2. The act is one that is of a nature of those approved by the board for the curriculum of schools for licensed practical nurses.

(4) PROFESSIONAL NURSING. “Professional nursing” means the performance for compensation of any act in the observation or care of the ill, injured, or infirm, or for the maintenance of health or prevention of illness of others, that requires substantial nursing skill, knowledge, or training, or application of nursing principles based on biological, physical, and social sciences. Professional nursing includes any of the following:

(a) The observation and recording of symptoms and reactions.

(b) The execution of procedures and techniques in the treatment of the sick under the general or special supervision or direction of a physician, podiatrist licensed under ch. 448, chiropractor licensed under ch. 446, dentist licensed under ch. 447, or optometrist licensed under ch. 449, or under an order of a person who is licensed to practice medicine, podiatry, chiropractic, dentistry, or optometry in another state if the person making the order

prepared the order after examining the patient in that other state and directs that the order be carried out in this state.

(c) The execution of general nursing procedures and techniques.

(d) Except as provided in s. 50.04 (2) (b), the supervision of a patient and the supervision and direction of licensed practical nurses and less skilled assistants.

History: 1975 c. 303; 1977 c. 86; 1981 c. 314, 317; 1983 a. 189; 1983 a. 273 s. 8; 1987 a. 264; 1991 a. 181; 1997 a. 62; 1999 a. 22; 2001 a. 107 ss. 72, 75 to 80; Stats. 2001 s. 441.001; 2003 a. 321; 2005 a. 149; 2017 a. 180; 2017 a. 364 ss. 32, 33.

This section is not a safety statute. Leahy v. Kenosha Memorial Hospital, 118 Wis. 2d 441, 348 N.W.2d 607 (Ct. App. 1984).

441.01 Board of nursing. (3) The 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.

(4) The board shall direct that those schools that qualify be placed on a list of schools the board has approved for professional nurses or of schools the board has approved for licensed practical nurses on application and proof of qualifications; and shall make a study of nursing education and initiate rules and policies to improve it.

(5) The board may promote the professional education of graduate registered nurses licensed in Wisconsin, through creation of scholarships available to such graduate registered nurses, by foundation of professorships in nursing courses in Wisconsin colleges and universities, by conducting educational meetings, seminars, lectures, demonstrations and the like open to registered nurses, by publication and dissemination of technical information or by other similar activities designed to improve the standards of the nursing profession in this state. The board may promote the training of licensed practical nurses through support of workshops and institutes and by conducting meetings, lectures, demonstrations and the like open to licensed practical nurses.

(6) The board shall investigate any nurse anesthetist who is found to have acted negligently by a panel established under s. 655.02, 1983 stats., or by a court.

(7) (a) The board shall require each applicant for the renewal of a registered nurse or licensed practical nurse license issued under this chapter to do all of the following as a condition for renewing the license:

1. Complete and submit to the department with the application for renewal of the license a nursing workforce survey developed by the department of workforce development under s. 106.30 (2).

2. Pay a nursing workforce survey fee of \$4. All moneys received under this subdivision shall be deposited into the general

fund and credited to the appropriation account under s. 20.165 (1) (jm).

(b) The board may not renew a registered nurse or licensed practical nurse license under this chapter unless the renewal applicant has completed the nursing workforce survey to the satisfaction of the board. The board shall establish standards to determine whether the survey has been completed. The board shall, by no later than June 30 of each odd-numbered year, submit all completed nursing workforce survey forms to the department of workforce development.

History: 1971 c. 125; 1975 c. 37; 1977 c. 29, 418; 1979 c. 34; 1983 a. 253, 1983 a. 273 ss. 2, 8; 1985 a. 340; 1987 a. 264; 1999 a. 22; 2009 a. 28; 2013 a. 124; 2017 a. 329, 364.

Cross-reference: See also chs. N 1 and 2, Wis. adm. code.

441.06 Licensure; civil liability exemptions. (1) Subject to s. 441.07 (1g), the board shall grant a license as a registered nurse to an applicant for licensure who complies with all of the following requirements:

(a) The applicant graduates from a high school or its equivalent as determined by the board.

(b) The applicant does not have an arrest or conviction record, subject to ss. 111.321, 111.322, and 111.335.

(c) The applicant holds a diploma of graduation from a school of nursing approved by the board or that the board has authorized to admit students pending approval, and, if that school is located outside this state, submits evidence of general and professional educational qualifications comparable to those required in this state at the time of graduation.

(d) The applicant pays the fee specified in s. 440.05 (1).

(e) The applicant passes the examination approved by the board to receive a license as a registered nurse in this state. The applicant may not take the examination before receiving a diploma under par. (c) unless the applicant obtains a certificate of approval to take the examination from the school of nursing the applicant attends and submits that certificate to the board prior to examination.

(1c) The board shall grant a multistate license, as defined in s. 441.51 (2) (h), to an applicant for a multistate registered nurse license under s. 441.51. Subject to s. 441.07 (1g), the requirements under sub. (1) shall apply to such an applicant, except that the requirements under s. 441.51 (3) (c) for granting a multistate license shall supersede the requirements under sub. (1) to the extent of any conflict.

(1m) The holder of a license as a registered nurse under the laws of another state or territory or province of Canada may be granted a license as a registered nurse in this state without examination if the holder's credentials of general and professional educational qualifications and other qualifications are comparable to those required in this state during the same period and if the board is satisfied from the holder's employment and professional record that the holder is currently competent to practice the profession. The board shall evaluate the credentials and determine the equivalency and competency in each case. The application for licensure without examination shall be accompanied by the fee prescribed in s. 440.05 (2).

(2) The holder of the license is a "registered nurse", may append "R.N." to his or her name and is authorized to practice professional nursing.

(3) A registered nurse practicing for compensation shall, on or before the applicable renewal date specified under s. 440.08 (2) (a), submit to the board on furnished forms a statement giving name, residence, and other facts that the board requires, with the nursing workforce survey and fee required under s. 441.01 (7) and the applicable renewal fee determined by the department under s. 440.03 (9) (a).

(4) Except as provided in ss. 257.03 and 440.077, no person may practice or attempt to practice professional nursing, nor use the title, letters, or anything else to indicate that he or she is a registered or professional nurse unless he or she is licensed under this

section. Except as provided in ss. 257.03 and 440.077, no person not so licensed may use in connection with his or her nursing employment or vocation any title or anything else to indicate that he or she is a trained, certified or graduate nurse. This subsection does not apply to any registered nurse who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the nurse licensure compact under s. 441.51.

NOTE: Sub. (4) is shown as amended by 2021 Wis. Acts 158 and 246 and merged by the legislative reference bureau under s. 13.92 (2) (i).

(6) No person licensed as a registered nurse under this section is liable for any civil damages resulting from his or her refusal to perform sterilization procedures or to remove or aid in the removal of a human embryo or fetus from a person, if the refusal is based on religious or moral precepts.

(7) No person certified as an advanced practice nurse prescriber under s. 441.16 (2) is liable for civil damages for any of the following:

(a) Reporting in good faith to the department of transportation under s. 146.82 (3) a patient's name and other information relevant to a physical or mental condition of the patient that in the advanced practice nurse prescriber's judgment impairs the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

(b) In good faith, not reporting to the department of transportation under s. 146.82 (3) a patient's name and other information relevant to a physical or mental condition of the patient that in the advanced practice nurse prescriber's judgment does not impair the patient's ability to exercise reasonable and ordinary control over a motor vehicle.

History: 1971 c. 125, 215; 1973 c. 159; 1975 c. 39, 199; 1977 c. 29, 164; 1979 c. 34, 162; 1987 a. 27, 264; 1991 a. 39; 1999 a. 22; 2001 a. 107; 2005 a. 96, 187; 2007 a. 20; 2009 a. 42; 2013 a. 114 ss. 4, 5; 2013 a. 124 s. 28; 2015 a. 55, 195; 2017 a. 135, 329; 2021 a. 158, 246; s. 13.92 (2) (i).

Cross-reference: See also ch. N 2, Wis. adm. code.

441.07 Disciplinary proceedings and actions.

(1c) Subject to the rules promulgated under s. 440.03 (1), the board may conduct investigations and hearings to determine whether a person has violated this chapter or a rule promulgated under this chapter.

(1g) Subject to the rules promulgated under s. 440.03 (1), the board may deny an initial license or revoke, limit, suspend, or deny the renewal of a license of a registered nurse, nurse-midwife, or licensed practical nurse; deny an initial certificate or revoke, limit, suspend, or deny the renewal of a certificate to prescribe drugs or devices granted under s. 441.16; or reprimand a registered nurse, nurse-midwife, or licensed practical nurse, if the board finds that the applicant or licensee committed any of the following:

(a) Fraud in the procuring or renewal of the certificate or license.

(b) One or more violations of this subchapter or any rule adopted by the board under the authority of this subchapter.

(c) Acts which show the registered nurse, nurse-midwife or licensed practical nurse to be unfit or incompetent by reason of negligence, abuse of alcohol or other drugs or mental incompetency.

(d) Misconduct or unprofessional conduct. In this paragraph, "unprofessional conduct" includes making a determination under ch. 154 or 155 if the person does not have sufficient education, training, and experience to make the determination. In this paragraph, "misconduct" and "unprofessional conduct" do not include any of the following:

1. Providing expedited partner therapy as described in s. 448.035.

2. Prescribing or delivering an opioid antagonist in accordance with s. 441.18 (2).

(e) A violation of any state or federal law that regulates prescribing or dispensing drugs or devices, if the person has a certificate to prescribe drugs or devices under s. 441.16.

(f) A violation of the requirements of s. 253.10 (3) (c) 2., 3., 4., 5., 6, or 7.

(1m) The board may use any information obtained by the board or the department under s. 655.17 (7) (b), as created by 1985 Wisconsin Act 29, in investigations and disciplinary proceedings, including public disciplinary proceedings, conducted under this chapter.

(2) The board may reinstate a revoked license, no earlier than one year following revocation, upon receipt of an application for reinstatement. This subsection does not apply to a license that is revoked under s. 440.12.

History: 1977 c. 418; 1979 c. 317, 337; 1981 c. 162; 1983 a. 273 s. 8; 1985 a. 29, 340; 1987 a. 264; 1993 a. 138; 1995 a. 309; 1997 a. 237; 1999 a. 22; 2009 a. 280; 2013 a. 114, 200; 2019 a. 90.

Cross-reference: See also ch. N 7, Wis. adm. code.

441.08 Temporary permit. A nurse who has graduated from a school approved by the board or that the board has authorized to admit students pending approval but who is not licensed in this state may be granted a temporary permit upon payment of the fee specified in s. 440.05 (6) by the board to practice for compensation until the nurse can qualify for licensure. The temporary permit may be renewed once. Further renewals may be granted in hardship cases. The board may promulgate rules limiting the use and duration of temporary permits and providing for revocation of temporary permits.

History: 1971 c. 125; 1977 c. 29; 1979 c. 337; 1987 a. 264; 2009 a. 28; 2013 a. 124; 2017 a. 329.

441.10 Licensed practical nurses. **(1)** Subject to s. 441.07 (1g), the board shall grant a license as a licensed practical nurse to an applicant for licensure who satisfies all of the following conditions:

(a) The applicant is 18 years of age or older.

(b) The applicant does not have an arrest or conviction record, subject to ss. 111.321, 111.322, and 111.335.

(c) The applicant has completed 2 years of high school or its equivalent as determined by the board.

(d) The applicant holds a diploma of graduation from a school for licensed practical nurses approved by the board or that the board has authorized to admit students pending approval.

(e) The applicant pays the fee specified in s. 440.05 (1).

(f) The applicant passes the examination approved by the board for licensure as a licensed practical nurse in this state. The applicant may not take the examination before receiving a diploma under par. (d) unless the applicant obtains a certificate of approval to take the examination from the school of nursing the applicant attends and submits that certificate to the board prior to examination.

(1c) The board shall grant a multistate license, as defined in s. 441.51 (2) (h), to an applicant for a multistate licensed practical nurse license under s. 441.51. Subject to s. 441.07 (1g), the requirements under sub. (1) shall apply to such an applicant, except that the requirements under s. 441.51 (3) (c) for granting a multistate license shall supersede the requirements under sub. (1) to the extent of any conflict.

(4) Any school for licensed practical nurses, in order to be approved by the board, must offer a course of not less than 9 months.

(5) The holder of a license under this section is a “licensed practical nurse” and may append the letters “L.P.N.” to his or her name. The board may reprimand or may limit, suspend, or revoke the license of a licensed practical nurse under s. 441.07.

(6) On or before the applicable renewal date specified under s. 440.08 (2) (a), a licensed practical nurse practicing for compensation shall submit to the board, on forms furnished by the department, an application for license renewal, together with a statement giving name, residence, nature and extent of practice as a licensed practical nurse during the prior year and prior unreported years, the nursing workforce survey and fee required under s. 441.01 (7), and other facts bearing upon current competency

that the board requires, accompanied by the applicable license renewal fee determined by the department under s. 440.03 (9) (a).

(7) No license is required for practical nursing, but, except as provided in s. 257.03, no person without a license may hold himself or herself out as a licensed practical nurse or licensed attendant, use the title or letters “Trained Practical Nurse” or “T.P.N.”, “Licensed Practical Nurse” or “L.P.N.”, “Licensed Attendant” or “L.A.”, “Trained Attendant” or “T.A.”, or otherwise seek to indicate that he or she is a licensed practical nurse or licensed attendant. No licensed practical nurse or licensed attendant may use the title, or otherwise seek to act as a registered, licensed, graduate or professional nurse. Anyone violating this subsection shall be subject to the penalties prescribed by s. 441.13. The board shall grant without examination a license as a licensed practical nurse to any person who was on July 1, 1949, a licensed attendant. This subsection does not apply to any licensed practical nurse who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a jurisdiction, other than this state, that has adopted the nurse licensure compact under s. 441.51.

(8) The board may license without examination any person who has been licensed as a licensed attendant or licensed practical nurse in another state or territory or province of Canada if the person’s general education, training, prior practice and other qualifications, in the opinion of the board, are at least comparable to those of this state for licensed practical nurses and current licensing or renewal. The fee for licensing without examination is specified in s. 440.05 (2).

(9) The board may grant a temporary permit to a practical nurse who has graduated from a school approved by the board or that the board has authorized to admit students pending approval but who is not licensed in this state, upon payment of the fee specified in s. 440.05 (6), to practice for compensation until the practical nurse qualifies for licensure. The board may grant further renewals in hardship cases. The board may promulgate rules limiting the use and duration of temporary permits and providing for revocation of temporary permits.

History: 1971 c. 125, 215; 1975 c. 39, 199; 1977 c. 29, 418; 1979 c. 34, 162, 337; 1981 c. 380; 1981 c. 391 s. 211; 1983 a. 273 ss. 3, 8; 1987 a. 27, 264; 1991 a. 39; 1999 a. 22; 2001 a. 107; 2005 a. 96; 2007 a. 20; 2009 a. 28, 42; 2013 a. 114, 124; 2015 a. 55, 195; 2017 a. 135; 2021 a. 246.

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

441.11 Nurse anesthetists. **(1)** In this section:

(a) “Anesthesiologist” has the meaning given in s. 448.015 (1b).

(b) “Nurse anesthetist” has the meaning given in s. 655.001 (9).

(2) The provisions of s. 448.04 (1) (g) do not apply to a nurse anesthetist or person who engages in the practice of a nurse anesthetist while performing official duties for the armed services or federal health services of the United States.

(3) A nurse who is in a training program to become a nurse anesthetist and who is assisting an anesthesiologist as part of that training program must be supervised by an anesthesiologist who is supervising no more than one other nurse in such a training program.

History: 2011 a. 160; 2019 a. 148.

441.115 Exceptions; temporary practice. **(1)** This chapter may not be construed to affect nursing by friends, members of the family, or undergraduates in a school approved by the board, nor be construed to interfere with members of religious communities or orders having charge of hospitals or taking care of the sick in their homes, except that none of those persons may represent himself or herself as a registered, trained, certified, or graduate nurse unless licensed under this subchapter.

(1m) No credential under this chapter is required for a person who engages in the practice of a licensed practical nurse or registered nurse while performing official duties for the armed services or federal health services of the United States.

(2) (a) In this subsection, “nursing credential” means a license, permit or certificate of registration or certification that is granted to a person by another state or territory or by a foreign country or province and that authorizes or qualifies the person holding the credential to perform acts that are substantially the same as those performed by a person licensed as a registered nurse or licensed practical nurse under this subchapter, except that “nursing credential” does not include a multistate license, as defined in s. 441.51 (2) (h), issued by a party state, as defined in s. 441.51 (2) (k).

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

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

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

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

(3) (a) Notwithstanding s. 441.06 (4), a person may at a recreational and educational camp licensed under s. 97.67 (1) practice professional nursing to provide treatment to campers and staff for not more than 90 days in any year without holding a license granted under this subchapter if all of the following apply:

1. The person holds in good standing a license, permit, registration, or certificate granted by another state or territory or by a Canadian province or territory that authorizes the person to perform acts that are substantially the same as those performed by a person licensed as a registered nurse under this subchapter.

2. The requirements for the license, permit, registration, or certificate that the person holds under subd. 1. are substantially equivalent to the requirements for licensure as a registered nurse under this subchapter.

3. The person is not under active investigation by a licensing authority or law enforcement authority in any state, federal, or foreign jurisdiction.

(b) A person shall submit to the board a form provided by the board before practicing under par. (a). The board may promulgate rules establishing the form to be submitted under this subsection.

(c) This subsection does not apply to a person who holds a multistate license, as defined in s. 441.51 (2) (h), issued by a party state, as defined in s. 441.51 (2) (k).

History: 1983 a. 189 s. 273; 1995 a. 146; 1999 a. 22; 2013 a. 124; 2017 a. 135, 364; 2019 a. 148; 2021 a. 46.

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

441.12 Administration; nonaccredited schools.

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

(2) No person may operate in this state a school for professional nurses or a school for practical nurses unless the school is approved by the board. No solicitation may be made in this state of the sale of, or registration in, a course by correspondence or conducted outside of the state for practical nurses unless all writ-

ten material used in the solicitation plainly states in type as large as any other type on the material that the course is not approved by the board for training of practical nurses.

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

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

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

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

History: 1999 a. 22.

441.15 Nurse-midwives. (1) In this section:

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

(b) “Practice of nurse-midwifery” means the management of women’s health care, pregnancy, childbirth, postpartum care for newborns, family planning, and gynecological services consistent with the standards of practice of the American College of Nurse-Midwives and the education, training, and experience of the nurse-midwife.

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

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

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

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

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

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

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

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

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

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

midwifery and the renewal of his or her license to practice as a registered nurse.

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

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

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

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

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

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

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

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

(bm) The board shall promulgate rules establishing the minimum amount of malpractice liability insurance that is required for a person to practice nurse–midwifery, which shall be the same as the amount established by the board under s. 441.16 (3) (e).

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

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

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

(a) “Device” has the meaning given in s. 450.01 (6).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

History: 1993 a. 138; 1995 a. 448; 2009 a. 28, 280; 2013 a. 114; 2017 a. 227, 329.
Cross-reference: See also ch. N 8, Wis. adm. code.

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

(a) “Administer” has the meaning given in s. 450.01 (1).

(b) “Deliver” has the meaning given in s. 450.01 (5).

(c) “Dispense” has the meaning given in s. 450.01 (7).

(d) “Opioid antagonist” has the meaning given in s. 450.01 (13v).

(e) “Opioid–related drug overdose” has the meaning given in s. 256.40 (1) (d).

(f) “Standing order” has the meaning given in s. 450.01 (21p).

(2) (a) An advanced practice nurse certified to issue prescription orders under s. 441.16 may do any of the following:

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

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

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

(3) An advanced practice nurse who, acting in good faith, prescribes or delivers an opioid antagonist in accordance with sub. (2), or who, acting in good faith, otherwise lawfully prescribes or dispenses an opioid antagonist, shall be immune from criminal or civil liability and may not be subject to professional discipline

441.18 BOARD OF NURSING

Updated 19–20 Wis. Stats. 6

under s. 441.07 for any outcomes resulting from prescribing, delivering, or dispensing the opioid antagonist.

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

441.19 Maintenance and detoxification treatment under federal waiver. (1) In this section, “waiver” means a waiver issued by the federal department of health and human services under 21 USC 823 (g) (2) (A).

(2) With respect to the ability of an advanced practice nurse who is certified to issue prescription orders to obtain and practice under a waiver, a physician who meets any of the conditions specified in 21 USC 823 (g) (2) (G) (ii) shall be considered eligible to serve as a qualifying physician for purposes of the requirement under 21 USC 823 (g) (2) (G) (iv) (III), regardless of whether the physician himself or herself holds a waiver.

History: 2017 a. 262.

SUBCHAPTER II

NURSE LICENSURE COMPACT

441.51 Nurse licensure compact. (1) ARTICLE I — FINDINGS AND DECLARATION OF PURPOSE. (a) The party states find all of the following:

1. That the health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws.

2. That violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public.

3. That the expanded mobility of nurses and the use of advanced communication technologies as part of our nation’s health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation.

4. That new practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex.

5. That the current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant for both nurses and states.

6. That uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.

(b) The general purposes of this compact are as follows:

1. To facilitate the states’ responsibility to protect the public’s health and safety.

2. To ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation.

3. To facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions.

4. To promote compliance with the laws governing the practice of nursing in each jurisdiction.

5. To invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.

6. To decrease redundancies in the consideration and issuance of nurse licenses.

7. To provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

(2) ARTICLE II — DEFINITIONS. As used in this compact:

(a) “Adverse action” means any administrative, civil, equitable, or criminal action permitted by a state’s laws which is imposed by a licensing board or other authority against a nurse, including actions against an individual’s license or multistate licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee’s practice, or any other encumbrance on licensure affecting a nurse’s authorization to practice, including issuance of a cease and desist action.

(b) “Alternative program” means a nondisciplinary monitoring program approved by a licensing board.

(c) “Coordinated licensure information system” means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.

(d) “Current significant investigative information” means any of the following:

1. Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction.

2. Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.

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

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

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

(h) “Multistate license” means a license to practice as a registered or a licensed practical/vocational nurse issued by a home state licensing board that authorizes the licensed nurse to practice in all party states under a multistate licensure privilege.

(i) “Multistate licensure privilege” means a legal authorization associated with a multistate license permitting the practice of nursing as either a registered nurse or licensed practical/vocational nurse in a remote state.

(j) “Nurse” means registered nurse or licensed practical/vocational nurse, as those terms are defined by each party state’s practice laws.

(k) “Party state” means any state that has adopted this compact.

(L) “Remote state” means a party state, other than the home state.

(m) “Single–state license” means a nurse license issued by a party state that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other party state.

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

(o) “State practice laws” means a party state’s laws, rules, and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. “State practice laws” does not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

(3) ARTICLE III — GENERAL PROVISIONS AND JURISDICTION. (a) A multistate license to practice registered or licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a nurse to practice as a registered nurse or as a licensed practical/vocational nurse, under a multistate licensure privilege, in each party state.

(b) A state must implement procedures for considering the criminal history records of applicants for initial multistate license or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric–based information by applicants for the purpose of obtaining an applicant’s criminal history record information from the federal bureau of investigation and the agency responsible for retaining that state’s criminal records.

(c) Each party state shall require all of the following for an applicant to obtain or retain a multistate license in the home state:

1. Meets the home state's qualifications for licensure or renewal of licensure, as well as, all other applicable state laws.

2. Satisfies one of the following:

a. Has graduated or is eligible to graduate from a licensing board–approved registered nurse or licensed practical/vocational nurse prelicensure education program.

b. Has graduated from a foreign registered nurse or licensed practical/vocational nurse prelicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a licensing board–approved prelicensure education program.

3. Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.

4. Has successfully passed an NCLEX–RN or NCLEX–PN Examination or recognized predecessor, as applicable.

5. Is eligible for or holds an active, unencumbered license.

6. Has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the federal bureau of investigation and the agency responsible for retaining that state's criminal records.

7. Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law.

8. Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case–by–case basis.

9. Is not currently enrolled in an alternative program.

10. Is subject to self–disclosure requirements regarding current participation in an alternative program.

11. Has a valid United States social security number.

(d) All party states shall be authorized, in accordance with existing state due process law, to take adverse action against a nurse's multistate licensure privilege such as revocation, suspension, probation or any other action that affects a nurse's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

(e) A nurse practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege will subject a nurse to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the client is located at the time service is provided.

(f) Individuals not residing in a party state shall continue to be able to apply for a party state's single–state license as provided under the laws of each party state. However, the single–state license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state. Nothing in this compact shall affect the requirements established by a party state for the issuance of a single–state license.

(g) Any nurse holding a home state multistate license, on the effective date of this compact, may retain and renew the multistate license issued by the nurse's then–current home state, provided that:

1. A nurse, who changes primary state of residence after this compact's effective date, must meet all applicable requirements under par. (c) to obtain a multistate license from a new home state.

2. A nurse who fails to satisfy the multistate licensure requirements in par. (c) due to a disqualifying event occurring after this compact's effective date shall be ineligible to retain or renew a multistate license, and the nurse's multistate license shall be revoked or deactivated in accordance with applicable rules adopted by the interstate commission of nurse licensure compact administrators ("commission").

(4) ARTICLE IV — APPLICATIONS FOR LICENSURE IN A PARTY STATE. (a) Upon application for a multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant, and whether the applicant is currently participating in an alternative program.

(b) A nurse may hold a multistate license, issued by the home state, in only one party state at a time.

(c) 1. If a nurse changes primary state of residence by moving between 2 party states, the nurse must apply for licensure in the new home state, and the multistate license issued by the prior home state will be deactivated in accordance with applicable rules adopted by the commission.

2. The nurse may apply for licensure in advance of a change in primary state of residence.

3. A multistate license shall not be issued by the new home state until the nurse provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate license from the new home state.

(d) If a nurse changes primary state of residence by moving from a party state to a non–party state, the multistate license issued by the prior home state will convert to a single–state license, valid only in the former home state.

(5) ARTICLE V — ADDITIONAL AUTHORITIES INVESTED IN PARTY STATE LICENSING BOARDS. (a) In addition to the other powers conferred by state law, a licensing board shall have the authority to do any of the following:

1. Take adverse action against a nurse's multistate licensure privilege to practice within that party state, subject to all of the following:

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

b. For purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.

2. Issue cease and desist orders or impose an encumbrance on a nurse's authority to practice within that party state.

3. Complete any pending investigations of a nurse who changes primary state of residence during the course of such investigations. The licensing board shall also have the authority to take appropriate action and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.

4. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, as well as, the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other

fees required by the service statutes of the state in which the witnesses or evidence are located.

5. Obtain and submit, for each nurse licensure applicant, fingerprint or other biometric–based information to the federal bureau of investigation for criminal background checks, receive the results of the federal bureau of investigation record search on criminal background checks, and use the results in making licensure decisions.

6. If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse.

7. Take adverse action based on the factual findings of the remote state, provided that the licensing board follows its own procedures for taking such adverse action.

(b) If adverse action is taken by the home state against a nurse's multistate license, the nurse's multistate licensure privilege to practice in all other party states shall be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against a nurse's multistate license shall include a statement that the nurse's multistate licensure privilege is deactivated in all party states during the pendency of the order.

(c) Nothing in this compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action. The home state licensing board shall deactivate the multistate licensure privilege under the multistate license of any nurse for the duration of the nurse's participation in an alternative program.

(6) ARTICLE VI — COORDINATED LICENSURE INFORMATION SYSTEM AND EXCHANGE OF INFORMATION. (a) All party states shall participate in a coordinated licensure information system of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as submitted by party states, to assist in the coordination of nurse licensure and enforcement efforts.

(b) The commission, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

(c) All licensing boards shall promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications (with the reasons for such denials), and nurse participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic or confidential under state law.

(d) Current significant investigative information and participation in nonpublic or confidential alternative programs shall be transmitted through the coordinated licensure information system only to party state licensing boards.

(e) Notwithstanding any other provision of law, all party state licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

(f) Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

(g) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

(h) The compact administrator of each party state shall furnish a uniform data set to the compact administrator of each other party state, which shall include, at a minimum, all of the following:

1. Identifying information.
2. Licensure data.
3. Information related to alternative program participation.
4. Other information that may facilitate the administration of this compact, as determined by commission rules.

(i) The compact administrator of a party state shall provide all investigative documents and information requested by another party state.

(7) ARTICLE VII — ESTABLISHMENT OF THE INTERSTATE COMMISSION OF NURSE LICENSURE COMPACT ADMINISTRATORS. (a) 1. The party states hereby create and establish a joint public entity known as the interstate commission of nurse licensure compact administrators.

2. The commission is an instrumentality of the party states.

3. Venue is proper, and judicial proceedings by or against the commission shall be brought solely and exclusively, in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

4. Nothing in this compact shall be construed to be a waiver of sovereign immunity.

(b) Membership, voting, and meetings:

1. Each party state shall have and be limited to one administrator. The head of the state licensing board or designee shall be the administrator of this compact for each party state. Any administrator may be removed or suspended from office as provided by the law of the state from which the administrator is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the party state in which the vacancy exists.

2. Each administrator shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication.

3. The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the commission.

4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rule-making provisions in sub. (8).

5. The commission may convene in a closed, nonpublic meeting if the commission must discuss any of the following:

a. Noncompliance of a party state with its obligations under this compact.

b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures.

c. Current, threatened, or reasonably anticipated litigation.

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

e. Accusing any person of a crime or formally censuring any person.

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

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

9 Updated 19–20 Wis. Stats.**BOARD OF NURSING 441.51**

h. Disclosure of investigatory records compiled for law enforcement purposes.

i. Disclosure of information related to any reports prepared by or on behalf of the commission for the purpose of investigation of compliance with this compact.

j. Matters specifically exempted from disclosure by federal or state statute.

6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

(c) The commission shall, by a majority vote of the administrators, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this compact, including but not limited to any of the following:

1. Establishing the fiscal year of the commission.
2. Providing reasonable standards and procedures:
 - a. For the establishment and meetings of other committees; and
 - b. Governing any general or specific delegation of any authority or function of the commission.

3. Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings, and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed.

4. Establishing the titles, duties, and authority and reasonable procedures for the election of the officers of the commission.

5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the commission.

6. Providing a mechanism for winding up the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of this compact after the payment or reserving of all of its debts and obligations.

(d) The commission shall publish its bylaws and rules, and any amendments thereto, in a convenient form on the website of the commission.

(e) The commission shall maintain its financial records in accordance with the bylaws.

(f) The commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.

(g) The commission shall have all of the following powers:

1. To promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all party states.

2. To bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any licensing board to sue or be sued under applicable law shall not be affected.

3. To purchase and maintain insurance and bonds.

4. To borrow, accept, or contract for services of personnel, including, but not limited to, employees of a party state or non-profit organizations.

5. To cooperate with other organizations that administer state compacts related to the regulation of nursing, including but not limited to sharing administrative or staff expenses, office space, or other resources.

6. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this compact, and to establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters.

7. To accept any and all appropriate donations, grants and gifts of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose of the same; provided that at all times the commission shall avoid any appearance of impropriety or conflict of interest.

8. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use, any property, whether real, personal, or mixed; provided that at all times the commission shall avoid any appearance of impropriety.

9. To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, whether real, personal, or mixed.

10. To establish a budget and make expenditures.

11. To borrow money.

12. To appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, and consumer representatives, and other such interested persons.

13. To provide and receive information from, and to cooperate with, law enforcement agencies.

14. To adopt and use an official seal.

15. To perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of nurse licensure and practice.

(h) Financing of the commission:

1. The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The commission may also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities, and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule that is binding upon all party states.

3. The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the party states, except by, and with the authority of, such party state.

4. The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the commission.

(i) Qualified immunity, defense and indemnification:

1. The administrators, officers, executive director, employees, and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against

whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties, or responsibilities; provided that nothing in this subdivision shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton misconduct of that person.

2. The commission shall defend any administrator, officer, executive director, employee, or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further that the actual or alleged act, error, or omission did not result from that person's intentional, willful, or wanton misconduct.

3. The commission shall indemnify and hold harmless any administrator, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional, willful, or wanton misconduct of that person.

(8) ARTICLE VIII — RULE MAKING. (a) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this subsection and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as provisions of this compact.

(b) Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

(c) Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking on all of the following:

1. The website of the commission.
2. The website of each licensing board or the publication in which each state would otherwise publish proposed rules.

(d) The notice of proposed rule making shall include all of the following:

1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon.
2. The text of the proposed rule or amendment, and the reason for the proposed rule.
3. A request for comments on the proposed rule from any interested person.
4. The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

(e) Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

(f) The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.

(g) The commission shall publish the place, time, and date of the scheduled public hearing.

1. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing. All hearings will be recorded, and a copy will be made available upon request.

2. Nothing in this subsection shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the con-

venience of the commission at hearings required by this subsection.

(h) If no one appears at the public hearing, the commission may proceed with promulgation of the proposed rule.

(i) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.

(j) The commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rule-making record and the full text of the rule.

(k) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rule-making procedures provided in this compact and in this subsection shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to do any of the following:

1. Meet an imminent threat to public health, safety, or welfare.
2. Prevent a loss of commission or party state funds.
3. Meet a deadline for the promulgation of an administrative rule that is required by federal law or rule.

(L) The commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the commission, prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

(9) ARTICLE IX — OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT. (a) *Oversight.* 1. Each party state shall enforce this compact and take all actions necessary and appropriate to effectuate this compact's purposes and intent.

2. The commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities, or actions of the commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

(b) *Default, technical assistance, and termination.* 1. If the commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall do all of the following:

a. Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default, or any other action to be taken by the commission.

b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state's membership in this compact may be terminated upon an affirmative vote of a majority of the administrators, and all rights, privileges, and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of membership in this compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be

given by the commission to the governor of the defaulting state and to the executive officer of the defaulting state's licensing board and each of the party states.

4. A state whose membership in this compact has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The commission shall not bear any costs related to a state that is found to be in default or whose membership in this compact has been terminated unless agreed upon in writing between the commission and the defaulting state.

6. The defaulting state may appeal the action of the commission by petitioning the U.S. District Court for the District of Columbia or the federal district in which the commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

(c) *Dispute resolution.* 1. Upon request by a party state, the commission shall attempt to resolve disputes related to the compact that arise among party states and between party and nonparty states.

2. The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.

3. In the event the commission cannot resolve disputes among party states arising under this compact, all of the following apply:

a. The party states may submit the issues in dispute to an arbitration panel, which will be comprised of individuals appointed by the compact administrator in each of the affected party states and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute.

b. The decision of a majority of the arbitrators shall be final and binding.

(d) *Enforcement.* 1. The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

2. By majority vote, the commission may initiate legal action in the U.S. District Court for the District of Columbia or the federal district in which the commission has its principal offices against a party state that is in default to enforce compliance with the provisions of this compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

3. The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

(10) **ARTICLE X — EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT.** (a) This compact shall become effective and binding on the earlier of the date of legislative enactment of this compact into law by no less than 26 states or December 31, 2018. All party states to this compact, that also were parties to the prior nurse licensure compact, superseded by this compact, ("prior compact"), s. 441.50, 2015 stats., shall be deemed to have withdrawn from said prior compact within 6 months after the effective date of this compact.

(b) Each party state to this compact shall continue to recognize a nurse's multistate licensure privilege to practice in that party state issued under the prior compact until such party state has withdrawn from the prior compact.

(c) Any party state may withdraw from this compact by enacting a statute repealing the same. A party state's withdrawal shall not take effect until 6 months after enactment of the repealing statute.

(d) A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.

(e) Nothing contained in this compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with the other provisions of this compact.

(f) This compact may be amended by the party states. No amendment to this compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

(g) Representatives of nonparty states to this compact shall be invited to participate in the activities of the commission, on a non-voting basis, prior to the adoption of this compact by all states.

(11) **ARTICLE XI – CONSTRUCTION AND SEVERABILITY.** This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable, and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any party state or of the United States, or if the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this compact shall be held to be contrary to the constitution of any party state, this compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

History: 2017 a. 135; 2021 a. 246.

Cross-reference: See also ch. N 9 and N 9 Appendix, Wis. adm. code.

**Board of Nursing
Rule Projects (Updated 7/29/2022)**

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
	044-22	11/23/2024	N/A	Med 26	Military Medical Personnel	Medical Board rule project would create provisions in order to implement 2021 WI Act 158.	Scope implemented	Draft the rule.

Permanent Rules

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
20-069	014-20	9/30/2022	3/25/2020	N 1 to 8	Requirements in emergency situations	Comprehensive review of the Board's rules with the objective of establishing waivers and alternate requirements that the Board may utilize to respond to emergency situations.	Final rule and legislative report submitted to Governor's Office, 1/12/21.	Once Governor approves, it can be sent for 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	

Board of Nursing

							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	

Emergency Rules

EMR Number	Rules Affected	Rule	Stage of Rule Process	Brief Synopsis of Rule	Stage Details	Next step
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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Kathy Gagas, LPPA		2) Date when request submitted: 08/05/2022 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 8/11/2022	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Credentialing license counts	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <Appearance Name(s)> <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: <Click Here to Add Case Advisor Name or N/A>
10) Describe the issue and action that should be addressed: Act 10 for June and July 2022: LPN: 10 RN: 69 APNP: 15			
11) Authorization			
<i>Kathy Gagas</i>		08/05/22	
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.			

APPLICATION COUNTS by MONTH

FROM: 1/1/2022 TO: 7/31/2022

PROFESSION NAME	YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YEAR TOTAL
Advanced Practice Nurse Prescriber(33)	2022	84	103	122	108	34	3	1	0	0	0	0	0	455
Licensed Practical Nurse(31)	2022	91	60	99	191	11	0	1	0	0	0	0	0	453
Nurse - Midwife(32)	2022	0	0	0	2	1	0	0	0	0	0	0	0	3
Registered Nurse(30)	2022	559	471	908	1276	97	2	6	0	0	0	0	0	3319

run: 8/4/2022 5:32:08 PM report: ApplicationCountsByMonth url: http://DBWMAD0P3867:80/ReportServer user: ACCOUNTS\lagesjdcx

CREDENTIALS ISSUED BY MONTH

FROM: 1/1/2022 TO: 7/31/2022

PROFESSION NAME	YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YR TOTALS
Advanced Practice Nurse Prescriber(33)	2022	48	80	73	64	61	93	76	0	0	0	0	0	495
Licensed Practical Nurse(31)	2022	97	105	105	111	59	105	101	0	0	0	0	0	683
Nurse - Midwife(32)	2022	1	1	1	0	1	1	1	0	0	0	0	0	6
Registered Nurse(30)	2022	604	912	500	347	454	791	685	0	0	0	0	0	4293

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES LICENSE COUNTS* AS OF 08/05/2022

Includes Temp. Licenses/*F=Firms; I=Individuals

Entity*	Reg.	Profession	In State			Out of State			Totals		
			Active	Inactive	Total	Active	Inactive	Total	Active	Inactive	Total
I	30	Registered Nurse	97,888	52,255	150,143	17,886	59,877	77,763	115,774	112,132	227,906
I	31	Licensed Practical Nurse	14,594	33,286	47,880	1,167	9,653	10,820	15,761	42,939	58,700
I	32	Nurse - Midwife	247	87	334	45	83	128	292	170	462
I	33	Advanced Practice Nurse Prescriber	7,625	1,322	8,947	1,807	1,422	3,229	9,432	2,744	12,176

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Wisconsin Department of Safety and Professional Services
License Counts
(Includes Temp. Licenses)

<i>Active = Current License / Inactive = Licensed Expired</i>											
			In State			Out of State			Totals		
Reg.	Profession	License Count Date	Active	Inactive	Total	Active	Inactive	Total	Active	Inactive	Total
30	Registered Nurse	8/5/2022	97,888	52,255	150,143	17,886	59,877	77,763	115,774	112,132	227,906
		5/25/2022	96,589	52,268	148,857	17,532	59,931	77,463	114,121	112,199	226,320
		4/27/2022	96,339	52,305	148,644	17,260	59,968	77,228	113,599	112,273	225,872
		4/4/2022	96,201	52,329	148,530	17,111	59,964	77,075	113,312	112,293	225,605
		3/1/2022	95,967	52,353	148,320	16,816	59,990	76,806	112,783	112,343	225,126
		2/4/2022	95,723	52,367	148,090	16,332	59,967	76,299	112,055	112,334	224,389
		12/9/2021	95,009	52,382	147,391	15,965	59,991	75,956	110,974	112,373	223,347
		11/26/2021	94,957	52,386	147,343	15,915	59,997	75,912	110,872	112,383	223,255
		11/4/2021	94,803	52,410	147,213	15,786	60,008	75,794	110,589	112,418	223,007
		9/29/2021	94,540	52,439	146,979	15,525	59,998	75,523	110,065	112,437	222,502
8/25/2021	94,213	52,463	146,676	15,345	60,017	75,362	109,558	112,480	222,038		
Reg.	Profession	License Count Date	Active	Inactive	Total	Active	Inactive	Total	Active	Inactive	Total
31	Licensed Practical Nurse	8/5/2022	14,594	33,286	47,880	1,167	9,653	10,820	15,761	42,939	58,700
		5/25/2022	14,372	33,286	47,658	1,145	9,655	10,800	15,517	42,941	58,458
		4/27/2022	14,325	33,285	47,610	1,137	9,658	10,795	15,462	42,943	58,405
		4/4/2022	14,248	33,288	47,536	1,120	9,660	10,780	15,368	42,948	58,316
		3/1/2022	14,161	33,292	47,453	1,098	9,659	10,757	15,259	42,951	58,210
		2/4/2022	14,086	33,322	47,408	1,081	9,630	10,711	15,167	42,952	58,119
		12/9/2021	13,982	33,332	47,314	1,038	9,620	10,658	15,020	42,952	57,972
		11/26/2021	13,971	33,335	47,306	1,031	9,619	10,650	15,002	42,954	57,956
		11/4/2021	13,937	33,340	47,277	1,015	9,620	10,635	14,952	42,960	57,912
		9/29/2021	13,879	33,355	47,234	999	9,615	10,614	14,878	42,970	57,848
8/25/2021	13,813	33,359	47,172	979	9,618	10,597	14,792	42,977	57,769		

Reg.	Profession	License Count Date	In State			Out of State			Totals		
			Active	Inactive	Total	Active	Inactive	Total	Active	Inactive	Total
32	Nurse - Midwife	8/5/2022	247	87	334	45	83	128	292	170	462
		5/25/2022	243	88	331	44	84	128	287	172	459
		4/27/2022	243	88	331	44	84	128	287	172	459
		4/4/2022	243	88	331	44	84	128	287	172	459
		3/1/2022	245	88	333	41	84	125	286	172	458
		2/4/2022	248	88	336	38	84	122	286	172	458
		12/9/2021	243	89	332	41	83	124	284	172	456
		11/26/2021	243	89	332	41	83	124	284	172	456
		11/4/2021	242	89	331	41	83	124	283	172	455
		9/29/2021	239	89	328	41	83	124	280	172	452
8/25/2021	234	89	323	41	83	124	275	172	447		
Reg.	Profession	License Count Date	Active	Inactive	Total	Active	Inactive	Total	Active	Inactive	Total
33	Advanced Practice Nurse Prescriber	8/5/2022	7,625	1,322	8,947	1,807	1,422	3,229	9,432	2,744	12,176
		5/25/2022	7,506	1,333	8,839	1,718	1,423	3,141	9,224	2,756	11,980
		4/27/2022	7,472	1,335	8,807	1,684	1,424	3,108	9,156	2,759	11,915
		4/4/2022	7,429	1,335	8,764	1,676	1,427	3,103	9,105	2,762	11,867
		3/1/2022	7,373	1,342	8,715	1,647	1,426	3,073	9,020	2,768	11,788
		2/4/2022	7,349	1,346	8,695	1,593	1,431	3,024	8,942	2,777	11,719
		12/9/2021	7,282	1,355	8,637	1,554	1,433	2,987	8,836	2,788	11,624
		11/26/2021	7,260	1,354	8,614	1,520	1,433	2,953	8,780	2,787	11,567
		11/4/2021	7,227	1,356	8,583	1,500	1,434	2,934	8,727	2,790	11,517
		9/29/2021	7,136	1,358	8,494	1,452	1,440	2,892	8,588	2,798	11,386
8/25/2021	7,041	1,362	8,403	1,399	1,445	2,844	8,440	2,807	11,247		

Nursing Licenses Issued Pursuant to Emergency Order 2/Act 10:

Profession	1/2021	2/2021	3/2021	4/2021	5/2021	6/2021	7/2021	8/2021	10/2021	11/2021	12/2021	1/2022	2/2022	3/2022	4/2022	5/2022	7/2022
Registered Nurse	41	27	19	20	4	10	6	10	68	91	100	40	56	32	4	15	54
Licensed Practical Nurse	5	1	-	1	3	-	2	-	6	6	7	5	2	1	1	1	9
Nurse Midwife	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Advanced Practice Nurse Prescriber	18	13	10	24	12	10	4	1	24	30	34	12	7	5	1	6	9